Risks of Violence Toward Children: Another Side Effect of COVID-19

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Introduction

COVID-19 has unleashed an unexpected, intense tsunami in our country. Besides loss of life, COVID-19 has wreaked havoc on health systems, education, and the economy. COVID-19 occurrence is low in children, but infection presents potential secondary harms to this population. Medical colleagues have sounded the alarm and evidence suggests that parental stress is often a major predictor of physical child abuse and neglect (CAN).1

According to CDC, 1 in 7 US children have experienced CAN in the past year. Approximately, 1,770 children died of CAN in 2018. Children from low socio-economic (SES) families experience abuse/neglect at five times the rate of those from higher SES. In 2015, total lifetime economic burden associated with CAN was around $428 billion.2 Adverse childhood experiences increase the risks of injury, future violence victimization and perpetration, substance abuse, sexually transmitted infections, delayed brain development, lower educational attainment, and limited employment opportunities.3

Case Study

Chief Complaint: A 4 year-old female presented to the emergency department (ED) with infantile seizure, unresponsiveness, and with external signs of trauma and skin burns.

History of Present Illness: The child’s mother is homeless and living with caregivers of unknown relation. Her 19 year-old daughter brought the child to ED. The child reported in normal health when put to bed and woke up with swollen eyes and facial blisters. Upon questioning, the mother states child fell down the stairs last week.
Examination: Normocephalic head, abrasion injuries to bridge of nose, eyelids, forehead, chin, and severe left buccal skin involving the left oral commissure and intraoral soft tissues with white frictional abrasion along the lower labial mucosa and gingiva showing erythematous, edematous, and frictional abrasion along mandibular anterior teeth. Tooth #O had class II mobility, #P was avulsed, #Q had class III mobility (displaced from socket) with alveolar buccal plate fracture (Figure 1). Neck examination deferred due to C-collar.

Assessment/Diagnosis: Retinal hemorrhage, subdural/subarachnoid hemorrhage, bruising, normocytic anemia from blood loss, abrasions, genital contusion, subdural hygroma, dental trauma, cardiopulmonary arrest.

Treatment: Admission, medical stabilization, treatment of injuries under general anesthesia

Prognosis and Discharge: Post-surgery discharge to foster care due to likelihood of child abuse. Traumatic brain injury.

Discussion

The American Psychological Association warns that due to stay at home orders, many children are at a greater risk for CAN. For some, home may not be a safe place due to unprecedented stress on caretakers caused by reduced access to resources, job loss or strained finances. Disconnect from social support of extended family, child care and schools, religious groups and other community organizations adds another layer of complexity. Even parents with great well-developed skills are being tested during these difficult times. Children are also experiencing their own stress and uncertainty about the pandemic. Under stress, parents may be more likely to react to children’s anxious behaviors or demands in aggressive or abusive ways.2,3

Lack of connection with school systems including counselors and teachers has removed some safeguards that catch signs of maltreatment. With fewer primary care
visits and increased telehealth, it is also harder for providers to detect signs of non-accidental trauma. 1,3 As each state resumes dental care, pediatric dentists are in a unique position to identify CAN. Nearly, 50–75% of CAN cases involve trauma to mouth, face, and head.4

Let us be vigilant in our assessments during these unprecedented times. Early recognition of can saves lives! Stay well.

References
4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5450479/#ref2

Resources
Here are additional resources to help recognize child maltreatment and what to do if you suspect child abuse and neglect.

Oral and Dental Aspects of Child Abuse and Neglect
“In all 50 states, health care providers (including dentists) are mandated to report suspected cases of abuse and neglect to social service or law enforcement agencies. The purpose of this report is to review the oral and dental aspects of physical and sexual abuse and dental neglect in children and the role of pediatric care providers and dental providers in evaluating such conditions. [...] Pediatric care providers and dental providers are encouraged to collaborate to increase the prevention, detection, and treatment of these conditions in children. (Pediatr Dent 2017; 39 (4): 278-83.

Mandatory Reporter Trainings
“Most States offer free mandatory reporter training to help adults mandated by law in identifying and reporting possible child abuse and neglect. Below is a list of a few State mandatory reporter training websites. For more information on training in your State, visit your State child welfare website or agency.”
https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=132&sectionid=6&articleid=3412

How to Report Suspected Child Maltreatment
“There are ways you can help if you suspect or know that a child is being abused or neglected. If you or someone else is in immediate and serious danger, you should call 911. National and local resources are available to provide assistance and information about reporting suspected maltreatment.”
Fact Sheet, Recognizing the Signs and Symptoms
“This fact sheet is intended to help you better understand the Federal definition of child abuse and neglect; learn about the different types of abuse and neglect, including human trafficking; and recognize their signs and symptoms.”
https://www.childwelfare.gov/pubPDFs/whatiscan.pdf

State Statutes on Mandatory Reporting
This report from the U.S. Children’s Bureau is intended to share information on mandatory reporting laws for all States.
https://www.childwelfare.gov/pubPDFs/manda.pdf