

CONFERENCE summary

Implications of child abuse in pediatric dentistry: summary of a national conference

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On June 8-9, 1981, the University of Colorado Health Sciences Center Schools of Dentistry and Medicine, the National Center for the Prevention and Treatment of Child Abuse and Neglect, and the National Center on Child Abuse sponsored a national conference on the implications of child abuse and neglect on both dental education and practice. The conference was held in Denver, Colorado under the direction of Roger G. Sanger and Donald C. Bross.

Speakers representing various disciplines of pediatrics, psychiatry, forensic pathology, family law, social services, forensic odontology, pediatric dentistry, oral surgery, and general dentistry delivered presentations on child abuse and neglect. Numerous participants representing the academies of these disciplines and numerous editors of professional journals were in attendance. The Academy of Pedodontics was represented by Robert J. Musselman, D.D.S., M.S.D., Vice President. *Pediatric Dentistry* was represented by editor Stephen H. Y. Wei, D.D.S., M.S., designate James E. Crall, D.D.S., M.S. The American Society of Dentistry for Children was represented by Frank L. Herbert, D.D.S., Chairman, Ad Hoc Committee on Child Abuse and Neglect.

The first session of the conference was devoted to the general spectrum of child abuse and neglect including: discussions on definition and types, epidemiology, characteristics of abusive and neglectful families, and legal parameters.

The second session was devoted to the diagnostic approaches for the dentist in child abuse and neglect including discussions on clinical diagnosis, oral-facial injuries in physical abuse, oral-facial lesions of sexual abuse, bite marks in abused children, and documentation and collection of physical data and evidence by dentists in suspected child abuse and neglect cases.

The third session was devoted to dental management approaches in abuse and neglect cases. Discussions included: the treatment of oral-facial injuries in

physically abused children; interview dynamics in the dental office; immediate child protection and reporting procedures for the dentist; child protection teams; legal procedures and litigation in these cases; and expert testimony by dentists in court in litigation of child abuse or neglect. Prognosis in reported and non-reported cases were discussed with emphasis on the tragedies of homicide, mental retardation, and developmental disabilities.

The last session was devoted to related issues pertinent to dentistry including discussions on dental neglect in children, cultural and folklore practices suspected as child abuse in the oral-facial complex, and physical abuse in other family members. The dentist as a physical and sexual child abuser was discussed with emphasis on improprieties in child management, physical restraints, and conscious psychosedation in dental practice as possible sources of litigation. Development of curricular guidelines and resources in the dental profession was discussed. The American Society of Dentistry for Children's national campaign on awareness in dentistry of child abuse and neglect was presented.

Child dental abuse and dental neglect as discussed in the conference was shown to be a very significant part of the total spectrum. The conference focused on this awareness for the dental profession and the other interdisciplinary professions involved with child abuse and neglect. The other interdisciplinary professions must be informed that child dental abuse and dental neglect are very serious components of the problem. These professions and the dental profession must together address the need for curricular guidelines, educational programs, clinical protocols, and research modalities developed specifically for the dental issues.

In summary, the conference made significant accomplishments in the following areas:

1. *Address the implications on dental practice and dental education of child abuse and neglect.*

Legislative, social, and health care pressures mandate that the dental profession be aware and accept responsibility for the prevention and treatment of child abuse and neglect. The clinician must evaluate carefully all suspicious injury/trauma to the oral-facial complex and must become part of the mainstream of child protection. To be effective, each dentist and office staff member must know their state or county social service program, the specific reporting procedures for suspicious cases of child abuse and/or neglect, and the available child protection system. Academicians must place a greater emphasis on the recognition, reporting, and management of the abused or neglected child in both dental curricula and continuing education programs. The clinician, academician, and researcher must together delineate the nature of suspicious oral-facial lesions and health care neglect of oral-facial structures for proper identification and incidence statistics.

II. *Identify specific issues of concern to the dental profession.*

In addition to the implications previously discussed, specific dental issues were identified as oral-facial injuries, oral-facial lesions, bite marks suspect of child abuse, dental neglect, ethnic and folklore practices of refugees mimicking child abuse, and improprieties in physical management of children by dental practitioners (physical restraints, physical discipline, psychosedation, etc.).

III. *Formulate guidelines for the dental profession in the prevention and treatment of child*

abuse and neglect.

The advisory committee for the conference is now in the process of accumulating data to formulate such guidelines. The conference served to identify many of the areas where guidelines are needed.

IV. *Formulate recommendations for the dental profession and other professions involved with child abuse and neglect on the interdisciplinary action needed in education, patient care, and research for inclusion of the dental profession.*

The advisory committee, again, is in the process of accumulating data to formulate such recommendations. The conference served to identify many common areas in education, patient care, and research where the various professions can function more effectively in an interdisciplinary manner.

By sponsoring this national conference, the National Center on Child Abuse and Neglect, Washington, D.C., and the National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, Colorado, hopes that the dental profession will further address the impact of child abuse and neglect on dental education and dental practice, and that significant contributions will be available for individual dental students and dental practitioners. Hopefully dentists will become more aware of child protection so that dentistry will meet the challenge of this problem with innovative programs and interdisciplinary diagnostic and therapeutic modalities. These guidelines and recommendations should appear in dental journals in the near future.