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.
The National Numbers

- 26.8% of the victims of child abuse and neglect in 2012 were younger than 3 years of age (181,493 of 678,810 Unique Victims)
- Children younger than 1 year had the highest rate of victimization at 21.9 per 1,000 children in the population of the same age.
- Of the children who suffered medical neglect (15,705), one-third were younger than 3 years.

The New Jersey Numbers

- 74,546 investigations of abuse & neglect
- 9,689 first-time victims (0-21 yrs.)
- 3,038 - 3 years or younger (31%)
- 1,184 - Less than 1 year of age (39%)
- Neglect is the most common form of Maltreatment (79.5%)
- Sexual Abuse represents 8.8% of substantiated cases of maltreatment
- There were 23 child fatalities due to maltreatment

The Effects of Child Abuse and Neglect Across the Lifespan
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

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**ACE Scores**

Number of individual adverse childhood experiences are summed...

<table>
<thead>
<tr>
<th>ACE Scores</th>
<th>Prevalence</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>36.4%</td>
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<tr>
<td>1</td>
<td>26.2%</td>
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<tr>
<td>2</td>
<td>15.8%</td>
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<tr>
<td>3</td>
<td>9.5%</td>
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<tr>
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<td>3.5%</td>
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<tr>
<td>6</td>
<td>1.6%</td>
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<tr>
<td>7 or more</td>
<td>0.9%</td>
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</tbody>
</table>

64% reported experiencing one or more
37% reported experiencing two or more

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**ACE Categories**

- **Abuse**
  - Emotional
  - Physical
  - Sexual
- **Household Dysfunction**
  - Mother Treated Violently
  - Household Substance Abuse
  - Household Mental Illness
  - Parental Separation or Divorce
  - Incarcerated Household Member
- **Neglect**

*Wave 2 data only (n=8,667)*

Data from www.cdc.gov/nccdphp/ace/demographics

*Slide adapted from A. Garner, 2013*
How ACEs Impact Health

Mechanisms by which Adverse Childhood Experiences influence health and well-being throughout the lifespan.

Birth

ACEs Impact Multiple Outcomes

ACEs = Adverse Childhood Experiences

- Social, Emotional, and Cognitive Impairment
- Disrupted Neurodevelopment
- Adoption of Health-risk Behaviors

Intervention is most effective when issues are identified and treated in early childhood.

People who reported 6 or more ACEs lived for an average of 60 years while those who reported fewer lived on average to be 79 years of age.

Adapted from A. Garner, 2013
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 settings of safety, warmth, 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.

Toxic Stress Affects Brain Development

- Organizational changes
- Brain chemistry imbalances
- Structural changes

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”
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

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

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...”

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.
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
- Chondyloma 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
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 if 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
Minor abusive injuries may indicate serious physical abuse.

While spanking or corporal punishment is not illegal in New Jersey, if it is excessive and leaves marks, bruises or injuries, a person could be charged with a crime. Spanking + Accidental Injury = Child Abuse.

The wrong kind of spanking could be a crime in New Jersey.

Can New Jersey Parents legally spank their Children?

Assistant Prosecutor Jennifer Downing, head of the child abuse and sexual assault unit.
In New Jersey
EVERYONE
is a mandated reporter of
Child Abuse and Neglect

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

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