



Child Abuse and Neglect: Recognition and Reporting Responsibilities of Dental Hygienists in Canada

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CDHA/CJDH STUDENT WRITING COMPETITION

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INTRODUCTION

Child abuse is one of Canada's most concerning health-related social issues. One in every three Canadians is estimated to have experienced a form of abuse before the age of 15.¹ Physical and/or mental abuse or neglect can have both short- and long-term physical, cognitive, social, and behavioural effects on an individual's overall health and well-being.^{1,2} When left unaddressed, child abuse can have tragic outcomes that place a substantial financial strain on social and health care systems.³ In a 2003 report by the Law Commission of Canada, it was estimated that Canada spends \$15 billion annually on caring for maltreated children.³ Oral health care providers (OHCPs), including dental hygienists, who perform routine examinations and obtain medical and social histories, are in a key position to identify and subsequently report suspected child maltreatment. Therefore, to help mitigate this growing issue, it is imperative that dental hygienists develop the ability to recognize potential cases of child abuse and neglect and understand the legal responsibility and the process to report suspected abuse.

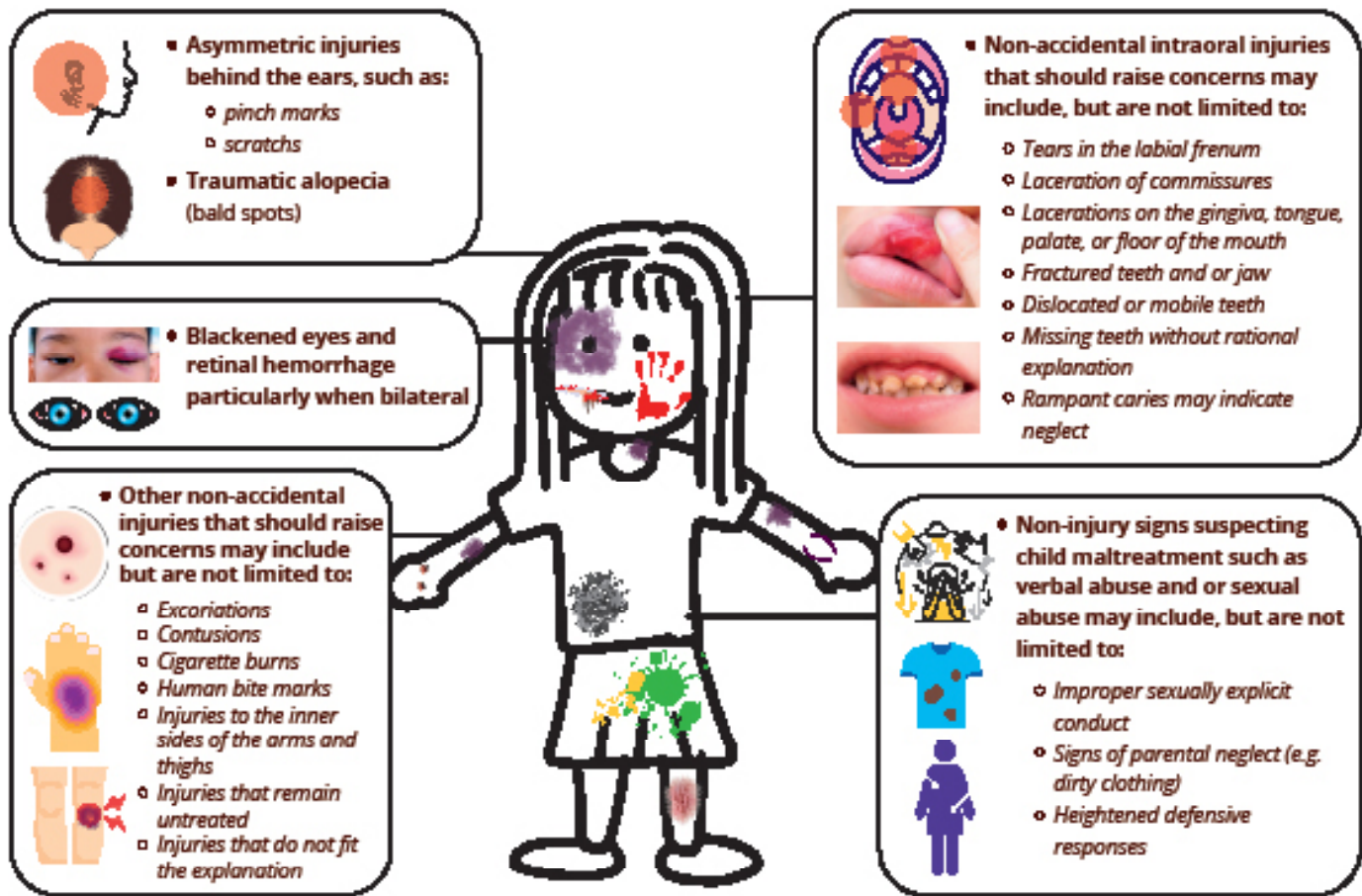
RECOGNIZING ABUSE

The dental hygiene process of care, ADPIE, coupled with the frequency of preventive oral care appointments, provide dental hygienists with an ideal opportunity to recognize signs of abuse. These signs could be identified during collection of medical histories, completion of extraoral and intraoral examinations, and administration of oral health screenings at local schools.⁴ Physical abuse has been reported as the most common form of child maltreatment, with an incidence rate of approximately 26%.² It has been reported that males experience a higher

incidence of physical abuse than females (31% versus 22%), while females are three times more likely than males to report childhood sexual abuse (12% versus 4%).⁵

Physical and sexual abuse commonly result in traumatic signs different from those that appear following accidents.^{2,6} More than half of injuries from abuse are reported to occur in the head and neck regions.⁷ Extraoral signs of physical abuse include but are not limited to ecchymosis, asymmetric bruises behind the ears, excoriations, lacerations, contusions, retinal hemorrhage, hematomas, burns, traumatic alopecia (bald spots), blackened eyes, nose fractures, human bite marks, and laceration of commissures.^{4,6,8} Intraoral signs of physical abuse include tears in the labial frenum, lacerations on the gingiva, tongue, palate or floor of the mouth, fractured, dislocated or mobile teeth, fractures of the maxilla and/or mandible, and trauma-induced malocclusions.^{6,8,9} Sexual abuse cases may present with similar signs, with some specific variations such as erythema or petechiae on the soft and hard palates as well as on the labial commissure, ulcers or vesicles extraoral and intraorally around lips and tongue. Additionally, children who are victims of sexual abuse may elicit behavioural signs such as improper sexually explicit conduct and/or heightened defensive responses.^{4,6,8}

Another form of maltreatment that is commonly observed in dental settings is neglect, which is described by the Government of Canada as a caregiver's failure to supervise



▲ **Figure 1.** Some signs of child maltreatment.^{2,4,6,8-10,17} Child maltreatment can manifest in both physical and non-physical ways.

their dependent, resulting in physical and/or sexual harm.^{4,10} Neglect can be physical, medical, and educational; it includes the failure to provide necessary care and abandonment.² Clinical indications of dental neglect include untreated, rampant tooth decay, missing teeth without rational explanation, and hard or soft deposits accumulating within the mouth.¹⁰ **Figure 1** illustrates some examples of physical and non-physical signs of child maltreatment.

DENTAL HYGIENISTS' RESPONSIBILITY TO REPORT

In North America, dental hygienists are required by law to report suspected incidents of abuse or neglect to law enforcement or social services.^{4,9,11} While maltreatment reports have increased in recent years, the incidence of abuse remains significantly higher than the rate of reporting by oral health professionals.¹² Studies indicate that dental hygienists fail to report abuse for various reasons, including an unfamiliarity with signs of maltreatment, not being familiar with the process of reporting suspected abuse, and being hesitant to report for fear of repercussions.^{12,13}

Evidence indicates that OHCPs who are trained to recognize signs of abuse and neglect are five times more likely to identify and report such incidents than those without such training.¹⁴

In many instances, dental hygienists are the first oral health care providers that clients encounter. As part of the process of care, dental hygienists obtain a client's consent, medical, dental, and social histories, and inquire about any chief concerns. The team approach to communication utilized by dental hygienists to develop oral care plans provides the opportunity to discuss health and social concerns and establish rapport and trust. Additionally, dental hygienists routinely collect radiographs as well as soft tissue and hard tissue assessments to obtain objective, non-biased clinical findings that may provide evidence for cases of abuse in court. Dental hygienists are immune from liability if suspicions of abuse are reported without malicious intent and within reasonable grounds.^{9,15}



RECOMMENDATIONS

To address the issue of underreporting of child abuse, identification of the barriers to reporting and means of addressing these barriers should be considered. Several studies have indicated that the primary barriers to reporting abuse are the inability to recognize signs of abuse due to its high prevalence and the lack of awareness and knowledge of what constitutes a sign of abuse, leading to uncertainty.^{7,16} It is essential that dental hygienists receive adequate training to recognize different forms of abuse, develop various approaches of communicating with suspected victims, and better understand the reporting process and the requirements to report. This training may require the inclusion of more focussed content in the curriculum of dental hygiene programs across Canada. Additionally, dental hygienists should routinely receive related continuing education to maintain their competency in this area.

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CONCLUSION

Child abuse and neglect are serious societal issues with long-lasting and far-reaching effects. Oral health care providers are in a position, and have the professional responsibility, to recognize, report, and communicate incidents of child abuse.

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