



American Academy of Pediatrics
ADVANCING THE HEALTH OF ALL CHILDREN
New Jersey Chapter

Dental Team CARE



Child Abuse Recognition & Education

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Notice of Disclosure

- The presenters have no personal or financial interests in the subject matter to disclose
- The webinar qualifies for 1 CEU Approved by NJ State Board of Dentistry. (Approval of the continuing education credit does not imply endorsement by the Board of any product or technique)

What is Child Abuse & Neglect?



- *Abused child or abused or neglected child* means a child under age 18 whose parent, guardian, or other person having custody and control: Inflicts or allows to be inflicted upon such child physical injury by other than accidental means that causes or creates a substantial risk of death, serious or protracted disfigurement, protracted impairment of physical or emotional health, or protracted loss or impairment of the function of any bodily organ.

section 1 of P.L.1974, c. 119 (C. 9:6-6.2); section 1 of P.L.1974, c. 119 (C. 9:6-2)

Significant adversity in childhood is strongly associated with unhealthy lifestyles and poor health decades later.

Adverse Childhood Experiences (ACEs)

"Adverse childhood experiences determine the likelihood of the ten most common causes of death in the United States."



Vincent J. Felitti, MD, Robert F. Anda, MD

ACE Scores

Number of individual adverse childhood experiences are summed...

ACE Scores	Prevalence
0	36.4%
1	26.2%
2	15.8%
3	9.5%
4	6.0%
5	3.5%
6	1.6%
7 or more	0.9%

64% reported experiencing one or more

37% reported experiencing two or more

ACE Categories

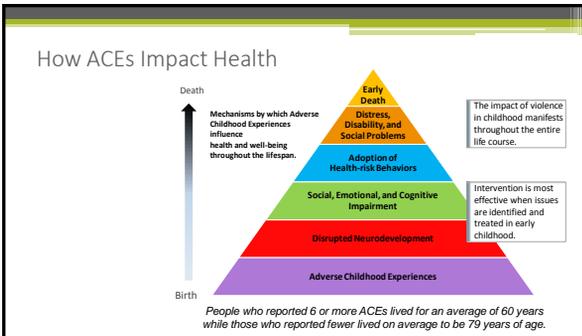
	Women (n=9,367)	Men (n=7,970)	Total (17,337)
Abuse			
Emotional	13.1%	7.6%	10.6%
Physical	27.0%	29.9%	28.3%
Sexual	24.7%	16.0%	20.7%
Household Dysfunction			
Mother Treated Violently	13.7%	11.5%	12.7%
Household Substance Abuse	29.5%	23.8%	26.9%
Household Mental Illness	23.3%	14.8%	19.4%
Parental Separation or Divorce	24.5%	21.8%	23.3%
Incarcerated Household Member	5.2%	4.1%	4.7%
Neglect*			
Emotional	16.7%	12.4%	14.8%
Physical	9.2%	10.7%	9.9%

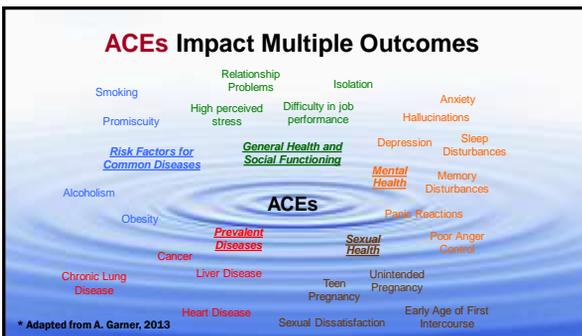
* Wave 2 data only (n=8,667) Data from www.cdc.gov/fccdfhs/ace/ demographics

* Slide adapted from A. Garner, 2013

Table 1. ACE-Related Odds of Having a Physical Health Condition¹

Health Condition	1 ACE	2 ACEs	3 ACEs	4+ ACEs
Arthritis	100%	130%	165%	220%
AZDHA	100%	111%	111%	211%
Cancer	100%	111%	111%	141%
COFD	100%	200%	181%	220%
Diabetes	100%	111%	111%	211%
Heart Attack	100%	140%	141%	217%
Heart Disease	100%	111%	140%	210%
Kidney Disease	100%	200%	111%	210%
Stroke	100%	140%	111%	211%
Vision	100%	147%	181%	190%





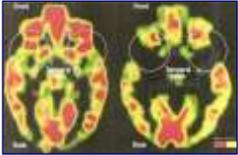
Toxic Stress

Positive Stress	Moderate, short-lived stress responses that are normal part of life and healthy development. A child can learn to manage and control these experiences with support of caring adults in context of safe, warm, and positive relationships.
Tolerable Stress	Stress responses that could affect brain architecture but generally occur for briefer periods which allow brain to recover and thereby reverse potentially harmful effects.
Toxic Stress	Strong, frequent or prolonged activation of body's stress management system. Stressful events that are chronic, uncontrollable, and/or experienced without child having access to support from caring adults.

www.instituteofsafefamilies.org

Toxic Stress Affects Brain Development

- Organizational changes
- Brain chemistry imbalances
- Structural changes



Healthy Child **Severe Emotional Neglect**

Bugental et al., 2003; National Council on the Developing Child, 2005; Teicher, 2013; www.instituteofsafefamilies.org; Centers for Disease Control and Prevention

Behavioral, Mental, and Social Problems associated with Traumatic Brain Development

- Persistent physiological hyperarousal & hyperactivity
- More impulsive, aggressive behaviors
- Less able to tolerate stress
- Reactive Attachment Disorder, other disorders
- Hypervigilance - "Always on the ready"



Kuehls, 2009; Perry, 2001; Shore, 2001; Teicher et al, 2002

Excessive Stress **Disrupts** Architecture of Child's Developing **Brain**

- Neural circuitry for dealing with stress is especially malleable during fetal and early childhood periods
- Excessive stress programs hormone system toward exaggerated and prolonged response to stressors



Bugental et al., 2003; National Council on the Developing Child, 2005; Teicher, 2011
www.instituteforfamily.org

Risk Factors: **Child**

- Premature birth
- Crying
- Gender identity
- Low Self-esteem
- Physical/Developmental Disabilities



Risk Factors: **Family**

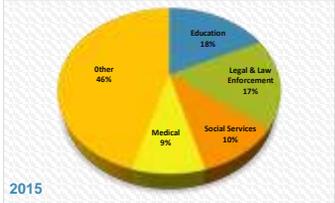
- Poverty
- Substance Use
- Violence
- Major life events
- Non-biologically -related male in the home
- Depression



Social Determinants of Health



Sources of Referrals (Reporting Child Abuse)



2015

<https://www.aclfhhs.gov/sites/default/files/ch/cm2015.pdf#page=29>

Reporting Child Abuse & Neglect





Reporting Abuse and Neglect under ADA Code:

- Section 3.E of the ADA Principles of Ethics and Code of Professional Conduct ADA Code states: **Dentists shall be obliged to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws.**



State law (N.J.S.A.9:6-8.10), Requires

“Any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to the Division of Youth and Family Services by telephone or otherwise...”

L. 1971, c.437, s.3; amended by L. 1987,c.341,s.4.





The Division of Child Protection and Permanency (DCP&P) is New Jersey’s child protection and child welfare agency within the Department of Children and Families.

Reporting

Call DCP&P
1-877-NJ ABUSE
1-877-652-2873

- ✓ Incoming line for the hearing impaired
- ✓ 24/7 availability
- ✓ Reference prior reports



Detecting Suspected Abuse

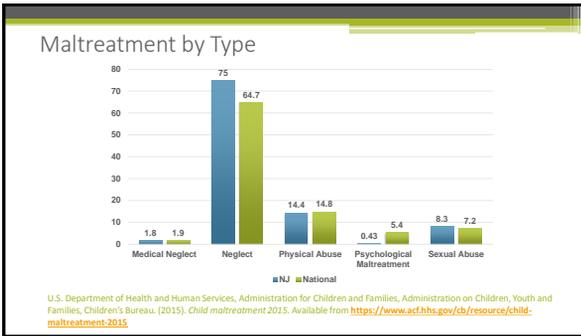
- Risk factors for abuse (child, parent and family)
- Behavioral assessment of the child and parent/guardian,
- Patient history,
- General physical assessment,
- Oral examination,

- Injury documentation,
- Consultation with state social service department to discuss suspicions.

Forms of Abuse

- Physical
- Sexual
- Emotional
- Neglect





Physical Abuse

- Physical abuse of a child is when a parent or caregiver causes any non-accidental physical injury to a child. There are many signs of physical abuse.
- Several studies in the literature have shown that **oral or facial trauma occurs in about 50% of physically abused children**; the oral cavity may be a central focus for physical abuse

THE MOST OVERLOOKED SIGN OF ABUSE

BRUISING

REMEMBER THE **10/10** BRUISING RULES

CHILDREN | 4 YEARS & YOUNGER

Any bruise is a red flag for child abuse. In children, bruising is often caused by falls or bumps. However, bruising in children can be a sign of physical abuse.

INFANTS | 4 MONTHS & YOUNGER

Any bruise is a red flag for child abuse. In infants, bruising is often caused by falls or bumps. However, bruising in infants can be a sign of physical abuse.

BRUISING RULES

10/10

10/10 = 10% of children with bruising are physically abused.

10/10 = 10% of children with bruising are physically abused.

≤ 4 Months
Any Bruise
Anywhere

≤ 4 Years
Any Bruise
Torso
Ears
Neck

Indicators of Abuse

- Behavioral Indicators
- Patient History Indicators
- Specific caregiver indicators
- Non-specific caregiver indicators



Signs of physical abuse in a caregiver

- Can't or won't explain injury of child, or explains it in a way that doesn't make sense
- Displays aggression to child or is overly anxious about child's behavior
- Indicates child is not trustworthy, a liar, evil, a troublemaker
- Delays or prevents medical/dental care for child
- Takes child to different doctors or hospitals

Signs of physical abuse in a child

- Injuries at different stages of healing
- On different surfaces of the body
- Unexplained or explained in a way that doesn't make sense
- Distinctive shape
- Fear, withdrawal, depression, anxiety
- Wears long sleeves out of season
- Immaturity, acting out, emotional and behavior extremes
- Self-destructive behavior or attitudes

Sexual Abuse

- Sexual abuse occurs when an adult uses a child for sexual purposes or involves a child in sexual acts. It also includes when a child who is older or more powerful uses another child for sexual gratification



Oral Manifestation of Sexual Abuse

The oral cavity is a frequent site of sexual abuse in children



Syphilis Lesion on the tongue Chondyroma Acuminatum (HPV)

Bite Marks

- Bite marks of an adult on a child are **generally associated** to some types of **sexual and physical abuse**
- The aspect of a bite mark suffers some evident changes, generally after two or three days (healing process)
- To be analyzed by the Forensic Odontologist



Traumatic dental injuries often occur in accidents or sports-related injuries

- Mucosal laceration
- Bruising or hemorrhage
- Tooth Chipping
- Avulsion
- Loosening or fracture of tooth
- Fracture of Mandible or Maxilla
- Tearing of frenum and tongue laceration
- Lip Laceration



Subluxation & Loosening Tooth avulsion and Laceration

Tooth fracture & Laceration Lip Laceration & Incisal Extrusion

Emotional Abuse

- When a parent or caregiver harms a child's mental and social development, or causes severe emotional harm, it is considered emotional abuse.



Child Neglect

Child neglect is when a parent or caregiver does not give the care, supervision, affection and support needed for a child's health, safety and well-being. Child neglect includes:

- Physical neglect and inadequate supervision
- Emotional neglect
- Medical/Dental neglect
- Educational neglect

Child Neglect (cont.)



- Clothing that is the wrong size, dirty, or not right for the weather
- Often hungry, may even show signs of malnutrition
- Often tired, sleepy, listless
- Hygiene problems, body odor
- Talks about caring for younger siblings, not having a caregiver at home

Dental Neglect

- Dental neglect is defined by the American Academy of Pediatrics Dentistry as “**willful failure** of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection”



Diagnosing dental neglect can be challenging, influencing a reluctance to report cases

Are these cases of dental neglect?



Deliberate parental behavior, or lack of perceived value of oral health?

Talking to the caregiver

- Be nonjudgmental, nonthreatening
- Ask open-ended questions that invite narrative
- Obtain details of trauma event (who, what, when, where...)
- Characteristics of impacting object/surface
- Child's reaction to event
- When/how caregiver noted the injury
- Consider cultural background
- Prior injuries to child



Talking to the child

- Be nonthreatening and non-accusatory
- Ask open-ended questions
- Avoid leading questions
- Reassure child they are not in trouble for talking to you
- Do not make promises you cannot keep
- Ask of they are in pain, or if they are not feeling well
- Seek help/medical attention appropriately



When should you consider child abuse?



ANY TIME

- You observe a traumatic injury
- The story isn't supported by evidence
- Your experience tells you something is amiss

What is Next?

- Do you have a written policy about how suspected child abuse and neglect is handled in your practice setting?
- Establish an internal protocol and create a vigilant environment to look for Suspected Child Abuse and Neglect
- Dental Team should always *Listen, Look & Document*





**Child abuse
doesn't
report itself.**
Make The Call, Help A Child

In New Jersey
EVERYONE
is a mandated reporter of
Child Abuse and Neglect

1-877 NJ ABUSE
1-877-652-2873
TTY 1-800-835-5510

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