What should I do when I suspect a child patient is being abused?

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CASE

During a nine-year-old child's visit to a dental practice the dentist became concerned about possible abuse. She was extremely shy and withdrawn and apart from the gross caries had unusual round burn marks on her cheeks. She lived with her single mother and four younger siblings. When asked about her injuries, the dentist learned that she was being abused by her mother's boyfriend. After several drinks, he would "help her" with her homework, become angered by her slowness and prod her face with his lit cigarette. The latest burn was a result of her hand being pressed on an iron when her father had taken over her mother's efforts to teach her how to "iron properly".

COMMENTARY

Ethically, the profession is guided by the principle of beneficence – doing good, promoting the patient's welfare. Beneficence refers to the active promotion of goodness, kindness and charity. All dentists have a responsibility to provide treatment that benefits the patient by not inflicting harm and by preventing and removing harm. The rules of beneficence include:

1. Protect and defend the rights of others.
2. Prevent harm from occurring to others.
3. Remove conditions that will cause harm to others.
4. Help persons with disabilities.
5. Rescue persons in danger.

(Beauchamp and Childress, 2001)

A dentist's ethical obligation to identify and report the signs of abuse and neglect is, at a minimum, to be consistent with the dentist's legal obligation. Our ethical obligation stems from a viewpoint that requires us to try and protect those who cannot protect themselves.

The legal requirements for reporting are clear - all healthcare workers are required by law to report suspected cases of child abuse. The Domestic Violence Act, No 116 of 1998, states that any healthcare worker, social worker, teacher or person who suspects that a child has been abused must report this immediately to the police. The Prevention of Family Violence Act, No 33 of 1993, Section 4 read with Section 6, makes it an offence for any person who examines, treats, attends to, advises, instructs or cares for any child in circumstances which ought to give rise to the reasonable suspicion that such child has been ill-treated, or suffers from any injury the probable cause of which was deliberate, not to immediately report such circumstances to a police official, commissioner of child welfare or social worker. The sentence is a fine or imprisonment.

Various studies have shown that as many as 50-75% of all cases of child abuse involve trauma to the mouth, face and head. Head injury from abuse is a significant cause (40-70%) of disability and death in children. Injuries to the mouth, face and head are easy for healthcare workers to identify and they are therefore in an advantageous position to identify and report child abuse.

The healthcare worker's contribution to the management of child abuse is the recognition of the possibility of abuse and reporting to the appropriate authorities. There are no hard and fast rules and no easy answers for diagnosis. In evaluating injuries, the age of the child is crucial. The child's behaviour, medical and dental history, general physical assessment, and oral examination should be evaluated.

The warning signs of abuse should be considered every time an injured patient is seen. Repeated injuries, multiple bruises, or injuries with uncertain explanations may signal instances of abuse.

The key factors in the diagnosis of non-accidental injury to children are:

- Physical signs of abuse (bruises, welts, bite marks, grab marks, lacerations, multiple healing fractures)
- Injury inconsistent with history
- Delay in seeking medical attention
- History of previous injury
- History of violence within the family

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