

Volume 7 Issue 6,  
June 2021

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## Citation

Ryan Brown (2021). Dental Aspects of Child Abuse Int J Dent & Ora Hea. 7:6, 37-39.

**ISSN 2471-657X**

Published by  
Biocore Group |  
[www.biocoreopen.org/ijdoah/archive.php](http://www.biocoreopen.org/ijdoah/archive.php)

## Short Communication

### Dental Aspects of Child Abuse

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**Article History:** Received: June 10, 2021;  
Accepted: June 20, 2021;  
Published: June 19, 2021.

When thinking about child abuse, the first place it might be detected or assessed is not normally thought of to be the dental office. However, the high prevalence of child maltreatment has the ability to show itself anywhere, including the child's mouth when they are being treated by the dentist. The following article is meant to shed light on the broad spectrum of child maltreatment: the epidemiology, the types, the presentations, and how to report.

#### THE PROBLEM

The definition of child maltreatment by The Child Abuse Prevention and Treatment Act (CAPTA) by the federal government is, at a minimum:

"Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm."<sup>1</sup>

In 2019, there were over 4.4 million calls to child protection services in the United States. These reports encompassed over 7.9 million children. After investigation, it was determined that nearly three quarters of a million children were found to be abused.<sup>2</sup>

#### MANY FORMS OF ABUSE

Child maltreatment can take many shapes. Child abuse statistics can vary from state to state. However, nationally, four-fifths (74.9%) of children found to be victims of child maltreatment were neglected, 17.5 percent were physically abused, 9.3 percent were sexually abused, and 6.1 percent were psychologically maltreated. When two categories were evaluated as to occurring together, neglect and physical abuse were the most common.<sup>2</sup>

One form of abuse does not make a child immune to another form of maltreatment. By evaluating the numbers, the sum of all of the averages exceeds 100 percent! This is due to the fact that many children suffer from more than one form of maltreatment. For example, a child that is sexually abused can be psychologically maltreated, and a child that is neglected can be physically abused as well.

#### RISK FACTORS FOR ABUSE

Certain risk factors tend to increase the likelihood of child abuse and neglect but are not directly responsible for the abuse. Risk factors associated with the caregiver include alcohol and drug abuse, domestic violence, financial insecurity, and caregiver disability. In 38 states that reported risk factors, 29.4 percent of cases involved caregiver drug abuse and 28 percent involved caregiver domestic violence.<sup>2</sup> Risk factors associated with the child include special health care needs such as disabilities or chronic illness and unwanted children especially from teenage, unplanned, or twin pregnancies.<sup>3</sup>

#### DENTAL MANIFESTATIONS OF CHILD MALTREATMENT

As noted earlier, neglect is the number one form of abuse. Dental neglect, as defined by the American Academy of Pediatric Dentistry, is the "willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and

freedom from pain and infection.”<sup>4</sup>

It is important for the provider and their staff to differentiate a caregiver’s lack of knowledge or awareness of the need for a child’s dental care from those who have been previously advised, but failed to act, on recommendations about a child’s dental care needs. It is also prudent to consider a family’s ability to access the recommended dental care resources. The availability of dental care, combined with the decision by the caregiver not to seek recommended dental care for a child, warrants reporting of dental neglect to child protective services. Pediatric dentists and oral maxillofacial surgeons may be able to assist in recognizing and caring for children with concern for dental abuse or neglect through education of dental conditions and/or allocation of resources.

It is important to consider manifestations of dental neglect in assessment of the oral cavity.<sup>5</sup> Neglect exists on a continuum, and multiple forms of dental neglect endure. These can include, but are not limited to, extensive caries, early childhood caries, dental abscesses, facial cellulitis or abscess arising from untreated dental abscess, gingivitis and periodontal disease, and other oral health problems.

Physical abuse is the type of abuse that the general public often envisions when child maltreatment is discussed. The poor child with a black eye or broken arm seems to rise to the stew of thoughts. Child physical abuse should be considered as a possible etiology in children with any type to trauma to the body. In the backdrop of the dental office, injuries affecting the lips, gingiva, tongue, palate, and teeth should raise concern.<sup>6</sup> Injuries to the head, face, neck are common in children who are physically abused, and some studies have shown that nearly 50% of all physical abuse involves those regions.<sup>4, 5, 6, 7</sup> Bruising of the face, particularly the cheeks, ears, and sides of the face, is concerning for abuse by location in a child of any age.<sup>8, 9</sup>

Oral injury may also be an indication of physical abuse.<sup>6, 8</sup> Non-accidental oral injuries are usually due to blunt force trauma, but penetrating injury inflicted with objects and thermal or chemical burns are also seen. Oral injury can be easily missed by the general medical practitioner, unless the examiner carefully inspects all aspects, structures of the peri-oral and intra-oral areas, as well as the pharynx.<sup>4, 5</sup> Careful evaluation of the reported mechanism of injury and developmental assessment of the child can help in the determination of the plausibility of accidental injury as an explanation for the findings.

Bruising or lacerations of the lips are the most common abusive injuries to the mouth.<sup>6</sup> Mucosal lacerations, dental trauma, tongue injury, and gingival lesions can also serve as reminders of past physical abuse. Review of injury types observed in abused children showed 59% with facial injuries, but only 11% had intra-oral injuries recorded, even though facial injury involving cheeks, nose, or lips overlying the mouth is common.<sup>5</sup> The frequency distribution of mouth injuries is as follows: lips 54%, oral mucosa 15%, teeth 12%, gingiva 12%, and tongue 7%.<sup>5</sup>

A brief word about sexual abuse should be acknowledged. Dentists should be observant for manifestations of sexually transmitted infections in the oral cavity. Also, palatal petechia has been documented in forced fellatio. However, negative findings in a sexual abuse exam do not rule out the fact that the act did not occur. History is of the utmost concern for this matter. If child sexual abuse/assault is a concern, the child should be reported to the child abuse hotline, and effort should be made for a forensic interview and exam.

## **REPORTING CHILD ABUSE AND NEGLECT**

In Oklahoma, Child Protective Services (CPS) is provided through the Oklahoma Department of Human Services (DHS) to identify, treat, and prevent child maltreatment. CPS relies on individuals and institutions reporting possible child abuse and neglect to accomplish this goal. Because anyone can report potential child maltreatment, there are many different types of sources from which CPS can receive a report. A report source is defined as the person who notified a CPS agency of the alleged child maltreatment and is grouped into the categories of professional, nonprofessional and unclassified. Professional report sources are informers that encounter the child as part of their occupation, including medical professionals such as dentists, and account for 68.6 percent of sources. Nonprofessional report sources are individuals who do not have a relationship with the child based on their occupation, such as neighbors, friends, or relatives. Unclassified includes anonymous and unknown.<sup>2</sup>

Laws vary by state regarding reporting possible child abuse or neglect, but nearly every state has a law mandating certain professionals (medical, educational, law enforcement, etc.) and institutions (schools, hospitals, etc.) to inform a CPS agency of suspected child abuse and neglect.<sup>1</sup> In addition, Oklahoma further goes on to hold all individuals legally responsible to report suspected child abuse and neglect to a CPS agency.<sup>10</sup> Also in Oklahoma, the law provides immunity for any reporters of child maltreatment so that any person who, in good faith and exercising due care, reports suspected child

abuse or neglect will have immunity from any liability that may be incurred from either the initial report or participation in the investigation process.<sup>10</sup> To report suspected child maltreatment, reports can be made 24 hours a day, 7 days a week at 1-800-522-3511 to the DHS Abuse and Neglect Hotline. Individual state statutes regarding reporting and disclosure of reporter's identity can be found and further reviewed at <https://www.childwelfare.gov/topics/systemwide/laws-policies/state>.

Other resources:

There are several online training programs to assist in learning and educating oneself about child maltreatment in the dental setting. Two resources are:

- <http://www.dentalcare.com> and search under topics for child abuse
- [https://sites.deltadentalok.org/site\\_docs/DDOK\\_Dentists\\_PANDAPresentation.pdf](https://sites.deltadentalok.org/site_docs/DDOK_Dentists_PANDAPresentation.pdf)

## References

- [1] The CAPTA Reauthorization Act of 2010, 42 U.S.C. §5106a (2010)
- [2] U.S. department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2013). Child maltreatment 2019. Available from <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2019.pdf>
- [3] Patil B, Hegde S, Yaji A. Child abuse reporting: Role of dentist in India – A review. *J Indian Acad Oral Med Radiol*. 2017;29:74–7.
- [4] American Academy of Pediatric Dentistry. Definition of dental neglect. *The Reference Manual of Pediatric Dentistry*. Chicago, Ill.: American Academy of Pediatric Dentistry; 2020:16.
- [5] Naidoo S. A profile of the oro-facial injuries in child physical abuse at a children's hospital. *Child Abuse & Neglect*. 2000;24(4):521-534
- [6] Maguire S, Hunter B, Hunter L, et al. Diagnosing abuse: a systematic review of torn frenum and other intra-oral injuries. *Archives of Diseases in Children*. 2007;92:1113-1117
- [7] Christian CW, Mouden LD. Maxillofacial, neck, and dental manifestations of child abuse. In: Reece RM, Christian CW, eds. *Child Abuse Medical Diagnosis & Management*. 3rd edition. American Academy of Pediatrics; 2009:189-209
- [8] Maguire S, Mann MK, Sibert J, Kemp A. Are there patterns of bruising in childhood which are diagnostic of or suggestive of abuse? A systematic review. *Archives of Disease in Childhood*. 2005;90(2):182-186
- [9] Maguire S. Which injuries may indicate child abuse? *Archives of Disease in Childhood Education & Practice*. 2010;95(6):170-177
- [10] Child Welfare Information Gateway. (2014). *Mandatory reporters of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.