

# **Dentistry's role in detecting and preventing child abuse** Sannesha Chiluvuri, B.D.S St.Joseph's dental college and hospital, Eluru, India.



## **INTRODUCTION**

Child abuse may be defined as any act of commission or omission that endangers or impairs a child's physical or emotional health and development. Such acts include physical, sexual or emotional abuse, as well as physical neglect, inadequate supervision and emotional deprivement. Child abuse is second only to SIDS(Sudden Infant Death Syndrome) as the leading cause of death in children under one year of age. In older children it is second only to accidents.

It is now widely agreed that early recognition of the problem is an important factor to fight against child abuse and thus an effective intervention can be undertaken. It has been reported that children who have been abused will be seriously reinjured if returned to the parent or guardian without intervention. It is important to realize that all members of the dental team have a unique opportunity to assist in the struggle against child abuse. A high proportion of abused children suffer injuries to the face and head, including the oral and peri oral regions.

# **GENERAL NEGLECT OF THE** MOUTH

A child with rampant, untreated dental decay and poor oral hygiene is suffering from significant neglect. The consequences may be pain, infection and a threat to the child's general health and well-being. Dental practitioner who observes this condition, particularly if it continues after having been brought to the parents' attention should realize that this situation is parents neglect. The following are some situations:

- Failure to provide prescribed antibiotics.
- Failure to seek treatment for cellulitis and its associated infections.
- Failure to seek treatment for any acute or chronic infections, including dental caries, subacute bacterial endocarditis, glomerulonephritis or juvenile-onset diabetis.
- Presence of untreated traumatic injuries as indicated by non-vital teeth, avulsed permanent teeth and injuries to soft tissues.

#### **HISTORY**

When a child presents for examination, the history may alert the dental team to the possibility of child abuse. It should be recorded in detail. It may reveal the following;

- The present injury is one of the series of injuries that the child has experienced.
- The family offers an explanation that is not compatible with the nature of the injury.
- There has been an extraordinary delay in seeking medical care.
- The family does not want to discuss the circumstances of the injury.

## **GENERAL PHYSICAL FINDINGS**

-The child's nutritional state is poor and growth is subnormal.

-Extra -oral injuries are noted. They may be in various stages of healing, indicating the possibility of repeated trauma.

- Bruises or abrasions that reflect the shape of the offending object.

### **ASSOCIATED FACIAL LESIONS**

Facial injuries in abused children include contusions, ecchymoses, abrasions, lacerations, burns, fractures and bites. Knowledge of color changes associated with bruising may be important in determining when the injury occurred and in determining whether other injuries occurred during the same event or at different times. Injuries to the face may include trauma to the eyes, ears, nose as well as to the oral cavity.



EYES- Periorbital bruises, acute hyphema, retinal and sub conjunctival hemorrhage, ruptured globe, dislocated lens, optic atrophy, traumatic cataract, detached retina.

NOSE- Deviated septum, nasal fractures, peri orbital ecchymosis.

EAR- Twisting and bruising, Cauliflower ear, tympanic membrane

- Cigarette burns or friction burns may be noted.
- There may be bite marks, bald patches, injuries on extremities or on the face, eyes, ears, or around the mouth.

#### **INTRA-ORAL FINDINGS**

Examination of dental injuries includes thorough visual observation, radiographic studies, manipulation of the jaws, pulp vitality tests, percussion and transillumination.

**Oral lesions-**

- Bruises, lacerations, abrasions, fractures.
- -Tears of the labial or lingual frenula due to blunt force trauma.
- -Oral mucosa torn from gingiva due to a forceful slap or blunt force trauma.
- -loosened, fractured or avulsed teeth due to severe trauma.
- -Darkened or nonvital teeth.
- -Trauma to the lip, tongue due to forced feeding.
- Previously missing teeth
- Ulceration of the palate or uvula.



rupture.

OTHER CUTANEOUS INJURIES- they take the shape of the object used to inflict the injury.

ORAL- lips and corners of the mouth may show contusions, lacerations, burns, scars.

## **DOCUMENTING AND REPORTING CHILD ABUSE**

When one suspects child abuse, it is important to document the findings thoroughly. This record is crucial for whatever legal proceedings may follow. Documentation may involve written notes, photographs, radiographs and in some cases videotapes or audiotapes. Cameras equipped for dental photography are ideal for photographing most body injuries. Health professionals are required by law to report suspected cases of child abuse and neglect and a penalty is provided for failure to report. The report can be made to the local police agency or welfare department.

### FRACTURES OF JAWS AND **ASSOCIATED STRUCTURES**

## **SUMMARY & CONCLUSION**

Fractures of the maxilla, mandible and other cranial bones may be found in cases of child abuse. If the radiographic studies shows signs of old as well as new fractures, a pattern of repeated trauma has been found with reference to possible child abuse. Besides jaw fractures, there could be damage to associated structures like cribriform plate, nasal and zygomatic bones. Intracranial lesions and skull fractures may also be present. An abrupt change in the occlusal level of the teeth, open bite, difficulty in opening the mouth and facial asymmetry may be present.

There is no worthier goal than to save the life of a child. An alert dental team may be able to identify an abused child and institute steps that might save the child's life. Moreover, the dental team may also be in a position to assist in the apprehension and conviction of the individual responsible for abusing or killing a child. In conclusion, these obligations should be fulfilled in a thoughtful and responsible manner. The practitioner should always remember that incorrect or irresponsible accusations of child abuse can have a devastating effect upon the life of an innocent individual.

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