

Dentist's role in recognizing child abuse: a case report

A importância do cirurgião dentista no diagnóstico de maus tratos em crianças: relato de caso

Abstract

Purpose: To report the dentist's contribution in the identification, intervention and follow-up of a case of physical child abuse.

Case description: A 5-year old child was brought by his stepmother to the Pediatric Dentistry Clinic of the Dental School of the State University of Paraíba, Brazil, for routine dental care. The physical examination revealed a hematoma in the left orbit. As the patient's report was inconsistent, he was referred to the Department of Psychology in order to obtain more information about the cause of the trauma and, if necessary, establish immediate protective measures for the child and plan the future actions for the case.

Conclusion: This case illustrates the importance of an interdisciplinary approach for situations of violence involving children. Since physical violence can produce injuries in any part of the body, the dental staff must be prepared to identify any clinical evidence as well as to offer the adequate treatment for each case.

Key words: Child; violence; Dentistry

Resumo

Objetivo: Relatar a contribuição do cirurgião-dentista na identificação, intervenção e encaminhamento frente a uma possível situação de abuso físico contra uma criança.

Descrição do Caso: Uma criança de 5 anos de idade acompanhado de sua madrastra compareceu à Clínica de Odontopediatria da Faculdade de Odontologia da Universidade Estadual da Paraíba, Brasil, para avaliação e tratamento de rotina. Ao exame físico verificou-se a existência de um hematoma orbitário em seu rosto. Diante da inconsistência do relato da criança, optou-se por encaminhá-la à Clínica de Psicologia, visando resgatar a história passada do trauma.

Conclusão: Este caso ilustra a importância do atendimento interdisciplinar e multiprofissional para situações de violência envolvendo crianças. Desde que as manifestações da violência física podem afetar qualquer parte do corpo, a equipe odontológica deve estar preparada para reconhecer e identificar as principais lesões, bem como proporcionar o atendimento odontológico adequado a cada caso.

Palavras-chave: Criança; violência; Odontologia

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Introduction

Violence may be considered as any harmful action to the individual's life and health, characterized by abuse, restriction of freedom or imposition of force. Due to their vulnerability and dependency, children and adolescents are common victims of offensive acts (1).

Physical abuse at home is one of most cruel faces of violence because it affects defenseless persons, mostly women and children, in a place that is supposed to offer shelter and well-being. Despite the laws to protect the rights of children and adolescents, different forms of violence are daily imposed to underage individuals, resulting in psychologically misadjusted persons with a tendency to maintain a violent behavior in their relationships (2).

Several dental articles on child abuse have reported cases in which the dentist was the first professional to suspect that orofacial injuries in their pediatric patients resulted from physical assault (3). As pediatric dentists usually follow their patient since early childhood until the end of adolescence, these professionals may be the first to identify physical and emotional manifestations of abuse (4).

This article reports a case in which a suspected situation of physical violence against a pediatric patient was identified by the dentist during routine dental care.

Case report

A Caucasian male patient aged 5 years and 8 months was referred to the Pediatric Clinic of the Dental School of the State University of Paraíba, Brazil complaining mainly of pain on chewing. In the first clinical interview, history of family disharmony was reported; the parents were divorced and the child lived with his maternal grandmother. The child was brought to the clinic by his stepmother, who accused the grandmother of being negligent with the child. She also described a history of child's abandonment by the family in his brief life course. The boy seemed downcast, melancholy and humiliated, expressing signs of great sorrow. Still according to the stepmother, the boy had an older (adolescent) and a younger sister. She said that the older girl had an "out-of-control" behavior and presented serious emotional issues related to the complicated structure of her mother's family.

The extraoral clinical examination revealed a hematoma in the left orbit (Fig. 1). The dentist asked the child how, when and where he had suffered the injury but the child's answers were inconsistent and not elucidative. First, the stepmother told that the child had fallen. Then, the child said that he had been injured while playing with an adolescent neighbor. According to the child's report, the playing consisted in his friend holding his hands tight and making him spin around in the air several times; in one of these turns, the child's face accidentally collided with the adolescent's waist, causing the hematoma. Nevertheless, the child repeatedly said that he did not remember clearly what happened, and interrupted his explanation several times, remaining silent, and then saying that he was not sure about what had actually happened.



Fig. 1. Clinical aspect of the hematoma in the left orbit at the first dental appointment.

The intraoral clinical examination revealed multiple active carious lesions in the anterior and posterior primary teeth, some of which presented extensive coronal destruction and pulp involvement. Toothbrushing frequency was far less than ideal and oral hygiene was poor. According to the stepmother, this was the child's first visit to a dentist in his entire life. No intraoral injuries suggestive of child abuse were noticed.

Due to the inconsistent and conflicting versions for the hematoma, and considering the need of psychological counseling for the child and the stepmother, both were referred to the Department of Psychology (Pediatric Psychology Service) of Paraíba State University, Brazil, in an attempt to elucidate the cause of the traumatic injury and provide emotional comfort to the child and his family. The father went to the Pediatric Dentistry Clinic as soon as he was informed about the child's referral to Department of Psychology, but did not add any new fact to the case.

The psychological treatment of the child was composed of two phases. The first phase consisted of the diagnosis of violence and evaluation of the potential risk. In this way, elements that could characterize the scenario and either confirm or discard the occurrence of child abuse were investigated. A multidisciplinary team formed by a physician, a psychologist and a social worker was responsible for establishing immediate protective measures and planning the subsequent actions for the case. The second and more specific phase was the psychotherapy itself. Two psychological resources were employed: *psychodrama*, using puppets and/or marionettes to help the child telling his version of the case, and *drawing*, to reveal possibly omitted facts and details, and allow for evaluating the child's emotional conditions (telic relations). This phase of the treatment sought identifying: the significance of violence and its psychological representation, family structure and dynamics, and the child's behavior at school and at home. The psychotherapy and the referral

to the Child Protection Service were based on the child's reports (search for evidences).

The child returned to the Pediatric Dentistry Clinic to proceed with the dental treatment 15 days following the first visit and after having participated in several sessions with the members of the multidisciplinary team. Considerable improvement was observed in the child's physical appearance (including clothing) and behavior (better verbal communication). The orbital hematoma almost disappeared completely and no new facial injuries were observed. The child and his family are now being followed on a weekly basis. In fulfillment to the ethical guidelines, the child's legal representative signed an informed consent form before any procedure was done.

Discussion

Physical violence against children and adolescents may result from omission or suppression or infringement of their rights, as defined by legal conventions or cultural precepts (5). It is the dentist's ethical and moral duty to report cases of child abuse to the legal authorities (3,6-8).

In the medical and dental fields, suspicion of physical abuse is based essentially on the review of medical/dental history and clinical and complementary examinations. It is important that the medical/dental history is obtained during separate interviews with the parents and child. In addition to delaying the search for treatment, parents/caregivers usually do not take responsibility or admit their fault, presenting confusing and inconsistent reports that do not support the clinical findings (9).

Dentists must be qualified to identify cases of physical abuse, especially detecting the clinical signs that victims of violence may present. During the clinical session, dentists must be attentive to existence soft-tissue extraoral lesions (bruises, ecchymoses, hematomas, burns and others), intraoral injuries (bruises, lip and tongue lacerations, tooth fractures, luxations and displacements) and bone fractures (3,8,10,11). In this way, cases of suspected child abuse

require meticulous extraoral and intraoral examinations in order to obtain as much information as possible to make an accurate diagnosis (7). In cases of physical violence involving children and adolescents, health professionals have the duties of protecting the victim, offering adequate clinical treatment, improving the family relationships, and notifying the authorities (12). The main goal of identifying and reporting cases of child abuse is actually not having the aggressor punished, but rather preventing new violent or even fatal acts against the child (11).

The case presented in this article demonstrates that cases of violence against children and adolescents can be identified by pediatric dentists or general dentists that treat pediatric patients. The presence of an injury (in this case, a hematoma in the left orbit) in a visible part of the body (the face, in this case) raised the suspicion of physical assault against the 5-year-old, which was reinforced by the inconsistencies in the child's and stepmother's reports. Since the suspicion could not be confirmed by the child's report, the case was referred to the Pediatric Psychology Clinic at the same institution for a complementary evaluation.

The psychological treatment indicated to the child was based on the diagnosis of the violence and potential risk analysis, as well as on the use of playful techniques that made the feel free to tell what had occurred. Assistance to the victim and his family was provided by a multidisciplinary team, which is a condition of paramount importance in these situations and had a decisive role in the success of this particular case.

Conclusions

Child abuse can be identified by dentists since most cases of physical assault involve injuries to the face and head region. Given the importance of this subject, adequate qualification of dental professionals is required not only for the clinical treatment of the victim, but mainly for early detection of the aggression and notification to the legal authorities.

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