Maltreatment Syndrome: Oral & Dental Aspects

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Introduction

Maltreatment syndrome includes child abuse and child neglect. Child abuse can be defined as any non-accidental trauma, failure to meet basic needs or abuse inflicted upon a child by the caretaker that is beyond the acceptable norm of childcare in our culture. Abuse may cause serious injury to the child and may even cause death.

Child neglect referred to a failure of providing necessary items such as food, clothing, shelter, education, or medical care when reasonable able to do so, or failure to protect a child from conditions or actions that endanger the child's physical or mental health, when reasonable able to do so. Maltreatment syndrome is considered when a child is treated in a way that is unacceptable for certain culture at a given time. Such acts include physical, sexual, or emotional abuse, as well as physical neglect, inadequate supervision and emotional deprivation. These behaviors are serious crimes, both as misdemeanors and felonies, punishable by arrest and imprisonment.

Dentists should be aware that physical or sexual abuse may result in oral or dental injuries or conditions that sometimes can be confirmed by laboratory findings. Furthermore, injuries inflicted by one's mouth or teeth may leave clues, regarding the timing and nature of the injury, as well as the identity of the perpetrator. Dentists are encouraged to be knowledgeable about such findings and their significance and to meticulously observe and document them. When questions arise or when consultation is needed, a pediatric dentist or a dentist with formal training in forensic odontology can ensure appropriate testing, diagnosis and treatment. As dentists would probably have more chances to see those cases of hypodermal bleeding in faces, abrasions and mandibular fractures. Therefore we have to keep in mind the possibility of abuse.

Forms of Child Abuse

Physical Abuse: The most usual form. Any physical or mental injury or threatened injury on a child, inflicted by a person responsible for the child's care, other than by accidental means; any physical or mental injury that cannot reasonably be explained by the history of injuries.

Sexual Abuse: When a child under 15 years old is the victim of criminal sexual conduct or threatened criminal sexual conduct by a parent, guardian, caregiver, or sibling. When a child is engaged in prostitution or when is the subject of pornographic materials.

Emotional Abuse: Emotional abuse frequently occurs as verbal abuse (constantly yelling at insulting and criticizing a child), or as excessive demands on a child's performance, which result in a negative self-image on the part of the child or disturbed behavior. Munchausen's syndrome by proxy: This syndrome describes children that are victims of parentally fabricated or induced illness. These children are usually under 6 years and exhibit signs and symptoms fabricated by the parent or the caretaker. Of interest and concern to the dentist would be noted rashes or abrasions caused by the caretaker rubbing the skin or applying caustic substances

It is worth noting that these types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well and a sexually abused child also may be neglected

Identifying

The history may be the single most important source of information. Because legal proceeding may follow, the history should be recorded in detail. Abuse or neglect should be considered when the history reveals the following:

- History of multiple injuries.
- The family offers an explanation that is not compatible with the nature of the injury.(i.e. if the dental injuries resulted from a fall, one would usually expected to also find bruised or abraded knees, hands, or elbow).
- Delay in seeking care for the injury.
- The family avoids discussing about the injury.
- The parent refuses to cooperate with the planned course of treatment or refuses to be separated from the child.
- The parent takes the child from office to office or from one hospital emergency room to another, so as to avoid the chances of recognition.
- Refusal to consent to diagnostic studies for the child. (In US the law allows photos or x-rays may be taken without parental

consent if abuse is reasonable suspected).

- ✶ Parent behaves inappropriate to the child's condition; either overly concerned or generally apathetic.
- ✶ Parent persists in presenting symptoms unrelated to the obvious condition of the child.

Interviewing

Another key step in recognizing and reporting abuse is conducting and documenting interviews with the child and parents. In order to gain child's trust, a key is to provide a safe, predictable and loving environment for these children. In our interactions with children, we can be attentive, respectful, honest and caring. Children often fail to report because of the fear, that disclosure will bring consequences even worse than being victimized again. They also have a feeling that something is wrong with them and that the abuse is their fault. We should tell them that, violence is not their fault and give an opportunity to talk, while reinforcing that they are not alone. Once a child has built the courage to tell about the abuse, it is vitally important for the child to feel that he/she is believed and that someone is getting help. If possible, we should interview the child with a witness present, but without family members in attendance, so the child may speak freely without fear of reprisal. We should use open-ended, non-threatening questions that require a descriptive answer rather than just a "yes" or "no" answer. Do not suggest answers for the child or press the child for answers to questions he or she is unwilling to answer. Establish a trusting environment for the child and try to use his or her own words and terms, while discussing the situation. Young children do not usually fabricate stories of abuse. Then we should interview the parent separately from the child, ideally with a witness present and find out if the child's explanation is consistent with the parent's explanation. However, the ideal situation is that the oral healthcare professionals make an effort to gain as much information as possible, as well as the confidence of the parent.

Documentation

It is recommended that a second staff member witness and assist in the documentation of evidence. Written records should include the child's name, age and address as well as the name and address of the parent or whoever brought the child in for care. Also record the name of any staff member assisting in the examination. Documentation may involve written notes, photographs and radiographs, videotapes or audiotapes. Photographs and radiographs of suspicious injuries can be taken without the parent's consent in most states of the US, when abuse is suspected. Drawing the injuries on an anatomic diagram in the child's chart is recommended. Ideally, photographs should be taken with a 35mm camera with a macro lens. Both close-up and distant photographs should be taken. It is important that the critical photographs include a ruler or scale held adjacent to the injury and on the same plane as the injured surface. Proper documentation is a key to moving from suspecting abuse is taking place to taking action to protect the child. Complete and accurate descriptions must be recorded in the child's dental record. Begin with the size, shape, colour, location and radiographic description of the injury. Identify the number of injuries present at each site. Sketch the injury and the body part where it is located, if necessary. Detail the child's behaviour alone and as they interact with their parent, if it appears suspicious. Document all aspects of your interviews with the child and parent. Record verbatim the comments made by the child and parent explaining the injury. And sign and date the chart, and obtain the signature of a witness to the injuries and interviews.

Reporting

When reporting, the reporter should have ready: (1) A statement of concern and reasons for suspecting abuse, including any documented evidence, and (2) The names, addresses and phone numbers of all involved parties. The immediate and initial report should be made by telephone. The reporter should then follow up with a written report as required. Health care professionals who see children should have the telephone number of the reporting agency available.

Conclusions

The intend of this article is to show every dental professional that a thorough understanding of their involvement in this issue can lead to a feeling of acceptance-an acceptance that we can do something to stop this awful epidemic.

Because a majority of the physical trauma to children occurs in the face and neck area, dentists are ideally positioned to detect possible abuse.

Crying or speaking emanates from the mouth, this area is frequently the focus of attack in cases of violent child abuse. The dentist's mission involves knowing the signs of child abuse and neglect and fulfilling the legal and moral obligation to prevent further abuse by documenting the injuries and reporting the matter to the police or social welfare agency. The practitioner should remember that incorrect or irresponsible accusations of child abuse can have a devastating effect upon the life of an innocent individual. Child abuse is a complex problem with many causes.

As members of the dental profession, we should realize that we find ourselves in a unique position to observe symptoms of child abuse. Providing the proper training to the dentists, we give them the power to participate actively in a process that may help to save the lives of otherwise helpless children.

Infants and children are helpless to the abusive adult. Their physical injuries can range from mild to extreme and may result to their death. Cruelty to children won't end until there is a major change of attitude towards them. If abused is suspected, then it must be reported! The ultimate goal is to save children's lives.