

# Addressing Hidden Dangers for Children

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Seeing threats to children in the media, like trafficking and errant shootings in dangerous neighborhoods, is becoming commonplace. While we focus on our part of the pediatric health paradigm, our commitment to safety as pediatric health providers extends beyond the oral cavity to opportunities to help a child by surveillance of possible threats when we interact with them and families.

Assessing potential threats and confronting them represent serious challenges to our profession. At the 2019 AAPD Annual Session, a program hosted by Policy Center Director Dr. Robin Wright, entitled, "Difficult Conversations" brought these dangers to light and revealed the emotional stress they place on us as pediatric dentists, ethically and morally committed to children. Every day, we can be challenged with issues beyond oral health, but the need to act is vital to the health and safety of our child patients. Ultimately, these are safety issues for children.

The purpose of this brief article is to identify some of these red flags and offer ways to help address them. Some are easier to talk about with families and have less risk to us, but all challenge us to do the right thing.

**General Health and Welfare:** Children should have a regular source of medical care, up-to-date immunizations and age-appropriate schooling. Access to primary pediatric health care depends on a number of factors, but pediatric dentists are in a good place to identify children without a regular source of primary care and make recommendations to private pediatric practices, community health centers and family practices. Identifying a lack of primary care may prompt the need to address health coverage, so we should be able to guide families to help.

**Something's Not Right Here:** Our frequent and wide exposure to a range of children gives us a perspective on normal appearance, behavior and general health. A health history or a child's ap-

pearance and behavior may confirm our instincts, and we're faced with the challenge of pursuing clarity and offering support. Obesity, behavioral and mental health issues, and developmental versus chronological age are examples that can be difficult to address but may mean the difference between positive or negative consequences for a child. Medication currency is another area where we can affect a child's health and safety by questioning parents about currency, appropriateness of dosing and other aspects of medications for behavioral or chronic medical conditions. We can partner with our medical colleagues in relationships that allow us to suggest follow-up on these types of concerns.

**The Toughies:** Suspected physical child abuse is a paramount issue we may need to confront. Laws in all states are clear on mandated reporting, but don't make the interaction between us and caretakers any easier. Sexual abuse and spousal abuse pose challenges that might be clued to us from comments, observations and even direct pleas. Legal precedents have provided the practice community with social service, law enforcement and public health services that make suspicions a little easier to manage. Each practice should know these resources available in its locale.

**The Unknown Identity:** Adolescents exploring their gender identity, have a preference for the same-sex gender, and/or have experienced discrimination for how they identify themselves may be at potential risk for depression and/or self-injury. Clinicians can make big differences in making LGBTQ+ youth feel more accepted. Updating current medical health history forms to be more inclusive, refraining from questions assuming interest in the opposite sex, and vocalizing support regarding LGBTQ+ and overall diversity may make adolescents feel more accepted and welcomed. For those individuals who are experiencing depression and/or self-harm, an open-minded clinician can be a beacon in their struggles.

**The Unspoken Abuse:** Pediatric dentists can help identify risky behaviors that suggest misuse of medication, drugs or alcohol. Some identifiers are mood swings, loss of interest in activities once enjoyed, disconnection from old groups of friends for new friends, rule breaking, sleeping more than usual, weight loss, nosebleeds and tremors. Signs of substance abuse can be revealed during a dental screening. These findings can include dry mouth, rampant caries, enamel erosion, bruxism, ulcers or sores, and gingivitis and periodontitis. The biggest hurdle for us is raising our concern, and it is important to have resources and options we can recommend for families.

**The Silent Injured:** Self-injury has become more prevalent in children and adolescents in recent years. Self-injury may be a statement to reject parents' beliefs, declare individuality, and communicate feelings unheard like hopelessness, depression and/or having suicidal thoughts. A clinician can identify signs of self-harm by observing cuts, scratches, burn marks, bruises, head trauma, broken teeth, scarring, self-harm behaviors (e.g., hitting themselves). Clinicians can speak in a non-confrontational way to adolescents with open-ended questions to help understand the challenges the youth is experiencing. Clinicians can encourage parents to speak to their child with respect and seek additional help. It is important to note that seeking help from a mental health professional can be urgent.

**Steps for Safety:** A practice can employ a variety of strategies to make dealing with these difficult situations a bit easier.

- *First and foremost, remember that these situations are not what we are trained to deal with and recognize your personal limitations in any circumstance.*
- Be culturally sensitive and train staff to be the same.