Oral and dental aspects of child abuse and neglect

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ABSTRACT

Child abuse and neglect is increasingly common but undetected. Dentist can be the first health worker to detect it with high index of suspicion.

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INTRODUCTION

What is child abuse and neglect?

- The World Health Organization (WHO, 2022) defines child maltreatment as 'all forms of physical and emotional ill-treatment, sexual abuse, neglect and exploitation that results in actual or potential harm to the child's health, development or dignity'.
- Abuse is defined as an act of commission in the care leading to potential or actual harm.
- Neglect is defined as an act of omission in the care leading to potential or actual harm

TYPES:

- Neglect – includes inadequate health care, education, supervision, protection from hazards in the environment and unmet basic needs such as clothing and food. This is the most common form of child abuse.
- Physical abuse- includes beating, flogging, shaking, burning and biting. The threshold for defining corporal punishment as abuse is still unclear. Rib fractures have been found to be the most common finding associated with physical abuse.
- Psychological abuse- includes verbal abuse, humiliation, acts that scare or terrorize a child and may result in future psychological illness of the child.
- Sexual abuse- is the involvement of dependent, developmentally immature children and adolescents in sexual activities which they do not fully comprehend, to which they are unable to give consent, or that violate the social taboos of family roles.
- Not all cases of sexual abuse involve oral, anal or vaginal penetration. Some include exposure to sexually explicit materials, oral, genital contact, genital to genital contact, genital to anal contact and genital fondling.
- A significant amount of child abuse cases is frequently missed by health care providers. For a diagnosis of child abuse to be made, there must be a high index of suspicion.

EPIDEMIOLOGY

- In countries with dedicated Child Protective Services for child abuse and neglect, millions of children are investigated and about 20% were found to have evidence of maltreatment.
- In Nigeria, 6 out of every 10 children experience some form of violence- one in four girls and 10% of boys have been victims of sexual violence (UNICEF, 2024).

AETIOLOGY

- Child neglect and abuse cuts across all races, ethnicities and socioeconomic groups. Boys and adolescents are more commonly affected. Infants tend to have an increased morbidity and mortality with physical abuse.
- The risks for child abuse is multifactorial and includes
  - Individual factors (child's disability, unmarried mother, maternal smoking, parental mental health)
  - Familial factors (domestic violence at home, increased number of children)
  - Communal factors (lack of recreational facilities)
  - Societal factors (poverty).
  - Others (foster homes, delinquents).

HISTORY

- Always note that the history may be inconsistent or incomplete because-
- The adult or reporter may bring the child when they suspect abuse
- The abused child may be the one disclosing the abuse

- The perpetrator may be the one presenting with the child
- The child may be presenting for a totally unrelated reason.

CLINICAL FEATURES

- These present with a wide variety of injuries.
- Injuries in a non ambulatory infant or a nonverbal child
- Verbal child who reports harm
- Mechanism of injury contradicting history, multiple injuries
- Bruises on the torso, ear or neck in a child less than 4 years
- Unexplainable injuries
- Caregiver unconcerned about injury
- Unexplained delay in seeking care
- These all point to physical abuse!!!

ORAL AND DENTAL FEATURES

- Oral and dental features of child abuse and neglect can present as
- Craniofacial, head, face and neck injuries occur in more than half of the cases of child abuse.
- Oral trauma are major indicators of abuse.
- Caries, gingivitis and other oral health problems point to neglect.
- The oral cavity is a central focus due to its significance in communication and nutrition.

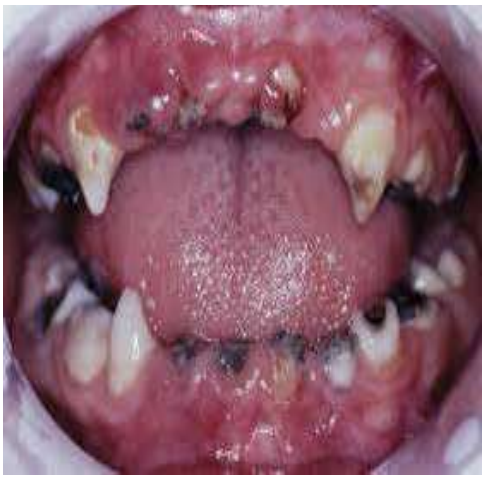

Figure 1: Oral features of a neglected child

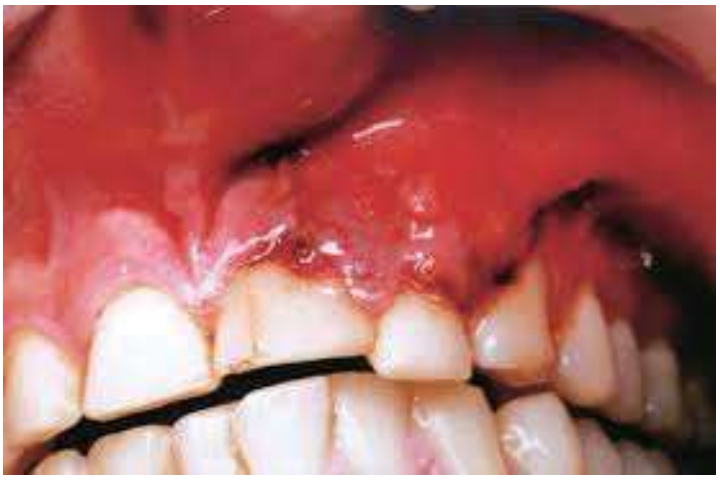

Figure 2: Fractured incisor on account of abuse oral injuries

Oral injuries

- These could be inflicted with instruments such as eating utensils, feeding bottles (during force feedings), hands, fingers, or scalding liquids or caustic substances.
- **Look out** for contusions, burns, lacerations of the tongue, lips, buccal mucosa, palate (soft and hard), gingiva, alveolar mucosa or frenum.
- Fractured, displaced or avulsed teeth, facial bone and jaw fracture
- The lips have been reported to be the most common site for inflicted injuries, followed by the oral mucosa, teeth, gingiva and tongue.
- Discolored teeth indicating pulpal necrosis may be due to previous trauma.
- Gags applied to mouth may result in bruises or scarring at the corners of the mouth.
- Other more serious injuries in the oral cavity include posterior pharyngeal injuries and retropharyngeal abscesses.
- Always assess if history, timing of injury and mechanism of injury are consistent with the characteristics of the injury and the child's developmental capabilities. **Where there is a discrepancy in history and clinical presentation this should arouse suspicion.**

CASES AROUSING SUSPICION

- A 15-year-old boy presented in clinic with a dentoalveolar fracture of the anterior segment of the maxilla. His father claimed he walked into a wall because it was dark. What was odd was the father kept interjecting and answering all questions directed at the son. When the father left to pay for the son's procedure, the boy revealed that his father punched him in the face. This the father corroborated when he came back and was confronted with it. We involved the social services department of the hospital and followed up on the case.
- A mother presented with her 6-month-old baby who had a deep tongue laceration and gave a history of the child playing on a mat on the floor and falling. Examining the child only the lower incisors had erupted, and the laceration was on the dorsum of the tongue.
- Question was how does a child sitting on the floor fall? How does the child sustain such a deep

laceration on the dorsum of the tongue with no teeth present.
- Obviously, the history wasn't consistent with the oral findings thus we suspected abuse or neglect.
- In cases of sexual abuse- oral and perioral gonorrhea in prepubertal children could be seen and is pathognomonic. These can be diagnosed with appropriate culture techniques and confirmatory tests.
- HPV infections presenting as oral or perioral warts may also be transmitted through oral-genital contact, however this can also be contracted through other means such as vertically from mother to child or horizontally from caregivers' hand to the genitals or mouth of the child.
- Unexplained injury or petechiae of the palate especially at the junction of the hard and soft palate may be evidence of forced oral sex.

MANAGEMENT

- A study reported 95% of Nigerian doctors had good theoretical knowledge of child abuse and neglect, of which only 85% correctly identified it however, only 14% who observed suspected cases of child abuse and neglect reported to social services (Olatosi et al, 2018). This was a marked improvement compared to an older study 10 years earlier (Bankole et al, 2008).
- Asides from treating the injuries the patients present with; it is important to prevent future occurences.
- Who do we report to? Most hospitals are equipped with a social services department who manage such issues. In cases of sexual abuse, the ministry of women affairs and the police should be informed.

FOOD FOR THOUGHT

- Proverbs 13:24 (Spare the rod and spoil the child) where do we draw the line between discipline and abuse?
- Things which constitute child abuse that we take for granted.
- Child labor- employing or recruiting young children as domestic staff and treating them different from your own children
- Abandoning children with grandparents or other relatives to go work in other cities
- Parents fighting in front of their children
- Children who beg on the streets and left to fend for themselves
- Watching sexually explicit movies in the presence of children
- The list goes on!!!
- Remember change starts with me

CONCLUSION

- Preventing child abuse and neglect requires understanding and addressing the factors that put people at risk for or protect them from violence.
- Everyone benefits when children have safe, stable, nurturing relationships and environments.
- We all have a role to play.

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