**Preventive #2**

**Child Abuse/Non-Accidental Injuries(NAI)**

A child is considered to be abused if he or she is treated in a way that is unacceptable in a given culture at a given time.

Preventing child abuse will prevent death and mentally and physically handicapped from suffering.

35-50% of children suffer from re-injury and 50% die if they return home without intervention.

**Example:** Victoria came to England for a better life, she left her mother and lived with her aunt who was living with her boyfriend and they maltreated this girl.

There were repeated visits to the hospital in one year, there were cigarette burns on her body, malnutrition, hypothermia and in each visit it was recorded that there’s a suspicion but nothing was done. She was returned home 4 times, the last time she was sent home, she was sleeping in the bathroom and covered with only a plastic garbage bag.

She went to the hospital February 2000, she was suffering from malnutrition, hypothermia and repeated abuse, the next day she died. And after they examined her body, they found 128 injuries.

**Prevalence of child abuse:**

According to recent studies on young adults and teenagers;

1 in 5 experienced (….)?

Children who were abused by their parents were 3 times more likely to witness domestic violence (العنف المنزلي), it’s categorized under emotional violence.

-as reported by young adults, after a long time suffering from violence, they appeared to have mental problems and issues, and so many that have been neglected, they died.

**Child abuse in Jordan:**

661 in 2000 and 1423 in 2004, there is increasing in term of reporting but there is many cases that are not reported, so these study is under estimated.

One of the biggest problems in Jordan is that many underestimate child abuse especially the physical and emotional types.

In Jordan there is **“dar al-aman”** which is a child safety center for abused children ..

**Types of child abuse:**

**1. Physical :** the most common, NAI caused to the body of the child, like beating, burning and so on. It could be minimal and could be fatal.

**2. Sexual :** covers broad range of sexual acts on a child, difficult for us as dentists to detect, but there are reported cases.

**3. Emotional :** it’s a bit more difficult to detect, it’s behavioral abuse that endangers the child’s mental and emotional wellbeing, like denying, terrorizing the child, continuous screaming, yelling,.. it’s the hardest to dignose.

**4. Neglect :** neglecting the basic needs of a child, like clothing, shelter, going to chool, going to the doctor including the dentist. So if you see a child with rampant caries that means they’re not seeking any treatment.. so this is considered neglect abuse. There are reported cases.

**Risk factors:**

**1. Look at the personality of the abuser :**

**-** Young/single parent under the stresses of life can lead to NAI.

**-** Alcohol/drug abuser.

**-** Mental problems (psychiatric history/personality disorders).

**-** Mental instability.

**-** Not necessary to be always a parent, could be a relative or a cohabitant living in the house.

**2. Characteristics of the child :**

**-** Always crying/not eating.. increases stressful situations.

**-** Maybe unwanted child from an unwanted pregnancy.

**-** Handicapped children are highly stressful having learning difficulties, congenital abnormality..

**-** Adopted child.

**3. The environment:**

**-** Occurs in all social classes, but it’s more in cases where there’s a single parent with economical and financial problems like unemployment, and that increases the stress on the parent.

**\*** Now back to the physical abuse:

- 50% of physical abuse results in facial and head injuries that can be recognized by the dentist and 25% of physical abuse injuries occur around the mouth**.**

**-** most commonly we see bruising, lacerations, dental trauma. We have always to ask a series of questions about the dental trauma.

**Types of injuries in physical abuse that might be seen:**

* Bruises (most common) 66%
* Laceration (cuts) / abrasions 29%
* Bites
* Burns >> 4% extra orally and 43% intra orally ..
* Dental trauma 29%
* Fractures 2%

All these can be a sign of abuses, that’s why as a dentist you are in a perfect position to define any physical abuses ..

Extra orally you might see >> bruises (most common) we see it a lot, cuts, burns and fractures..

Intra orally >> dental trauma, bruises, cuts ..

You should differentiate between accidental dental trauma and abuse/non-accidental by taking good history .. ( non-accidental dental trauma is 29% )

**Bruises:**

Most common, 90% of abused children have bruises, so its something you can see in a lot of them.

We should be able to differentiate accidental bruises from non-accidental bruises, because children do fall down accidentally.

**Ways to defferntiate :**

**1.** if you see an immobile child ( for example a baby less than 4 months) and has bruises this means they’re NAI because the chance to be accidental is minimal in a child in such age.

**2.** location of the bruises : accidental bruises usually occur over bony prominences such as bruises on the knee, chin and elbow, but if the bruises are in soft areas such as cheeks, ear, neck, lips and scalp which are less common to be accidental, are most likely to be non-accidental bruises.

**3.** if you see bruises of different color and in different stages of healing, this is repeated abuse. If you see a purple one and a yellow one, it means that the child is undergoing episodes of abuse.

**4.** pattern of the bruises, you might see finger prints, slap mark, horizontal lines, or you might also see gripping, or you could see imprint of the object that has been used to hit the child such as belt, rope, chains.
You might see bruises in the ear such as a pinch mark, so it’s very rare to be accidental, it’s usually non-accidental bruises.

These are the worst pictures of abuse.

**Differential diagnosis:**

**1.** might be an ink that isn’t washed.

**2.** might be bleeding disorders (thrombocytopenia, purpura, hemophilia), these children bruise more easily.

**3.** could be birthmarks.

**Burns:**

**1.** cigarette burns ; look circular with a diameter of 0.5-1 cm

**2.** contact burns from anything else ; the shape of the burn confirms the object.

**3.** scalds ; wet burns of boiling liquid like a hot glass of tea. If there’s a clear demarcated burn this means that there was dipping.

**Bites:**

What you see is tissue damage by the direct pressure of the teeth, the canines have the deepest imprint. Usually they measure the size of the imprinted teeth to know the type of the teeth, we have to be careful and differentiate between children bites and adult bites.

**Skull fractures:**

Very serious child abuse.

We might have multiple fractures with complex configurations, might involve more than one cranial bone and it could be associated with intracranial hemorrhage.

There could be fractures in other bones such as ribs, metaphyseal or could be bilateral fractures or any fractures that are associated with other signs of abuse.

We should take the medical history into consideration.

If we see multiple fractures at different stage of healing that means the child is severely abused.

**Diagnosis:**

**1. History :**

**-** history of pain

- child and parents explanation

- when, where, what time.

-detailed account of the accident.

-witnesses

-after how much time the medical help was sought.

**2. Medical History :** check for any bleeding disorders that can lead to bruising or fractures.

**3. Family and social history :** look at any record of previous injuries, also look at brothers and sisters

**4. Examination :** we look at them from the minute they walk into the clinic. We look at their clothing, cleanliness, facial expressions are they sad/afraid, then we do our general examination ; face, scalp, eyes, neck, ears and so on.

**5. Oral examination :** lips, frenum, teeth,…

**6. Radiographs**

**7. Investigations :**

-if there’s an unexplained delay in seeking treatment if the child is in pain with a severe trauma 🡪 this could be suspicious.

-if the history is fake or keeps changing or not specific or no details are given 🡪 this could be suspicious.

-if the history is not compatible with the injury 🡪 this could be suspicious.

-abnormal behavior of the parents, either very careless or very definitive 🡪 could be suspicious.

-child appearance and behavior, relationship with the parent 🡪 suspicious.

-if the child says that his parents have hit him, you have to record it and listen to the child.

**Key indications of NAI:** (conclusion to what we said)

**1.**unexplained delay in seeking help

**2.**vague history or a history that varies

**3.**a history that is incompatible with injury seen

**4.**abnormal behavior by the parents (very defensive, aggressive and wont to leave suddenly)

**5.**child’s appearance

**6.**parents-child relationship

**7.**history or a sign of previous injury

**8.**other signs of abuse - neglect or deprivation

**9.**disclosure by the child himself / herself

**Dentists role:**

-well documented history.

-records/radiographs.

-check the history several times.

-emergency treatment.

-report suspicious.

-injury follow up.

-do not accuse the parents, because if you do so, the parents will go somewhere else. Only report suspicious.

-consult a specialist pediatric dentist or a medical practitioner.

-contact protection agencies.

**Done By Zain Al-Thaher.**

**Sorry for the delay ☺**