Types of child abuse and neglect: an overview for dentists

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Abstract

Dentists are in a strategic position to recognize mistreated children. While the detection of dental care neglect is an obvious responsibility for dentists, other types of child abuse and neglect also may present themselves in the dental office. the characteristics and diagnostic findings of physical abuse (nonaccidental trauma), sexual abuse, failure to thrive (nutritional neglect), intentional drugging or poisoning, Munchausen's syndrome by proxy, health care neglect, safety neglect, emotional abuse, and physical neglect all should be familiar to the dentist. Once this information is known to the dentist, he can join physicians in protecting children from injury.

Much has happened in our society since Dr. Kempe in 1961 coined the term "battered child syndrome" to describe children with numerous unexplained bruises, fractures, and head injuries.[1] Today, when a "battered child" is encountered, we know our community detection and treatment systems have failed. Our goal today should be to recognize the many forms of child abuse at the earliest stages possible, before any permanent damage can occur, and to refer these families for needed services. Ten subtypes of child abuse and neglect (Table 1) will be discussed by epidemiology and characteristics. Dentists are likely to encounter physical abuse, sexual abuse, health care neglect, dental neglect, and safety neglect. Approximately 1% of children are abused or neglected each year in the United States. The incidence of each type in 1980 is recorded in Table 2.[2]

Table 1. Types of Child Abuse and Neglect

Physical Abuse
Sexual Abuse
Failure to Thrive
Intentional Drugging or Poisoning
Munchausen Syndrome by Proxy
Health (Medical) Care Neglect
Dental Neglect
Safety Neglect
Emotional Abuse and Neglect
Physical Neglect

Physical Abuse

Physical abuse or nonaccidental trauma can be defined as injuries inflicted by a caretaker. Physical abuse is probably the most important subtype of child maltreatment, because without intervention and services it is potentially fatal. Often the injury stems from an angry attempt of the caretaker to punish the child for misbehavior. Sometimes it is an uncontrolled lashing out at a child who happens to be in the caretaker's way when some unrelated crisis occurs. Table 3 lists the characteristics most commonly encountered when interviewing abusive caretakers.

Physical trauma can be rated as mild (a few bruises, welts, scratches, cuts, scars), moderate (numerous bruises, minor burns, a single fracture), or severe (large burn, central nervous system injury, abdominal in-

Table 2. Incidence of Subtypes of Child Abuse and Neglect in the United States for 1980 by Substantiated Reports*

Type	*Number of children Reported by Type*	*%*
Physical abuse	207,600	31.8
Sexual abuse	44,700	6.8
Failure to thrive	26,000	4.0
Intentional poisoning	not specified	—
Health (medical) care neglect	56,000	8.7
Safety neglect	not specified	—
Emotional abuse and neglect	171,400	26.3
Physical neglect	51,100	7.8
Educational neglect	181,500	27.8

*Total substantiated cases: 652,000, or 10.5 per 1000 incidence. Some children had multiple types of maltreatment.

TABLE 3. Characteristics of Abusive Parents and Caretakers

Parent's Characteristics	*Normal*	*Moderate Risk*	*Severe Risk*
Parent beaten or deprived as child	Received empathic "parenting"	Frequent spankings, some bruises; received intermittent "parenting"	Severe beatings; repeated foster homes; no helpful parent model in childhood
Parent has criminal or mental illness record	Not present	Present in part, but rehabilitated for more than 5 years	Within past 5 years: prison, psychiatric ward, psychosis, substance addiction or suicide attempt
Parent suspected of abuse in the past	Not present	Official report of mild abuse; children not placed in foster care	Official report of serious abuse; children placed in foster care or died
Parent with poor self-esteem, coping skills and lifelines	Good self-esteem, resilient coping skills, reliable lifelines	Poor self-esteem with stress; intermittent coping skills, few lifelines (usually unreliable)	Chronically poor self-esteem, poor coping skills, no lifelines
Multiple crises or stresses	Not present	Moderate environmental and/or marital problems	Chaotic life-style; severe environmental and/or marital problems
Parent with violent temper outbursts	Not present	Damages property	Attack people
Unrealistic expectations of child's behavior	Not present	Afraid of spoiling child, unrealistic expectations	Intolerance of normal behavior; very strict and rigid parent
Harsh punishment of child	Not present	Current frequent spankings or use of belt, not in head area	Physical punishment of baby prior to crawling; sadistic and/or dangerous punishment
Child difficult and/or provocative (or perceived as such)	Not present	Risk factors present but bonding adequate	Risk factors present and bonding poor

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jury, multiple fractures, other life-threatening injury).[3–5] Physically abused children are often young children. A dentist is most likely to detect inflicted injuries of the face and mouth (e.g., slap marks, pinched ears, or bite marks).

Since physical punishment is commonplace in our society, physicians and dentists need guidelines as to when corporal punishment is excessive and therefore representative of physical abuse.[6, 7] Corporal punishment that causes bruises or leads to an injury that requires medical or dental treatment is outside the range of normal punishment. Bruising implies hitting without restraint. A few bruises explained in the name of discipline easily can proceed into a more serious injury the next time. Even when there are no signs of injury, an incident that includes hitting with a closed fist or kicking the child represents physical abuse. All of the preceding examples of corporal punishment should be reported to the appropriate agencies so that these families can learn safer ways of managing children and their behavior.

Reasonable physical punishment is not illegal. For those parents or caretakers who wish to use physical discipline techniques, certain guidelines for acceptable procedure should be discussed.

1. The parent or caretaker should only utilize the hand. Striking the child with a blunt instrument can interfere with the adult's ability to titrate the amount of force applied. Paddles and belts commonly cause bruises that may not have been intended.

2. The child should only be struck on the buttocks, leg, or hand. Striking the child on the face is de-

meaning as well as dangerous. Slapping is inappropriate at any age.

3. One strike is hard enough to change behavior. Striking the child more than once is more to relieve the parent's anger than to teach the child anything additional.

4. Striking is inappropriate before a child has learned to walk.

5. Physical punishment should not be administered more than 3 times per day, lest it become a way of life for the child.

6. Physical punishment should not be used for aggressive misbehavior such as biting or hitting. Physical punishment under such circumstances teaches the child that it is acceptable for a bigger person to strike a smaller person. Aggressive children need to be taught restraint and self-control.

7. The danger of causing subdural hematomas by vigorously shaking a young infant should be discussed with the parents or caretakers.

Although striking children with a belt or strap is opposed, keep in mind that this form of punishment is accepted in some ethnic groups. However, these families make it perfectly clear that leaving bruises is unacceptable, as is using a belt on children younger than 2 years old or on any site other than the buttocks or lateral thighs. Clearly, tolerance in this area must remain with strong opposition to harsh discipline. Whenever discussing discipline with a family, one should strive to convince them that they should use alternatives to physical discipline such as a time-out room, time-out chair, verbal disapproval, and removing privileges.

Sexual Abuse

Sexual abuse can be defined as any sexual activity with a child under age 18 by an adult. Most offenders are family-related, some are family acquaintances and the least common are strangers. Types include molestation (fondling or masturbation), intercourse (vaginal, anal, or oral intercourse on a nonassaultive basis), or family-related rape.[8,9] See "Child sexual abuse and the pediatric dentist" by Dr. Casamassimo in this issue.

Failure to Thrive Due to Nutritional Neglect

Failure to thrive can be defined as an underweight, malnourished condition.[10] A failure-to-thrive child usually has a weight that is below the third percentile and a height and head circumference that are above the third percentile on the growth curves. On physical examination the infants have gaunt faces, prominent ribs, wasted buttocks, and spindly extremities. Failure to thrive is seen mainly in the first 2 years of life because this is the time of rapid growth as well as dependency on adults for feeding. The causes of failure to thrive are estimated as 30% organic, 20% underfeeding due to understandable error, and 50% underfeeding from parental neglect. The mother may neglect to feed her baby because she feels overwhelmed with responsibilities or is chronically depressed and hostile toward the baby.

A nutritional rehabilitation program is the starting point for reaching a definitive diagnosis in infants with failure to thrive. The child should be hospitalized and placed on unlimited feedings of a regular diet for age. The underweight infant who gains rapidly and easily in the hospital is a victim of underfeeding at home. A rapid weight gain can be defined as more than 1.5 oz/day sustained for 2 weeks. A gain of more than 2.0 oz/day in a 1-week period also is diagnostic. Many of these infants also show signs of emotional neglect (such as absence of eye contact or a cuddling response) and need a stimulation program.

Intentional Drugging or Poisoning

Intentional drugging of children by parents or caretakers involves the administration of a nonprescription or prescription drug that is harmful and not intended for children. Sedatives are used commonly.[11] Administering hallucinogenic agents or other recreational drugs to children enhances drug addiction in young children. The dentist occasionally may be called upon to treat tooth injuries sustained while a child was uncoordinated due to drugs. Intentional poisoning is an uncommon form of child abuse that is often lethal.

Munchausen Syndrome by Proxy

Munchausen syndrome by proxy describes children who are victims of parentally fabricated or induced illness.[12] The children are usually too young to reveal the deception (under age 6). The fabricated symptoms and signs lead to unnecessary medical investigations, hospital admissions, and treatment. The mother often is a nurse or has a similar illness herself. Factitious symptoms are often of bleeding from various sites. If specimens are requested, the mother adds her own blood to the material. Factitious signs include recurrent sepsis from injecting contaminated fluids, chronic diarrhea from laxatives, fever from rubbing thermometers, or rashes from rubbing the skin or applying caustic substances.

Health Care Neglect

When a child with a treatable chronic disease has serious deterioration of the condition because the

parents or caretakers repeatedly ignore health care recommendations, health care neglect occurs.[13] Health care neglect may occur in situations where an emergency exists and the parents or caretakers will not acknowledge it as much. Refusals because of religious beliefs also lead to health care neglect. The child's right, however, to life and health must override the parents' or caretakers' constitutional right to religious freedom. If the disease is incurable, the parents' or caretakers' wishes regarding nonintervention, be they religious or philosophical, often are respected.

Dental Neglect

The following definition of dental neglect has been recommended by the Ad Hoc Committee on Child Abuse and Neglect of the American Academy of Pediatric Dentistry:

> The failure by a parent or guardian to seek treatment for visually untreated caries, oral infections and/or oral pain, or, failure of the parent or guardian to follow through with treatment once informed that the above condition(s) exists. Dental neglect is related closely to health care neglect.

Safety Neglect

Although most accidents are due to a breach in safety and theoretically could have been prevented, the interruption of the fateful event would have required unusual prediction and timing on the part of the parent or caretaker. These are legitimate accidents, and every child has some.

Safety neglect, however, has occurred when injury results from gross lack of supervision. These situations usually involve children younger than 4 years of age, when it is important that parents or caretakers directly supervise them. Too often burns, poisonings, falls, and other preventable accidents occur in children because they were not being watched. Beyond age 4 most children have a certain degree of freedom, but gross lack of indirect supervision can cause them to become victims of preventable accidents.

Emotional Abuse and Neglect

Emotional abuse can be defined as the continual scapegoating and rejection of a child by parents or caretakers. Occasionally, a teacher emotionally abuses students.[14] Severe verbal abuse and berating is often part of emotional abuse. Emotional abuse is often difficult to detect. Psychological terrorism can occur in some cases and presents little difficulty in recognition. Less vivid cases of emotional abuse require the following criteria: (a) severe psychopathology and disturbed behavior in the child, of a degree making it unlikely that he will be able to function and cope as an adult, documented by a psychiatrist or psychologist; (b) abnormal child-rearing practices of the parent or caretaker that have caused a large part of the child's behavior disturbances; and (c) the continued refusal by the parent of treatment for the child and himself. These cases easily can be presented as depriving a child of needed mental health care. Situations can be presented with less evidence, however, when the parent or caretaker is floridly psychotic, and hence inadequate to care for the child, or severely depressed, and hence a danger to the child.

Physical Neglect

Some have defined physical neglect as a failure to care for children according to accepted or appropriate standards. It is easy to confuse neglect with poverty, ignorance, or overwhelming problems because it includes things like dirty hair, dirty or inadequate clothing, inadequate lunches, incomplete immunizations, unsanitary home environments, unstimulating environments, inadequate after-school supervision, and excessive work.

Children with physical neglect should be evaluated for coexistent physical abuse. They also should be evaluated for the presence or absence of serious emotional disturbances. In cases of flagrant physical neglect, the parents or caretakers are often very depressed and withdrawn.

Summary

These 10 types of child abuse and neglect are clearly injurious to the physical and emotional well being of children. Although these definitions vary from one state statute to another — or, within a state, from one courtroom to another — they should not. When they do, they reflect the failings of a community to protect its children, rather than the lack of uniformity of laws.

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