

The role of the dental team in child abuse and neglect



Tannhelsetjenestens rolle ved omsorgssvikt og overgrep mot barn:

Nordisk konferanse
OSLO

7th May 2009

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Aim

- To ensure participants have an understanding of their professional responsibilities towards the safeguarding and protection of children, and how agencies and families work together to achieve this.

What is Child Protection?

Activity undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm.

Who are 'children in need'?

Those who require additional support or services to achieve their full potential.

What is child abuse and neglect?

Anything which those entrusted with the care of children do, or fail to do, which damages their prospects of safe and healthy development into adulthood.

INTERNATIONAL



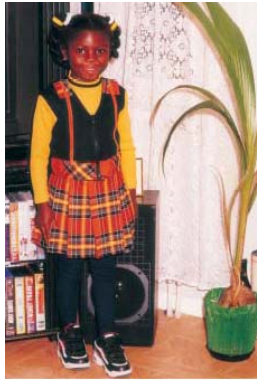
The UN Convention on the Rights of the Child
UNCRC

Children And Young Peoples Charter

- The right to respect
- The right to information about yourself
- The right to be protected from harm
- The right to have a say in your life
- The right to a good start in life
- The right to be and feel secure

NATIONAL

- Working Together to Safeguard Children (DfES 2006)
 - Framework for the Assessment of Children in Need and their Families (DOH 2000)
 - What to do if you are worried a child is being abused (DfES 2006)
 - Every Child Matters – Next Steps (DfES 2004)
- For further information go to www.everychildmatters.gov.uk



Victoria Adjo Climbié

Died 25/02/2000

8 years of age

Suffered months of appalling ill-treatment from her Great Aunt & John Manning, who received life sentences

Jan 2003: publication of Laming Report containing 108 recommendations, covering accountability & good practice

SERIOUS CASE REVIEWS 6 Commonly Identified Practice Shortcomings

- Inadequate sharing of information
- Poor assessment process
- Ineffective decision making
- A lack of inter-agency working
- Poor recording of information
- Lack of information on significant males



She was failed not just by one agency, not just once, she was failed repeatedly by a succession of agencies - the police, hospitals and social services.

Alan Milburn, Health Secretary

Multi-Agency working

- "It is not a choice between collective and structural changes and individual responsibility. You can have all the structural change and management target you want, but if people don't **take personal responsibility** for their actions it just won't work and the evidence in the Climbié case is that **everyone just passed the buck** around rather than saying I screwed up or I could have done better".
- Ian Wilmore former deputy leader of Harringey Council.



Three themes from the enquiry

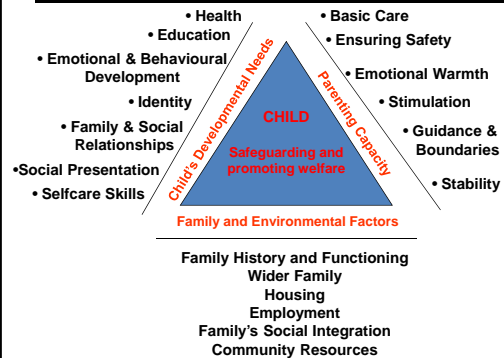
1. Do the simple things better
2. The child is the client
3. Safeguard and promote (the welfare of the child)



ALL PROFESSIONALS WORKING WITH CHILDREN

- Have a responsibility to work together
- Should never do nothing
- Confidentiality doesn't apply

ASSESSMENT FRAMEWORK



PARENTING CAPACITY – THE BIG THREE CONCERNS

- Domestic violence
- Drug and alcohol misuse
- Mental health problems

Cumulative problems increase the likelihood of a negative outcome.

UNCRC – criticised UK

Protection

- against physical abuse and violence (art 19)
- children in the penal system (arts, 37, 40)

Participation

- full participation for disabled children (art 23)
- access to information (art 17)

Provision

- standard of living adequate for physical, mental, spiritual, moral, and social development (art 27)

UNICEF ranking by country on 'child well-being'

- Material well-being
- Health and safety
- Educational well-being
- Family and peer relationships
- Behaviours and risks
- Subjective well-being

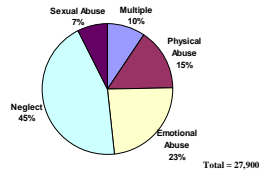
Ranking by country

Netherlands, Sweden, Denmark, Finland, Spain, Switzerland, Norway, Italy, Ireland, Belgium, Germany, Canada, Greece, Poland, Czech Republic, France, Portugal, Austria, Hungary, USA, UK

Neglect in our society today

- Neglect is common
- Neglect damages children
- Neglect can kill

Children and young people on child protection registers in England at 31 March 2007



Deaths

- In Scotland each year, about ten children are killed by a parent or parent substitute.



- In UK 1-2 children per week
- In the USA 80 children per week

Messages for the dental team

- We too have a responsibility to contribute to the wider picture.
- If opportunities are missed that may not arise again for some time, the consequences of this can be very damaging.

What is expected of the dental team?

- Observe
- Record
- Communicate
- Refer for assessment

NOT expected to diagnose

Definition of child abuse

3 elements, all which must be present for the situation to be described as child abuse

- There has been significant harm to the child
- The child's carer has some responsibility for that harm
- There must be a significant connection between the carer's responsibility for the child and the harm to the child

Categorising Child Abuse – Child Protection Plans

- At risk of future physical injury
- At risk of future emotional abuse
- At risk of future physical neglect
- At risk of future sexual abuse
- At risk of future Non-Organic Failure to thrive (Scotland)

Child Abuse -Aetiology

- All social classes but worst in lower socio-economic groups
- Young parents of low intelligence often abused themselves
- Mother divorced/single cohabiting with the person responsible for the violence
- Criminal record
- Emotional immaturity

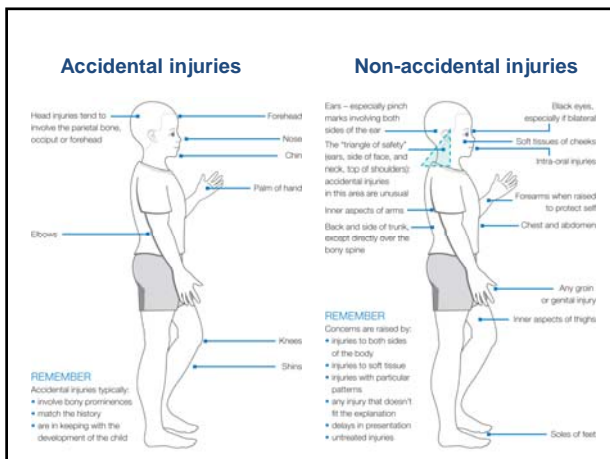
Physical abuse - Types of injuries

- **Head** - 95% of serious head injuries in first year of life.

Billmire and Myers 1985

- **Body** - 10% of 5 year olds attending A&E

Holter and Friedman 1968



10-12% of childhood burns are non-accidental.



Physical Abuse and the Dental Team



60% of all cases have oro-facial signs

Physical Abuse -injuries to head, neck, face and mouth.

- **Becker et al - USA**
JADA 1978; 97:24-28 65%
- **da Fonseca et al - USA**
Paed Dent 1992; 14:152-57 76%
- **Jessee - USA**
ASDC 1995; 62:245-9 66%
- **Cairns et al - UK**
Int J Paed Dent 2005; 15:311-319 59%

Physical Abuse – Becker et al

260 cases 1970-75 Boston Children Hospital

- 49% had facial and/or intra-oral trauma
- 16% had head injuries
- Total head, face, intra-oral 65%

Physical Abuse - Becker et al

260 cases had a total of 386 injuries

- 33% head
- 61% face
- 6% intraoral



Physical Abuse

Cairns, Moq, Welbury 2005

- Retrospective. Data extracted from the medical notes of **390** physically abused children attending the Royal Hospital for Sick Children Edinburgh between June 1998 and June 2003.

Results

- Age range < 1 - 15 years of age.
- **45%** were age 4 or under.
- **62%** were boys and **38%** were girls ($p < 0.01$).

Results

- **Alleged Perpetrator**
 - 27% mother.
 - 26% father.
 - 13% mothers partner.
 - Only 5 cases where mother and father were involved.
 - Other people involved included grandparents, aunts and uncles, family friends, foster parents, childminders and older siblings.

Results

- **Location of abuse**
 - **53%** (208) in child's own home.
 - **5%** (19) outside.
 - **3%** (10) at the home of the alleged abuser.
 - **7%** (27) various other places.
 - **37%** (145) location was not recorded.

Results

- **230** of 390 (**59%**) had obvious signs of physical abuse affecting the head, face or neck.
- Commonest injuries **bruises** and **abrasions**

Results

- **24%** had been punched or slapped.
- **17%** were struck with an object.
- **15%** sustained multiple modes of injury.
- Other injuries included bites, burns, choking and “smacking”.

Discussion

Author	Orofacial Injury	Face	Head	Neck	Intra-oral
Becker et al 1978	65%	43%	16%		6%
da Fonseca et al 1992	75.5%	64%	65.3%	16%	33.3%
Jessee 1995	66.2%	23.9%	18%	10%	2.1%
Cairns 2005	59%	77.5%	21.6%	16.9%	0.5%

Index of Suspicion

- **Delay in seeking help**
- **Story vague, lacking in detail, vary with each telling and person to person**
- **Account not compatible with injury**
- **Parents mood abnormal. Preoccupied.**

Index of Suspicion

- **Parents behaviour gives cause for concern**
- **child's appearance and interaction with parents is abnormal**
- **child may say something contradictory**
- **history of previous injury**
- **history of violence within the family**

Types of human hand marks

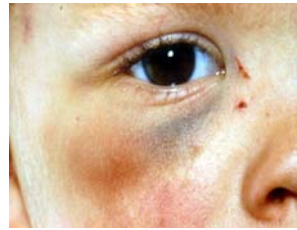
- **Grab marks or finger-tip bruises**
- **Linear marks or finger-edge bruises**
- **Hand prints**
- **Slap marks**
- **Pinch marks**



Physical Abuse - Oro-facial signs

Extraoral

- Bruising of face - punch, slap, pinch
- Bruising of ears - pinch, pull
- Abrasions and lacerations
- Burns and bites
- Neck - choke or cord marks
- Eye injuries
- Hair pulling
- Fractures (nose>mandible>zygoma)



Bruising of different vintages

Tattoo bruising



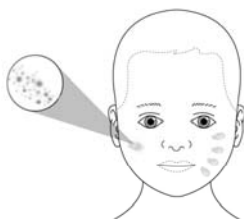
Belt marks



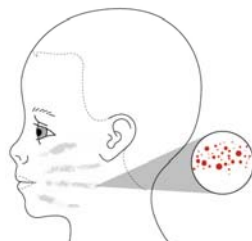
Tattoo bruising



Slap mark



Grip marks

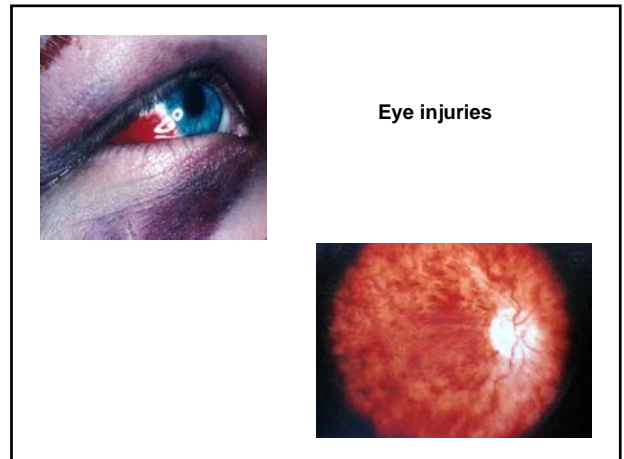
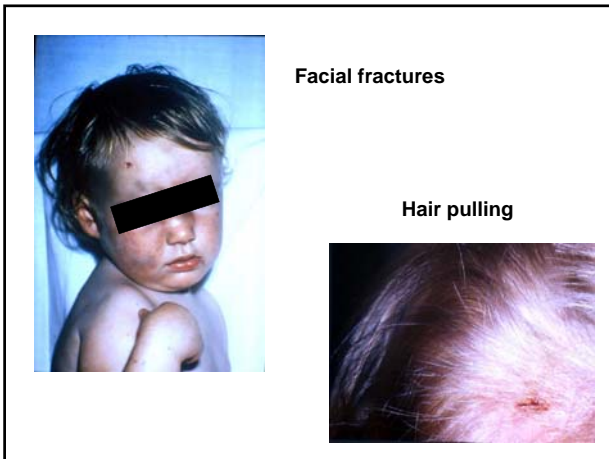


Slap marks



Pinch mark



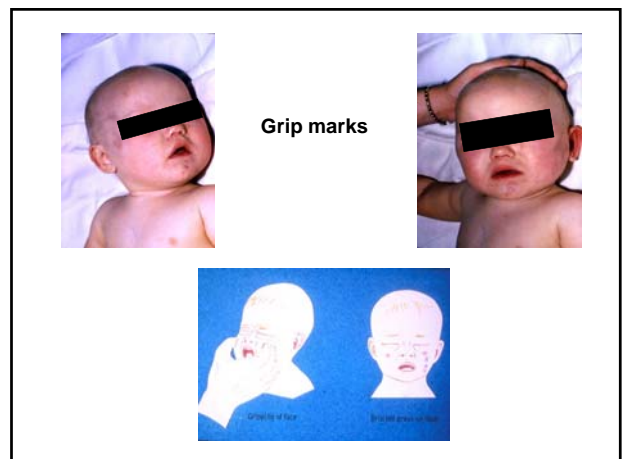


Physical Abuse - Oro-facial signs

Intraoral

- Contusions
- Bruises
- Abrasions and lacerations
- Burns
- Tooth trauma
- Frenal injuries

The first photograph shows a child's mouth with a laceration on the inner lip. The second photograph shows a child's lower lip with a bruise.





Upper labial fraenum



Physical Abuse-Final check list questions

- Could the injury have been caused accidentally and if so how?
- Does the explanation for the injury fit the age and the clinical findings?
- If the explanation is consistent with the injury, is this itself within normally acceptable limits of behaviour?
- If there has been delay in seeking advice, are there good reasons for this?

Physical Abuse-Final check list observations

- The general demeanour of the child
- The nature of the relationship between guardian and child
- The child's reactions to other people
- The reaction of the child to any medical or dental examination
- Any comments by the child and or guardian that give concern about the child's upbringing or lifestyle

Child Protection and the Dental Team: an introduction to safeguarding children in dental practice

- a handbook to be sent free to every NHS practice in England and Scotland
- an open-access website www.cpdtd.org.uk
- for the primary dental care team
- May 2006



Damage – short term

Neglect affects:

- Physical health
- Emotional health
- Social development
- Cognitive development

Damage – long term

Adults who were neglected as children have a higher incidence of:

- Arrest
- Suicide attempts
- Major depression
- Diabetes
- Heart disease

Definition of dental neglect...

...is wilful 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

American Academy of Paediatric Dentistry
Pediatric Dentistry, 1983 (revised 1992)

The dental team could...

- contribute a vital piece of the jigsaw to prevent the death of a child



- be the first link in the chain to offer support to a family in crisis



Know where to go for help and advice:

Experienced colleague.
Child Protection Nurse, Adviser, Doctor
Children's Services Department.

The Dental Team should be part of THE team