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Medical child abuse and altered parenting recognition in the dental clinic

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Abstract

Introduction: During their routine work, dentists and dental hygienists can observe areas such as face, neck, and arms, where in ≥50% of cases one can diagnose signs of physical abuse due to nonaccidental traumas. **Methods:** Oral health professionals are in a position to recognize not only the signs of possible physical and sexual abuse but also signs of dental neglect. The hypothesis also regards the opportunity to intercept signs of medical child abuse (MCA) and altered parenting care and supervision. These are parental or caregiver behaviors that more specically relate to so-called altered/distorted or unnecessary care, which is equally harmful or potentially harmful for the child. **Discussion:** All health-care professionals (family doctors, gynecologists, pediatricians, and dentists) play a key role in protecting children and adolescent health and must be able to recognize possible victims of maltreatment. **Conclusion:** To widen the protection of a child and prevent child abuse and neglect, the dental team should also be knowledgeable about MCA recognition during the routine clinical work.

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Full Text

Introduction

During their routine work, dentists and dental hygienists can observe areas such as face, neck, and arms, where in ≥50% of cases, one can diagnose signs of physical abuse due to nonaccidental traumas.[1],[2],[3],[4] Oral health professionals are in a position to recognize not only the signs of possible physical and sexual abuse but also signs of neglect and altered parenting care and supervision. These are parental or caregiver behaviors that more specifically relate to so-called altered/distorted or

unnecessary care, which are harmful or potentially harmful for the child.[5],[6],[7] There are three major forms: neglect, distorted or inadequate care, and excessive care or medical child abuse (MCA). Previous names for this type of child maltreatment include Munchausen syndrome by proxy, factitious disorder by proxy, pediatric condition falsification, and fabricated or induced illness by a caregiver.[5],[8],[9],[10]

MCA was first described in 1977 by Meadow[11] as a result of false stories and fabricated evidence, so causing themselves needless hospital investigations and operations, and was called Munchausen syndrome in 1951 by Richard Asher after Karl Friedrich Hieronymus, Baron Munchhausen, an 18th-century German officer, whose name had become proverbial as the narrator of false and ridiculously exaggerated exploits.[12],[13] In these forms of child abuse, a parent or caregiver – most commonly a mother[14] – engages in behaviors which result in nutritional, pharmacological, and medical care, the child does not need, or does not need anymore, or needs in a more appropriate quality or quantity. The lack of proper or inadequate care can also be defined as those conditions in which the parents or guardians do not adequately meet their physical and psychological needs in relation to the developmental stage at the age.[15]

There are three major forms of altered care: neglect (lack of physical, psychic, medical, and affection care); distorted or inadequate care; excessive care which can lead to MCA[16] which consists of unnecessary, harmful, or potentially harmful medical care[9] through exaggerated or even fabricated symptoms induced in the child by the caregivers. These altered or distorted behaviors can include unnecessary tests or procedures, physical examinations, invasive or potentially harmful diagnostic procedures, and hospitalizations due to altered descriptions of symptoms given by a parent to doctors.[6],[10],[11],[14],[15],[16] MCA can also lead to death, with a mortality rate as high as 9%.[17] Leaving apart medical and dental neglect, the authors would like to raise awareness in the dental community about conditions of altered or distorted medical care, which could also be explored by dentists when performing the dental check-up with the broader goal of safeguarding children. Caregivers could also, in fact, use dentists and dental hygienists as an instrument to harm the child.[18] Recognizing MCA and distorted care is not easy. Nevertheless, dentists and dental hygienists are not asked to determine or diagnose MCA or child abuse[19] but should record all signs which can raise suspicion or are suggestive of inadequate parenting.

Role of Dental Team and How to Recognize Medical Child Abuse

As with other forms of child abuse, dentists and dental hygienists are not asked to diagnose child abuse, but merely raise their suspicions to actively provide child protection against everything which could be harmful to their health.[5],[20] Dental findings and medical histories are extremely useful to provide enough information in the field of dental neglect. Having in mind the actual age of the child, dentists should perform a wide medical history of the child evaluating any anachronisms, discrepancies, and contradictions in the statements of the accompanying parents/caregivers, including the possibility of an inaccurate history or a totally fabricated story.[21],[22]

Dentists will have to record all previous diagnostic procedures and pharmacological therapies, reported symptoms, and objective medical examinations performed by other specialists, exposure to disease, and any presumed unnecessary clinical investigations, analysis, or inappropriate care.[23]

Dentists and dental hygienists should also observe behavioral signs such as excessive parental concern or anxiety focused on the oral and general health of the child, or any manipulative activity that may vary from providing erroneous information about the child's health, to altered interpretations of laboratory samples or results leading them to construct an illness and additional medical and clinical examinations.

Despite the risks to which their children are subjected, usually parents or caregivers do not have a genuine intention to cause harm to the child.[24] The psychological reasons and consequences go beyond the scope of the clinical work of oral health professionals and require specific training in forensic and behavioral science. All forms of child abuse can have mild-to-severe manifestations: Altered care ranging from exaggerations to medical abuse can be associated with a myriad of falsely reported symptoms and unnecessary treatments but not always do these distortions reach the level where a child may need protection.[25]

How to Recognize Medical Child Abuse

Oral care providers need to improve their ability to distinguish between a parent genuinely worried for a child's actual illness or symptoms, from an anxious behavior not supported by a concrete pathological condition, or fictitious symptoms induced by the parent. There are three ways a caregiver can cause harm to a child: fabricating signs and symptoms, falsification of hospital charts or records, and induction of illness.[25]

For this reason, there is the need to diagnose the presence of an authentic oral illness of the child and evaluate the response of the child to symptomatic therapy. Depending on the child's age, the oral health professionals should also pay attention to any signs of unease which may arise during the visits and treatments in the dental clinic when the parent or caregiver is present or absent.

It is important to establish and understand the relationship with the caregivers providing the information about the symptoms and medical history of the child. Key identifiers must be found in the medical history, paying attention to any unexplained, recurrent, or prolonged illness or pain.[26] Parents may suggest pharmacological substances to be prescribed to the child or even ask for hospitalization.[27] The management of certain symptoms of pain reported on face or teeth cannot always be observed clinically. They are often vague and manifest themselves only in the caregiver's presence but resolve in their absence.[26] The challenge for the dentist is not to miss a serious oral illness in the child, but should avoid discussing health-related issues in the child's presence.[28] Depending on the developmental age of the child, there could also be conditions that include somatization disorders, which will have to rely on the reporting of the caregivers but will require a response or advice from the dentist.

Once there is the suspicion that the child needs greater protection, oral health professionals must intervene through the involvement of social services and act in interdisciplinary way as possible. An effective approach will include a psychological assessment, as dentists cannot evaluate forms of anxiety or depression.[28] As for other forms of child abuse, to raise their suspicions, dentists and dental hygienists must pay attention to circumstantial evidence and specifically ask family members to provide all the child's medical and dental data records,[28] and widen the interview to include dietary history and habits, with the goal of identifying any nutritional issues from a quantitative and qualitative point of view,[18] as proper oral health is directly influenced by the regularity of meals and plaque control.[29]

Dentists and dental hygienists must bear in mind that there is a law requiring mandatory reporting concerning suspected child abuse in all signatory countries of the United Nations Convention on the Rights of the Child,[30] with integrated child protection systems to respond to child abuse and neglect cases.[3],[30]

To avoid misunderstandings and increase the sensitivity, oral health professionals should increase the awareness and receive more training in the area of child abuse, behavioral, and forensic science.[1]

Conclusion

The dental team is in a position to recognize signs of physical abuse and dental neglect. Other forms of maltreatment harmful to a child, MCA or pathology of care and altered or distorted care of a child could also be intercepted in a dental clinic. To increase the protection of children and prevent child abuse, the dental team should also be knowledgeable about these findings. Keeping the child safe requires a wide medical history of both the child – depending on the age and parent or caregiver, careful documentation, and a clinical diagnosis of an authentic oral illness and not merely the fictitious symptoms observed, referred, or induced by the parent.

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Conflicts of interest

There are no conflicts of interest.

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