Detecting and Reporting Child Abuse

Guidelines to Determine Symptoms of Abuse and Neglect

Idaho's Invisible Children*

*Are they your patients?

Guidelines to Determine Symptoms of Abuse and Neglect

Child abuse is *not* an isolated, rare event. It has reached epidemic proportions in the United States. According to the Idaho Department of Health and Welfare, there were 2,742 substantiated cases of child abuse and neglect during 1998 in Idaho (7.8 per 1,000 children under age 18).

Various studies have confirmed that approximately 65% of child abuse cases involve injuries to the head, neck and face — areas easily observed by an oral health care provider. These exposed and accessible areas have a higher incidence of injuries from abuse than any other part of the body. Injuries to the child's hands and other parts of the body may also be easily observed in a dental office.

If you suspect that a child is being abused or neglected, try to talk to the child with a witness present, but without family members in attendance so the child may speak freely without fear of reprisal. Ask open-ended, non-threatening questions that require a descriptive answer rather than just a "yes" or "no" response. For example, "What happened?"

Do not suggest answers for the child or press the child to answer questions he or she is unwilling to answer. Health care providers are *not* to conduct an interview with a suspected victim. A few well-worded questions are all that is necessary to make a diagnosis of *suspected* abuse. Interviews are conducted by social service and law enforcement personnel. Talk to the parent/caretaker separately from the child, when possible, with a witness present. Determine whether the explanations from the child and parent/caretaker are consistent.

When in doubt about how to handle the situation with a parent or child or to report a suspected case of child abuse/neglect, call the statewide toll-free Idaho CareLine: 1-800-926-2588. Make the report as soon as possible, within 24 hours, without compromising the child's dental care. Have the following information available when you make the report:

- name and address of the child and parents or other persons having care and custody of the child
- child's age
- nature of the child's condition, including any evidence of previous injuries or disabilities
- any other information that you believe might be helpful in establishing the cause of such abuse or neglect and the identity of the person believed to have caused such abuse or neglect

In the patient's record, carefully document any findings of suspected abuse or neglect including:

- the time and date the injury was observed
- the location and number of injuries on the body
- the color and size of each injury
- the child's and parent's/caretaker's verbal response
- any other pertinent information

Have another individual witness the examination and co-sign the records concerning any suspected child abuse or neglect.

Dentists and dental hygienists are mandated reporters, by Idaho law. If you suspect child abuse or neglect, make a report within 24 hours to your local law enforcement agency or the Department of Health and Welfare. You are not making an accusation. The worst thing that can be done for an abused child is nothing!

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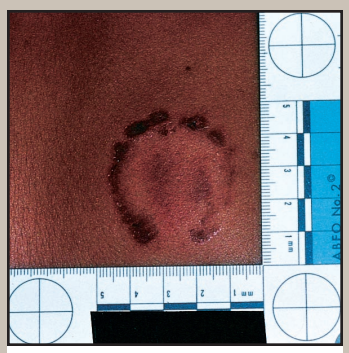
1 Gag marks

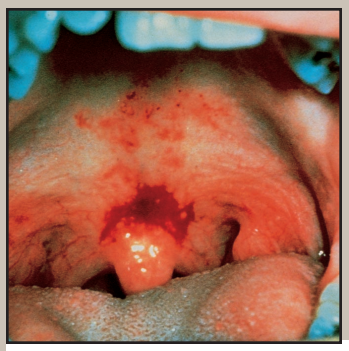
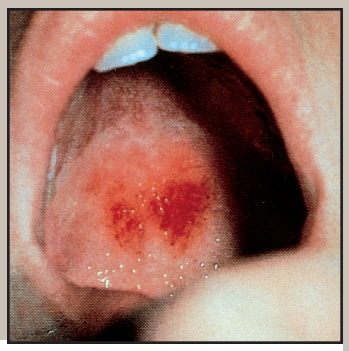
6 Lip injury from placing a hand forcefully over the mouth in an attempt to quiet the child

11 Multiple abscesses and caries due to dental neglect



16 Human bite mark on the skin of an abused child

2 & 3 Trauma from a direct blow to the child's mouth

4 & 5 Bruising on hard and soft palate from forced oral sex

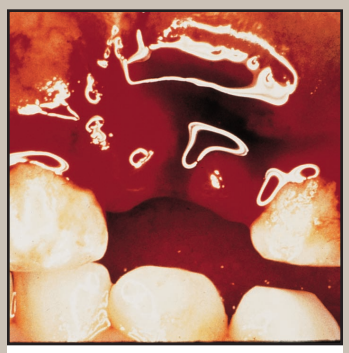
7 Venereal wart in a sexually-abused child

8 Bald or sparse spots on scalp can be from malnutrition or hair pulling

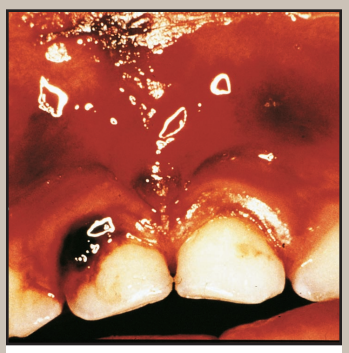
9 Multiple facial contusions from a series of beatings — was reported as a single fall

10 Facial bruises in various stages of healing show this child has been battered over time

12 Central incisor intruded and lateral incisor displaced out of alveolus from blow to mouth



13 Tooth avulsed due to trauma from fist to the mouth

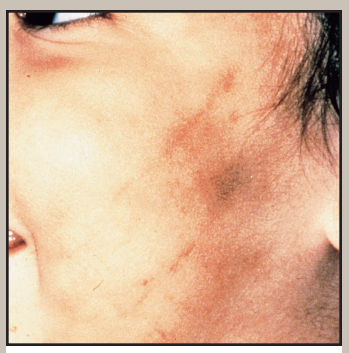


14 Injury to the labial frenum from a slap to the mouth

15 Human bite mark reported as a dog bite

17 Rope marks from an attempted strangulation during a sexual attack

18 Tongue laceration — note that this child had no teeth that could have caused this



19 Slap marks

20 Blow-out fracture of the orbit from a direct hit to the eye during an assault

Assessment Checklist

Following is a partial listing of possible signs and symptoms of child abuse and neglect. Keep in mind that many of the injuries described can occur accidentally to a child and may not be abuse related. Use your professional judgment and knowledge of the child to discern whether what you observe is accidental in nature or suspicious.

General Assessments

- Do they seem to be in pain as they walk into your room or sit down? Children whose ribs have been injured or whose bones have been fractured may exhibit hindered movement or walk with a limp.
- Do they appear uncomfortable as they sit down? Is your young, female patient pregnant? These may be indicators of sexual abuse.
- Are there swellings, bruises or other types of injuries from trauma on their face?
- Are there burns on their hands from cigarettes, lighters or "glove-like" burns from immersion in a hot liquid? Do the hands exhibit the effects of trauma? Injuries to the dorsal surface of the hand may indicate non-accidental trauma, as this is not a typical exploring surface like the palm is.
- Does the child's neck appear to have rope burns or hand marks from choking or strangling? Bruises on the back of the neck may result from the child having been shaken.
- Does the child have several bruises in various stages of resolution? Different colored bruises may indicate chronic abuse over several days or weeks.
- Are there elliptical or oval ecchymoses, abrasions or lacerations that indicate the child has been bitten?
- Are there lesions on their ears that may indicate punching, slapping, pulling, twisting or pinching? Lesions on the ears, particularly if they are on both ears, are rarely accidental in nature.
- Does their nose appear broken or are there blood clots in the nostrils?
- Does the child have a deviated gaze, black eye, drooping eye lid, pupils of unequal size, or scleral hemorrhage from trauma?
- Does the child appear clean, tidy and well nourished, or dirty, disheveled and gaunt from neglect and malnourishment?
- Does the child appear "overdressed" for the climate? In other words, are they wearing long sleeves, a turtleneck sweater, long pants and other heavy clothing in the heat of the summer? This may suggest an attempt to hide injuries on arms or legs.
- If the child was brought in for treatment of an oral injury that seems to be abuse related, does it appear there was an obvious delay in seeking treatment?

Intra-Oral Assessments

- Are there lacerations or scars on the child's lips from trauma, burns from heated implements, or rope marks in the corners of the mouth from a gag being placed over the mouth?
- Are there any unexplained petechia or bruises at the junction of the hard and soft palate that may be indicative of forced oral sex? Contusions in the floor of the mouth also suggest this type of sexual abuse.
- Are there fractured or non-vital teeth that appear to be from non-accidental trauma?
- Are there bruises on edentulous ridges or severe lacerations of the oral mucosa?
- Are any teeth missing or displaced for which there is no obvious explanation?
- Is the labial frenum lacerated from forced feeding or from trauma? Frenum tears may be common in small children learning to walk and falling frequently. However, this same injury in a child adept at walking or in an infant not yet walking should arouse suspicion of abuse.
- Are there burns in the mouth from caustic substances or scalding liquids? This appears as a white slough from necrotic epithelium. In addition, the child may salivate excessively, drool and have difficulty swallowing.
- Do the radiographs exhibit healed or recent fractures?
- Are there venereal warts present that may indicate sexual abuse? Syphilis may appear as a mucous patch or a papule which ulcerates to form a chancre. Sexually-transmitted herpes may also be present.
- Are HIV-associated lesions present, such as oral candidiasis? These lesions also may indicate sexual abuse.
- Does the child's tongue have scars or abnormal mobility from repeated trauma or damage from forcibly biting down?

To report suspected child abuse or neglect, call the toll-free Idaho CareLine: 1-800-926-2588.

Idaho Dental Hygienists' Association

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