

# CLINICAL CASES

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## Diagnosis of Child Abuse in Pediatric Dentistry – a Case Report

### Diagnozowanie przemocy wobec dzieci w stomatologii dziecięcej – opis przypadku

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A – research concept and design; B – collection and/or assembly of data; C – data analysis and interpretation;  
D – writing the article; E – critical revision of the article; F – final approval of article

#### Abstract

The paper highlights the dentist's role in detecting child abuse, as well as the necessity to create a system of medical and legal support in such situations. On the basis of the presented case of sexual abuse, showing itself in the oral cavity, we want to emphasize the duty of the dentist team to take action in the situation a child experiences, and to prevent a recurrence.

A patient aged 5 years old reported to the Department of Pediatric Dentistry, University of Medical Sciences to have her teeth treated. During the physical examination performed on the day the patient reported to the clinic, bruising was noted around the upper lip. The girl confessed she was kissed by a drunk neighbor, which resulted in the lip discoloration. Following an appropriate conduct procedure, the dentist informed the police who initiated explanatory proceedings.

Identification of sexual abuse victims and providing help is a duty of the dentist, apart from treating oral diseases. It is important to develop standard procedures for medical professionals of various specialties as well as programs and procedures for administrative units and the national legal system (**Dent. Med. Probl. 2016, 53, 2, 296–298**).

**Key words:** violence, dentist, abused child.

**Słowa kluczowe:** przemoc, dentysta, dziecko maltretowane.

Trauma to the teeth and the oral cavity is a common reason for a patient to seek dental assistance. Apart from accidental damage, a doctor may come across injuries resulting from an intentional action. To diagnose the so-called non-accidental injuries is not easy and requires careful examination with special attention paid to a detailed history directed at the circumstances in which the injury was sustained. Such data should be collected both from a child and their caregivers. Moreover, a careful physical examination is necessary and – very often – accessory investigations. Risk factors and social data should also be considered.

The term “child abuse” comprises four categories: physical abuse, sexual abuse, emotion-

al abuse, and neglect, *i.e.* abandonment of the child's care. These types of child abuse are usually concurrent. Victims of sexual abuse may also be small children who cannot defend themselves due to physical weakness, fear, difficulty to communicate and lack of awareness. Although sexual abuse occurs commonly in the oral cavity, the signs are not always visible or easy to observe. The role of a dentist in diagnosing the effects of abuse is not a simple one and involves great professional and social responsibility. A doctor's reaction should not only involve implementing treatment but also reporting the case to specific institutions in order for them to take action in the situation a child experiences and to prevent recurrence [1–5].

On the basis of the case presented, the purpose of this paper is to highlight the dentist's role in detecting and preventing child abuse, as well as to consider the need for the dental team to take action, aiming to help young patients.

## Case Description

A patient aged 5 years old reported to the Department of Pediatric Dentistry to have her teeth treated. She had been a regular patient before, attending the dentist for treatment for about a year. Throughout her treatment, she was accompanied by her grandmother, who was not her legal caregiver. The history revealed that the girl lived with her mother, the mother's common-law husband, and her half-brothers and half-sisters (from the mother's side). The grandmother expressed her opinion that the child was not properly cared for and that the granddaughter is neglected by her mother.

During physical examination, performed on the day the patient reported to the clinic, bruising was noted around the upper lip (Fig. 1). All milk teeth were present in the mouth. Fillings were noted in both upper and lower second molar milk teeth (inserted on previous visits in the clinic); in both upper first molar milk teeth, carious cavities were present. The girl's grandmother said she had talked to her granddaughter about the bruising in question. The girl confessed she was kissed by a drunk neighbor, which resulted in the lip discoloration. Following an appropriate conduct procedure, the dentist informed the police who initiated explanatory proceedings. Since then, the patient has not attended her treatment, despite having consecutive appointments made.



Fig. 1. The bruising around the upper lip

## Discussion

The diagnosis of abuse effects is difficult as it is not only about detecting the injuries but most of all about deciding if they are due to an accident or child abuse. Moreover, it is important to associate various signs, which are often bilateral and acquired at various times. Social factors need to be taken into account too, such as poor living and financial conditions, alcohol and drug abuse. What's more, the possible disappointment of the parents with a child's sex, birth defects, or physical or mental impairment, even of a slight degree, must be considered [3, 5–7].

Child abuse is present in almost every social and ethnic group, though its dental implications are relatively less often described and documented. Yet, the issue has already been included in dental handbooks, in chapters devoted to dental trauma. It is accepted that, unfortunately, such accidents may lead to serious and long-term consequences in the future [3–5, 7, 8]. The accumulation of various types of abuse on one individual may affect the degree and character of the harm inflicted. In the case described, we are surely faced not only with sexual abuse, but also with the physical and – most of all – emotional abuse. The condition of the teeth observed on the first visit showed that dental treatment had been neglected and instituted only on the grandmother's initiative. Assistance in such situations should be interdisciplinary.

If help cannot be immediately provided, any suspected case of child abuse should be reported to the police which can implement legal instruments designed for such incidents. It must be remembered that the consequences of abuse experienced in childhood are present throughout one's life and affect one's adult life [4–8]. They may lead to maldevelopment, emotional problems, anxiety, depression, improper sexual conduct, social withdrawal, needs deviations, and alcohol and drug abuse.

The issue of diagnosing child abuse was not fully appreciated by the dentists. Recently, risk factors, diagnostic indications both from the physical examination and history (including social history) have been defined, as well as the ways to report incidences to the victims support system. The need to properly document such cases is of special importance so that the data can be used by the administration and legal system.

“Abused child syndrome” has been introduced into the WHO International Classification of Diseases (code E-S67). The World Health Organization defines abuse or violence as “the intentional use of physical force or power, threatened or ac-

tual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation”.

And according to the American National Center on Child Abuse and Neglect, “abuse is a physical or mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of 18 by a person who is responsible for the child’s welfare under circumstances which indicate that the child’s health or welfare is harmed or threatened” [4–7].

Non-accidental injuries resulting from physical violence or sexual abuse may also take place between the youth or in a peer group. However, the greatest problem seems to be family violence, which is difficult to detect and prove. It is believed that in the majority of cases, children are abused by adults whom they know and trust. The abuse described in the present paper is an example.

Polish police statistics show that the number of under-age abuse victims is growing (in 2002 – 3,500, in 2006 – 15,000 incl. 4,000 victims of family violence). Since 2002, the number of sexually-

abused children has grown almost 3 times. The data reveals that 70% of abusers are parents, with 2/3 of the cases provoked by alcohol. It is worth mentioning that in Poland 84–97% of parents apply corporal punishment against their children [6].

The identification of sexual abuse victims and providing help is a duty of the dentist, apart from treating oral diseases. Physical examination of the oral cavity and facial skeleton constitutes the basics of any examination in a dental clinic and may provide a lot of information. Apart from tissue injuries, a dentist may also come across signs of infection. Moreover, violence victims experience severe mental traumas which may affect the way they behave in a dental chair. All of these factors make it necessary to incorporate training about the forms of support violence victims may benefit from in the curricula of medical and dental students, nurses and midwives. It is important to develop standard procedures for medical professionals of various specialties as well as programs and procedures for administrative units and national legal system.

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