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Preventive II

**University of Jordan**

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**Child Abuse / non-accidental injuries (NAI)..**

This is part of prevention, as prevention what we prime to do is prevent any kind of injury or abuse to children ..

This is going to be asked about it **in pediatric in viva exam** ..

When you are taking history and doing examination for pediatric >> you should watch out for the signs for these injuries, this is something you should be aware to it because it is your responsibility ..

We are going to look basically to the definitions of what **child abuse / non-accidental injuries** **(NAI)** is, types of child abuse, risk factors, types of physical injuries and most important the diagnosis of this type of injury ..

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**Definitions:**

**Child Abuse:**

A child consider to be abuse, if he or she treated in a way that is not acceptable in a given culture at a given time ..

All cultures are different in varying degrees of what a culture may considered abuse or not, as example in some countries, simple emotional or yelling the child may considered as child abuse ..

So you should considered the culture and the time ( child abuse at years ago is different than now), when you talking about child abuse..

Why we are talking about this in prevention lecture ?  
Because basically you could be perverting that child physically and mentally handicapped patient from suffering ..

If we consider the actual statistic of child abuse once, there is ( 35% - 50% ) chance that he look suffer and injury again ( abused again ) ..

So half the children will be abused again ..

50% of these children could actually die without interventions ..

This is actually statistical figures ..

So half of them might die without do anything ..

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There is example:

**Victoria climbie**  she came from Africa to live with her aunt in England, because her mother want better life for her, so she live with her aunt and her aunt was living with her husband ..  
the child was abused, she was not fed and she was sleep in the bathroom in the winter covered by plastic lid ..  
she was abused physically ..  
she was admitted to hospital in 24 February in 2000, they noted that she was suffering from malnutrition ( she was not fed ) and hypothermia ( she was not kept warm ) ..   
in 25 of February in 2000, she was sent to her home .. in 30 of February in 2000 she died ..  
so they could help her and stop this abuse, if they cared ..  
after examination of her dead body, they found 128 separate injuries in her body ..

As result of death of **Victoria climbie** , there became institutions of child protection, and restrict the necessary to do something not to send the child to the home to abused again ..

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**Prevalence of child abuse : ( from UK )**

- 9500 children were physical abused ..

- 6330 sexually abused ..

- 4 children died every week as a result of NAI ..

- About half of these children were under 5 years of age ..

There is cases that does not be reported ..  
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**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 estimating ..

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

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

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**Types of child abuse :**

1 ) physically abuse >> most concern ..  
2 ) sexually abuse ..  
3 ) emotional abuse ..  
4 ) neglect abuse ( is type of child abuse because you are not meeting the basic need of the child ) ..

**Physical abuse :** most common, when there is non-accidental act that causes injury to the body of the child ..

**Sexual abuse :** basically covers broad range of sexual acts perpetrated on a child which is not suitable for child age, so there is varying degree, and it’s difficult for dentist to detect. But there is cases that reported ..

**Emotional abuse :** basically when you endangers the child’s mental and emotional wellbeing, like denying and always lying on the child, and it’s the hardest type to diagnose, Like continuous terrorization.

**Neglect abuse:** negligent treatment of a child so their health welfare or safety are harmed, for example, if they are not given medical attention or not taking to the doctor or not going to school, you will see a lot of children have a lot of caries that are not being treated .. so there is a cases of dental neglect ..

You can have a combination, like physical and emotional.

**Aetiology or the risk factors:**

1 ) Look at personality traits of the abuser that abuse the child ..

2 ) Characteristics of child ..

3 ) Environmental factors ..

**Personality traits of the abuser:**

* Young and/or single parent which can be stressful for the parent which can lead to NAI ..
* Alcohol and/or drug abuser ..
* Abused as a child themselves ..
* Psychiatric history or personality disorder ..
* Mental instability ..
* A parent, relative or cohabitant not related to child ..

**Characteristic of child:**

* Adds stress and provokes anger (continuous crying, soiling their clothes), not eating ..
* Maybe from an unwanted pregnancy ..
* Handicapped, learning difficulty, congenital abnormality ..
* Adopted ..

**Environmental factors:**

* Occurs in all social classes but there is higher tendency to happen in stressful lifestyle like unemployed single parent with economic problems and financial problems ..

At this moment the doctor give us a chapter from the book and we will be asked about it in the exam and this happen due to the noise in the lecture :P so thank you doctors ☺

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And now back to physical abuse (it is the one we as a dentist can see) ..

**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 ..

So you as a dentist, should do the hole examination from the time the child enter your clinic ..

You could see dental trauma, abrasions ..

**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% ) ..

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**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 differentiate:**

1 ) if you see an immobile child ( like for example a baby less than 4 months of age) and had bruises so it will be non-accidental bruises, the chance to be accidental is minimal in child does not mobile yet ..  
2 ) look to the location of bruises, accidental bruises usually occur over bony prominence, if the child fall down such as bruises on the knee, chin and elbow ..  
if the bruises in soft area such as cheeks, ear, neck, lips and scalp which is less common to be accidental bruises, most common to be non-accidental bruises ..  
3 ) if you see bruises of different color and the bruises in different stage of healing, so this is repeated abuse, if you see a purple one and you see yellow one, so this child has abused more than one ..  
4 ) pattern of the bruises, you might see imprint of the finger, slap mark, horizontal lines, or you might also see gripping, or you could see imprint of the object that used to hit the child such as belt, rope, chains ..  
you might see bruises in the ear such as a pinch mark, so its very rare to be accidental, its usually non-accidental bruises ..

**Differential diagnosis of bruising:** you should always make sure before you judge

1. It may be Pink or ink that not be wash ..
2. The child could be have Bleeding disorders ( thrombocytopenia , purpura , haemophilia ), so these children may bruise more easily ..
3. It could be Birthmarks ..

**Burns:**

Type is burns / classified into:

1. ) Cigarette burns >> usually look circular with diameter of 0.5 to 1 cm ..
2. ) Contact burns from anything else >> shapes confirms to object that you see in the child body ..
3. ) Scalds >> wet burns from a hot boiling liquid, if it was accidental you would to see splash marks, but if you see clear demarcated burn then it means that there was dipping ( this child his hand was dipped in hot liquid ) rarely seen in the face, you might see it in other area this is most likely to be non-accidental burns / child abuse ..

One of the child abuse type that found on the body of Victoria climbie is cigarette burns ..

**Bites**:

**What would you see ?!**

1. Tissue damage by direct pressure of teeth bruising and edema ..
2. Double arcade (imprints of canines), most imprinted teeth that obviously seen is the canine and it has the deepest imprint ..
3. Central bruise is often seen ..

Usually they measure the size of the imprinted teeth to know the type of teeth, look carefully and differentiate between children bites and adult bites ..

**Fractures**:

Is sever child abuse ..

**Skull:**

* Multiple fractures with complex configurations ..
* Involvement of more than one cranial bone ..
* Associated with intracranial hemorrhage ..

All of these are highly susceptible to be non-accidental fracture / child abuse ..

**Other bones:**

* Rib, metaphyseal and scapular fractures
* Fractures at different stages of repair
* Bilateral fractures
* Any fracture associated with other signs of abuse

You should take into your consideration medical history like osteogenesis imperfecta that is very susceptible to fracture ..

If you see multiple fractures on the x-ray at different stages of healing, this mean that this child is severely abused ..

Any fracture that was associated with any of other factors, there will be highly suspicious that this child is abused ..

The doctor showed us multiple of photos that show types of child abuse ..

**Diagnosis**:

It depend on:

**1 ) History:**  
Detailed history pf pain/injury

* Detailed account of the “accident”
* Record the parents and child’s explanation (separate histories)
* When and where incident took place
* What time
* Witnesses
* After how much time medical help sought
* (when, where, why, how, what time >> how much time did it take from them to seek medical health), history of pain, make sure that you write the details take parents consideration and child consideration if you can ..  
  what time the injury happen is very important, because if there is any delayed that is a sign of neglect and abused ..

**2 ) Medical history** is very important to check for any bleeding disorders that can lead to bruising or like osteogenesis imperfecta which can lead to fractures..

**3 ) Family and Social history:** Detect any cause of the injuries

* Look at any record of previous accident
* Look at brothers and sisters

**4 ) Examination:** When walk into clinic

* dress/cleanliness (cloth that suits the tempreture)
* facial expression (afraid, scared )
* face and head- scalp, eyes, face, neck, ears, throat

your examination starts as the child enter your clinic, look to the dress of the child, if he/she is clean or not, all of these are signs .. look to the area that rarely to be injured such as skull, lip, neck and ears.. dental examination, fracture, frenum, good examination to the injury ..

**5 ) Oral examination:**

* lips
* mucosa (frenum)
* teeth – fractures, luxations, etc

**6 ) radiographs ..**

**7 ) child facial expression**, Are they stratified or scarred?? Usually abused children are scarred and stressed ..

If you see any injury just record it, and see what happen in the next appointment ..

**8 ) investigations** ..  
- you might take radiographs to make sure that you are providing best treatment ..  
- if there is unexplain delay in seeking health, if the child is in pain, if there is severe trauma, and there is no explanation from the family for the cause of delaying and not came early >> this cause suspicious ..  
- if the history is fake or keep changing or not specific and no details given >> this will cause suspicious ..  
- if the history is not compatible with the injury >> this will cause suspicious ..  
- abnormal behavior of the parents, very carless or very definitive ..  
- child appearance and behavior, look to relationship between child and his parents ..   
- if the child actually said that his parents are hit him !! record it .. listen to the child ..

**Key indications of Non-Accidental Injuries / NAI:**

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 ..

**Dentist’s role:**

* well documented detailed history ..
* records/diagrams/photographs ..
* check history several times to check for consistency, if there is any changing ..
* emergency treatment, provide treatment ..
* report suspicions ..

**Reporting NAI:**

* Do not accuse the parents, report suspicious without accusing the parents, because if you do this the parents will go some were else at the end ..
* Consultation with specialist pediatric dentist or medical practitioner ..
* Contact protection agency .. حماية الأسرة

**Conclusion:**

Be aware of the possibility of NAI in every child patient ..

Be prepared to report suspicious cases ..

Sorry for any mistake .. Thank you .. ☺