Examining for child abuse and child neglect*

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In 1981, Kittle et al. developed an examination protocol for the dental practitioner to aid in screening for and reporting suspected cases of child abuse/neglect (CA/CN).[1] The purpose of this paper is to review and present modifications to that original paper and to demonstrate the detection and handling of an actual incident of an abused child detected in the dental office.

Screening CA/CN Examination

The examination for CA/CN should be incorporated with the routine dental examination. The dentist and staff should be educated to get a visual impression of the child as he enters the reception room. The staff should note whether the child and parent or guardian have appropriate interaction. Many abused and neglected children are fearful of further abuse and display several reactions. They may appear overly vigilant, or display a "frozen watchfulness," staring constantly. "Their eyes constantly scan the environment for danger, while at the same time their faces are immobile; there are no spontaneous smiles and almost no eye contact. It is as if they think that by not looking someone in the eye, they make themselves invisible and therefore safe from attack."[2]

The dentist and staff should observe the child for lack of cleanliness, for small stature with respect to age and for evidence of malnutrition. Typical signs of malnutrition include a posture of fatigue with

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rounded shoulders, flat chest, a protuberant abdomen and thinning of the hair. The face is pale, muddy, and lacks luster.[3] The dentist and staff should note the child's clothing, which should be appropriate for the present climactic conditions. Failure to provide adequate clothing for protection from rain, cold, or snow may constitute child neglect. Overdressed children also should be noted; long sleeves and high-necked shirts or blouses during hot summer months may be worn to cover the signs of physical abuse. Observe the child's gait to determine how he carries himself and whether he walks erect or is slumped and withdrawn. Be observant for physical problems, such as a limp, difficulty climbing into the dental chair, poor posture, or abnormal positioning of the limbs.

Several areas of the body should be evaluated before making an oral examination. Start by systematically observing the head for symmetry and the scalp for hair condition, hair loss, and presence of lice. Note abnormalities of the ear, periorbital ecchymosis, scleral hemorrhage, ptosis, deviated gaze or unequal pupils. Check for blood clots or a deviated nasal septum. Examine the face, neck, and throat for bruises, scars, abrasions, lacerations, ecchymoses, burn marks, and hand slap marks. The dentist should note whether the bruises are in several phases of resolution, indicating trauma on different occasions.[4,5] Bruises that are recent in nature will have a more vivid pronounced color (red-blue), while those that are resolving often appear more faded (brown-green-yellow). Check the exposed skin surfaces for bruises, belt marks, hand slap prints, electric cord marks, binding marks, and punctuate burns. "Bruises that take the shape of a recognizable object are not usually accidental."[6] Following these observations, move the child up toward the end of the chair, while he is in the supine position. If the lifting motion results in pain, there may have been trauma to the child's ribs or clavicles. The above part of the examination can be done in a short time. The dentist, however, must train himself to be vigilant.

The dentist now can proceed with the oral examination. As mentioned earlier, a variety of orofacial injuries occurs in 50% or more of abused children, particularly fractured, missing, displaced, or discolored teeth; scars of the lips and mucosa; slap marks; torn or scarred maxillary midline, or sublingual frena; deviated, or scarred tongue.[7-9] These injuries may result from a parent's attempt to silence a child with a gag, hand slap, or punch. Binding marks at the corners of the mouth from a gag tied in place for many hours have been reported.[10] A child's eating habits normally will fluctuate as may his weight. Parents, perceiving this as abnormal, may force feed. A spoon or fork applied with enough force or determination can result in fractured teeth or a torn frenum.

When the above areas have been checked without suggestions of CA/CN, the dentist can proceed with the completion of the clinical examination. Since CA/CN may be initiated at any age, a notation should be recorded on the chart at every recall to indicate that a CA/CN screening was done, and that the findings were negative. If the screening examination leads to questionable or suspicious findings, a more thorough examination is warranted.

Definitive CA/CN Examination

The definitive CA/CN examination requires keen observation and detailed documentation when suspicion exists. To avoid overlooking any potential areas of abuse, the dentist always should be systematic in the examination. To protect the examiner legally, the dental assistant should be present in the room and aware of the dentist's suspicion. The dental assistant's function is to verify and record findings, as the dentist proceeds with the examination. The dentist should perform a detailed examination and palpation of the scalp, looking for subgaleal hematomas and cephalohematomas (manifested as soft, tender circumscribed areas of the scalp) and a positive Battle's sign. Hair that covers the forehead and sides of the head should be parted to expose possible bruises, scars, and lacerations. The face, neck, throat, and exposed extremities again should be checked carefully.

Body surfaces that normally are covered now should be examined. Pants, shorts, shirts, blouses, and dresses should be lifted to the limit they allow. Areas that are very difficult to bruise, except by abuse, such as the inner thighs and armpits must be checked. Cutaneous abnormalities in these areas may indicate nonaccidental trauma. Other specific conditions to look for are bruises, scars, welts, electric cord marks, hand and belt marks, and punctate burns. The only areas that are not deemed within the purview of the dentist are the genitalia and buttocks. However, the patient taken to the operating room for dental procedures is frequently the young child, the retarded child, or the medically compromised child. These children fall into the category of the "different child" which is one of the most common findings in a CA/CN case. The dentist is more than justified in examining these areas in the operating room, when suspicion has been raised and examination is coincidental to presurgical preparation.

Parental Consultation

Once suspicion is raised because of oral or cutaneous manifestations or conversation with the child, the parents should be informed in private that an injury has been noticed. The parental explanation of

the cause of the injury should be understood fully by the dentist. The history then should be correlated with the physical findings. If the findings and the explanation are not compatible, or if suspicion still exists, the dentist is mandated by law to contact the appropriate local CA/CN authority.

Primary concerns of the dentist may be confrontation with the parents and fears of disruption of the family unit. When the dentist notifies the parents of the suspicions of CA/CN, several considerations should be kept in mind. Many abusive parents were reared with abuse as a way of life, and they react in a way learned from their parents. Abuse may be the result of multiple severe stresses, and the parents may be genuinely upset and feeling guilty about the abuse incident. However, if no support mechanisms are provided, the same stresses may recur, and similar or more severe injuries are likely to result. The abusive parents are typically fearful of being confronted, yet desirous of assistance to stop the abuse. They should be approached with care, understanding, and support. The purpose of reporting is to assist the family in obtaining guidance in handling stress appropriately rather than to punish the parents by removing the child from the home. The vast majority of investigated cases result in the family's remaining intact.[7]

Before informing the parents in private of the decision to report, its is recommended that written documentation with color photographs of injuries be made. Mandated reporters are granted authority to utilize photography to document abuse without parental consent in more than half of the states. With recurrent abuse a distinct possibility, it is most important that the injury be documented, because it may be several days before a representative of a child protection agency and a pediatrician see the child. The bruised areas may fade or disappear during this time. If oral conditions justify it, dental or skull radiographs should be taken.

The dentist should consider contacting the appropriate child protective agency before notifying the parents of the decision to report. Calling the agency first ensures that any subsequent conversation with the parents will not result in the dentist altering that decision. The agency's telephone number is usually listed in the phone book under social welfare services, child protective services, or child abuse (see appendixes). When no local number can be found, it is suggested that a pediatrician be called or that the dentist call the National Child Abuse Hotline toll free (1-800-252-5400). This agency will contact the appropriate local authority to ensure proper channeling and follow up of the report. A final option, especially if immediate danger is perceived, is to contact local law enforcement officials.

Conclusion

Thousands of children die from child abuse each year. Thirty-five per cent of the victims of nonfatal abuse will be abused again within a 1-year period. Fifty per cent of the severely abused children returned to the abuser will die of recurrent abuse if proper therapeutic measures are not introduced. Knowing that more than 50% of child abuse injuries occur to the face and oral cavity, the dentist has a unique opportunity to identify and report suspicious cases, thus lessening the high mortality rate. A modification of a previously developed CA/CN examination has been presented for incorporation with the routine dental examination. The best thing that can be done for an abused or neglected child is to report suspicions to the appropriate authority immediately. Become a child advocate.

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