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LITERATURE REVIEW:

Detection of Child Abuse in the Dental Office: A Literature Review

Detección del maltrato infantil en la consulta dental: revisión de la literatura

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ABSTRACT: Child abuse is a global problem with physical, psychological, sexual, and social implications that seriously affect the overall development of children. In Mexico, statistics show that children and adolescents have been victims of whether physical, emotional, or sexual violence. This article aims to describe the characteristics of child abuse and mistreatment through the patient's clinical conditions for timely identification and management, as well as improve coordination as the first contact, ultimately establishing a notification protocol. A literature review was conducted on platforms such as MEDLINE, Google Scholar, and PUBMED for articles in English or Spanish published no more than 10 years ago that included samples of children and adolescents (<18 years old), with numerical data results or the estimation of the prevalence of different types of abuse, whether physical, sexual, psychological, child neglect or Munchausen syndrome, as well as the main orofacial injuries reported. A total of 35 articles were identified, of which data from 10 were included. It is noteworthy that in Mexico there is a higher prevalence of physical abuse compared to Munchausen syndrome, and a higher frequency of child sexual abuse in females. Regarding orofacial trauma, it occurs in 50% of cases of child abuse, most frequently manifesting as facial and cranial injuries and dental fractures.

KEYWORDS: Child maltreatment; Child neglect; Child abuse; Dental trauma; Oral injuries.

RESUMEN: El maltrato infantil es un problema mundial con implicaciones físicas, psicológicas, sexuales y sociales que afectan gravemente el desarrollo integral de los menores. En México, estadísticas muestran que niños y adolescentes han sido víctimas de violencia física, emocional y sexual. Este artículo tiene como objetivo describir las características de maltrato y abuso infantil a través de las condiciones

clínicas del paciente para la identificación y su manejo oportuno, así como mejorar la coordinación como primer contacto, estableciendo finalmente un protocolo de notificación. Se realizó una revisión de la literatura en plataformas como MEDLINE, Google académico y PUBMED de artículos en inglés o español de no más de 10 años de publicación que incluyeran muestras de niños y adolescentes (<18 años), con resultados de datos numéricos o la estimación de la prevalencia de los diferentes tipos de maltrato, ya sea físico, sexual, psicológico, negligencia infantil o síndrome de Munchausenn, así como las principales lesiones orofaciales reportadas. Identificando un total de 35 artículos de los cuales se incluyeron los datos de 10. Destacando que en México hay una mayor prevalencia de maltrato físico, comparado con el síndrome de Munchausen, y una mayor frecuencia de abuso sexual infantil en el sexo femenino. Respecto al trauma orofacial se presenta en un 50% de los casos de abuso infantil, manifestándose más frecuentemente lesiones faciales, craneales y fracturas dentales.

PALABRAS CLAVE: Maltrato infantil; Negligencia infantil; Violencia infantil; Trauma dental; Lesiones orales.

INTRODUCTION

Child abuse and neglect have been a conflict that has plagued humankind throughout history. The first term described was "battered child syndrome" by Tardieu in 1868, after performing autopsies on 32 beaten and burned children. Later, in 1946, Caffey described the presence of subdural hematomas associated with radiological abnormalities of the long bones in children. In Mexico, Riojas and Manzano detected the existence of child abuse through radiographic studies. However, it wasn't until 1981 that Dr. Jaime Marcovich truly raised awareness not only among physicians who treat children, but also among other professionals in related fields who come into contact with minors (1).

The World Health Organization (WHO) defines child abuse as "all forms of physical and emotional abuse, sexual abuse, neglect, negligence, commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity, within the context of a relationship of responsibility, trust or power." It is estimated that 1 in 4 adults has suffered physical abuse in childhood in developing countries suffered injuries from violent acts each year, also 2% of the total world population is disabled by injuries from accidents or violence, and 1 in 5 women and 1 in 13 men report having suffered sexual abuse in childhood (2).

According to the WHO, 6 out of 10 children under the age of 5 (approximately 400 million) regularly experience corporal punishment or psychological violence perpetrated by their parents or caregivers (3).

In Mexico, according to data from the National Survey on the Dynamics of Household Relationships (4), among adolescents aged 15 to 18:

26.1% experienced violence during childhood:

- 20.4% physical violence.
- 10.5% emotional violence.
- 5.5% sexual violence.

Sexual abuse during childhood:

- 3.4% had intimate contact with genitals.
- 1.9% to 1.8% were forced to have sex (5).

According to the prevalence in Mexico, the 2021 ENDIREH estimates that, in the state of Hidalgo, Mexico, 70.6% of adolescents aged 15 and older experienced some type of violence: psychological, physical, sexual, economic, or property-related, throughout their lives, and 43% in the last 12 months (6, 7). While by 2024, 603 cases of violence against females aged 12 to 17 were reported (8).

Pediatric dentists must have sufficient knowledge to detect and develop an action protocol for abused children. They have the opportunity to observe signs of abuse in the oral cavity, the child's general appearance, and behavior during routine checkups, since the head and neck region is a common site of injury. Therefore, awareness on indicators of specific abuse and neglect will give us an active stance, strengthening our ability to prevent and detect child abuse and neglect, enabling the necessary medical and social intervention. Given the above, the objective of this review was to provide information on the prevalence of child abuse worldwide, as well as information on related oral and dental aspects.

METHODOLOGY

SEARCH STRATEGY

A thorough literature search was conducted using the keywords "child abuse," "abuse," "children," "adolescents," "trauma," and "dental" on various platforms such as MEDLINE, Google Scholar, and PUBMED. The inclusion criteria were: studies reporting statistics on the prevalence of different types of child abuse, in English or Spanish, published from 2015 to the present. They should include samples of children and adolescents (<18 years of age) with numerical data results or the estimation of the prevalence of different types of abuse, whether physical, sexual, psychological, child neglect or Munchausen syndrome, as well as the main orofacial injuries reported. Articles lacking full texts, as well as clinical case reports and narrative reviews, were excluded.

DATA EXTRACTION

A first researcher screened the articles by title and abstract. If there were any doubts, the article was included for evaluation in the next stage. Duplicate articles were manually removed.

The information extracted from each article was reported, including the following characteristics:

- Year of publication, authors, article name, and country.
- Type of abuse.
- Sample size.
- Statistical data collection.

The included full-text articles were independently assessed by the primary reviewer and a second reviewer. In the event of disagreement regarding a full-text article, a third reviewer, a pediatric dentist, was consulted. The article selection process is represented in a diagram (Figure 1).

RESULTS

A total of 35 articles that met the inclusion criteria were reviewed. Of these, 9 were eliminated

because the text was incomplete, 6 because they did not have a numerical estimate or did not report the prevalence of the type of abuse, 5 because they were in a language other than Spanish or English, 2 because they were more than 10 years old at the time of publication, and finally 3 because they did not correspond to the age group of the object of study (Figure 1). Ten articles were ultimately included: seven focused on children, one on adolescents, and two on both (children and adolescents). The included studies were conducted in countries such as Brazil, the United States, Chile, Mexico, Italy, England, India, and South Korea.

Table 1 shows the main results of the articles analyzed in this critical literature review. The mean age of child abuse was 9.2 years.

Regarding Table 2, we can highlight that orofacial trauma occurs in 50% of child abuse cases, according to Costacurta *et al.*, determined in the Italian population. Facial injuries are also prominent in 61% of cases. This is in contrast to the cases where childhood cranial injuries were reported in 33%. Meanwhile, intraoral injuries include dental fractures in 32% and hematomas in 24%, respectively.

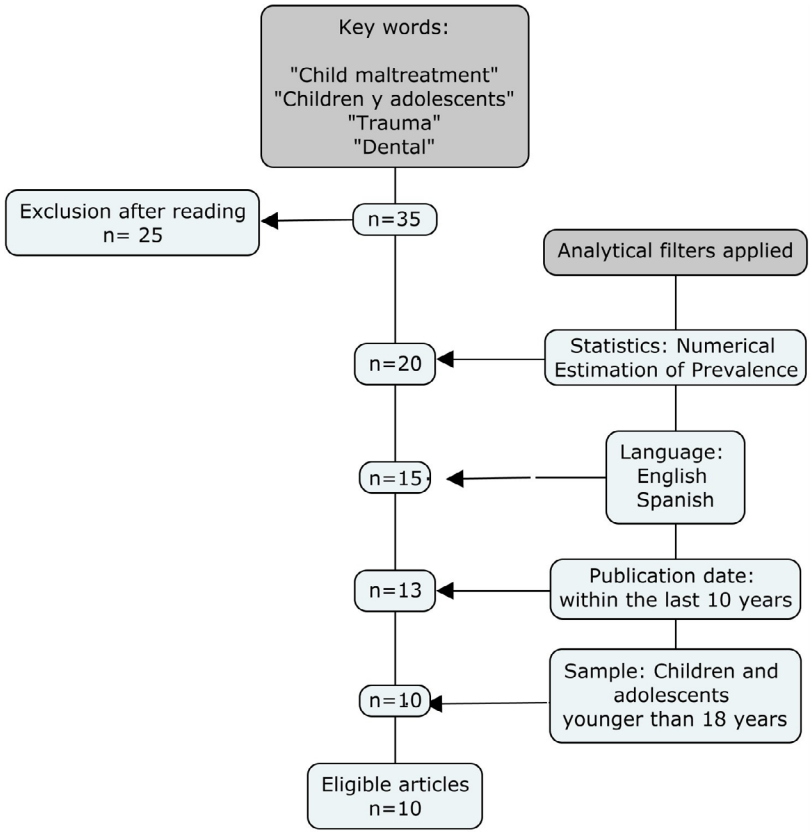

Figure 1. Literature search strategies and study inclusion process.

Table 1. Prevalence of the type of abuse identified in the articles included in the review.

Type of abuse	Article name	Author	Year	Country	Sample	Statistics	Reference
Physical abuse	Effects of Two Early Parenting Programs on Child Aggression and Risk for Violence in Brazil: a Ran-domized Con-trolled Trial	Joseph Murray *et al.*	2024	Brazil	369 children´s	Average age of physical aggres-sion 3.1 years 3 out of 4 children aged 2 to 4 suffer physical abuse	(9)
	Child Abuse and Neglect	Charles Zeanah - Kathryn Humphreys	2018	USA	676,000 chil-dren´s 2,200 children´s and adolescents	American Indian/Alaska Native children 1.42% and African American children 1.39% experience the highest rates of maltreatment. 4% present physical abuse	(10)
	Impact of Child Abuse on the Prevalence of Mental Disorders in Chilean Chil-dren and Adoles-cents	Riquelme Pereira *et al.*	2020	Chili	1,558 children´s from different areas of Chile	In Chile, 73.6% of children experience physical violence at the hands of their parents or relatives. 53.9% receive physical punishment	(11)
	Oral and dental signs of child abuse and neglect	Costacurta *et al.*	2015	Italy	Of 260 cases, 49% presented orofacial taruma 1,155 surveys	6% oral cavity 32% dental fracture 24% oral hematoma 14% oral lacerations 5% oral burn	(18)
	Child abuse and neglect: oral and dental signs and the role of the gdentist	Mele *et al.*	2023	USA	22 reported cases	43% bruises and ecchymosis 28.5% abrasions and lacerations 28.5% dental trauma	(19)
Psychological abuse	Impact of Child Abuse on the Prevalence of Mental Disorders in Chilean Children and Adolescents	Riquelme Pereira *et al.*	2020	Chili	1,558 children from different areas of Chile	73.6% of children suffer psychological violence from their parents or relatives.	(11)
	Child Abuse and Neglect	Charles Zeanah - Kathryn Humphreys	2018	USA	2,200 children and adolescents	10% present emotional abuse	(12)
	Global prevalence of physical and psychological child abuse during COVID-19: A systematic review and meta-analysis	Hyun Lee - EunKyung Kim	2022	South Korea	14 360 children´s	39% suffer psychological abuse 47% in North America 18% in Europe 35% in Asia 88% in Africa	(13)
Munchausen syndrome	The Perpetrators of Medical Child Abuse (Munchausen Syndrome by Proxy) - A Systematic Review of 796 cases	Gregory Yates - Christopher Bass	2017	England	4,100 database records 769 cases in children´s	302 case reports United States 283, Canada 4, Mexico 14 cases	(14)
	A Serial Munchausen Syndrome by Proxy	Esra Ozgun Una *et al.*	2017	India	139 children´s	2 patients with Munchausen syndrome 0.4 per 100,000 in children aged 16 years and 2 to 2.8 per 100,000 in children under 1 year of age	(15)
	The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence	David Finkelhor *et al.*	2014	USA	-	In 17-year-old adolescents 26.6% of girls and 5.1% of boys experience sexual abuse	(16)
	Child Abuse and Neglect	Charles Zeanah - Kathryn Humphreys	2018	USA	2,200 children and adolescents	1% presented sexual abuse	(12)
	Child sexual abuse in Mexico: risk behaviors and mental health indicators in adolescents	Rosario Valdez-Santiago *et al.*	2020	México	National prevalence 17,925 adolescents aged 10 to 19 years	2.5% presents child sexual abuse, of which 3.8% are female and 1.2% are male 2.5% reported child sexual abuse. 76% were women	(17)

Table 2. Main orofacial injuries reported in the analyzed articles on child abuse.

Type of orofacial injury	Article name	Author	Year	Country	Sample	Statistics	Reference
Orofacial trauma	Oral and dental signs of child abuse and neglect	Costacurta *et al.*	2015	Italy	National Registry	It occurs in 50% of children with physical abuse	(18)
Facial trauma	Oral and dental signs of child abuse and neglect	Costacurta *et al.*	2015	Italy	Of 260 cases, 49% presented orofacial trauma	61% face 33% head	(18)
Intraoral lesions	Oral and dental signs of child abuse and neglect	Costacurta *et al.*	2015	Italy	Of 260 cases, 49% presented orofacial trauma 1,155 surveys	6% oral cavity 32% dental fracture 24% oral hematoma 14% oral lacerations 5% oral burn	(18)
	Child abuse and neglect: oral and dental signs and the role of the dentist	Mele *et al.*	2023	USA	22 reported cases	43% bruises and ecchymosis 28.5% abrasions and lacerations 28.5% dental trauma	(19)
Maxillary fracture	Oral and dental signs of child abuse and neglect	Costacurta *et al.*	2015	Italy	1,155 surveys	11% mandibular or maxillary fracture	(18)

Finally, ten articles were ultimately included: seven focused on children, one on adolescents, and two on both.

DISCUSSION

The main objective of this review was to critically search and synthesize the qualitative literature evaluating statistics on child and adolescent abuse reported, as well as to provide information on the orofacial and dental aspects related to abuse, in order to provide key information to dentists. The results reveal a high percentage of physical violence in diverse populations worldwide; these figures are often unobjective due to the low percentage of publications that mention child abuse.

Various authors have reported a 4% incidence of physical abuse in the American population and a 73.6% incidence in the Chilean child population, due to their psychosocial adversity (10, 11). Dentoalveolar injuries are the type of physical abuse most prevalent in the child population. The highest percentage is dental fractures (32%), followed by lacerations (14%) (18). Regarding psychological abuse, the figures range from 18% in Europe to 88% in Africa, followed by Chile at 73.6% (13). Reports of sexual abuse are often vague; however, the reported figures are similar. Zeanah and Humphreys in 2018 mentioned 1% in the United States, in contrast to Valdez *et al.* in 2020, who mentioned 2.5% in Mexico, with a higher prevalence in females at 3.8%, while 1.2% has been reported for males. Similarly, in 2017, 14 cases of Munchausen syndrome were reported in Mexico, 283 in the United States, and 4 cases in Canada (14).

Generally, caregivers, a relative, or someone in close contact with the minor are the most frequent abusers, as they mostly have a relationship of trust that allows them to initiate the abuse.

TYPES OF CHILD ABUSE

PHYSICAL ABUSE

Any form of non-accidental aggression inflicted on a child, resulting from the use of physical force. This ranges from slapping, shaking, and pinching to severe injuries, including burns, bruises, fractures, poisoning, and other injuries that can lead to death (20). It is estimated that 23% of children worldwide suffer from physical abuse (21).

PSYCHOLOGICAL ABUSE

Intentional harm caused to a child that directly affects their emotions, attitudes, and abilities; damaging their self-esteem, ability to relate, ability to express themselves and feel, deteriorating their personality, and limiting their socialization. This includes, ignoring the child, rejection, isolation, bullying and harassment (1).

It is estimated that 36% of children worldwide suffer from psychological abuse (21).

MUNCHAUSEN SYNDROME

This occurs in children whose parents, often the mother, fabricate information about nonexistent illnesses, falsifying symptoms and signs, going from doctor to doctor, and undergoing unnecessary examinations and treatments, with the possibility of causing iatrogenesis or developing a real illness induced by the parents (20).

SEXUAL ABUSE

This involves the participation of a child and an adult with whom a relationship of trust or power develops. The child does not fully understand, is unable to give consent, and is not developmentally ready for this (1). It is estimated that 18% of girls and 8% of boys worldwide experience sexual abuse (21).

NEGLECT

This occurs when a caregiver or responsible adult fails to provide a minimum level of care to meet the child's physical and emotional needs, including food, clothing, shelter, hygiene, and medical and dental care, as seen in Table 3. In addition to not taking adequate precautions to ensure the safety of the minor inside and outside the home (12).

Table 3. Oral diseases and disorders suggestive of neglect.

Oral diseases and disorders suggestive of neglect	
Multiple untreated carious lesions	Multiple dental abscesses
Tooth loss outside the normal exfoliation process	Periodontal disease

OROFACIAL TRAUMA OBSERVED IN CASES OF PHYSICAL ABUSE

The injuries in Table 4 are considered suspicious, but none are pathognomonic; therefore, they must be differentiated from accidental oral and dental injuries, which are common in children.

The lips are the most common site of inflicted injuries, accounting for 54% of cases, followed by the oral mucosa, teeth, gums, and tongue. Oral mucosal injuries can appear reddish or purple on the palate, vestibule, and floor of the mouth. These injuries indicate blunt trauma caused by instruments or fingers (23).

ORAL DISEASES AND INJURIES OBSERVED IN CASES OF SEXUAL ABUSE

In addition to diseases or injuries, traces of sperm or seminal fluid may be found in the oral

cavity. This evaluation should be performed by a forensic physician if there are indications of sexual violence (25, 26).

Neisseria gonorrhoeae and Treponema pallidum infections should be considered pathognomonic of sexual abuse; however, human papillomavirus (HPV) or herpes lesions are suspicious or suggestive of sexual abuse (27).

In the case of HPV and chlamydia infection, it should be considered that transmission is not limited to sexual contact. Various authors report in their studies that HPV DNA has been detected in amniotic fluid, the umbilical cord, the placenta, and fetal membranes, suggesting that the mother can infect her infant during pregnancy or during delivery (27, 28).

A mother infected with chlamydia can infect her newborn. Approximately 50% of babies born postpartum are infected (29).

In the case of lesions and if evidence collection is necessary:

Oral swab: This is performed by swabbing to obtain a DNA sample. Firm and repeated scraping is performed to collect samples. It is suggested to perform this within the first 72 hours after the abuse (26).

In addition to illnesses or injuries, traces of sperm or seminal fluid may be found in the oral cavity. This evaluation should be performed by a forensic physician if there are signs of sexual violence (25, 26).

Table 4. Injuries present on the face, mouth and skull in cases of physical abuse.

Facial Injuries	Causes
Bruises, lacerations, contusions, or scars on mucous membranes	Direct or utensil trauma from force-feeding
Burns or blisters	By ingesting boiling food or liquids, or by cigarette burns
Scars in the commissural region	Caused by attempts to force him to be silent
Injuries in Boca	Causes
Dentoalveolar trauma	Fractures, dislocations, subluxations, dental avulsions. Due to direct trauma
Pulp necrosis	Old repetitive trauma
Bite marks	From direct trauma during abuse with often tearing
Mouth ulcers	Intentionally inflicted
Pharyngeal injuries	Intentionally inflicted (22)
Total or partial ablation of the tongue	Direct trauma by instrument
Frenulum tear	Direct trauma from blow, oral sex or sharp object, 45% of reported cases (23)
Skull Injuries	Causes
Head trauma	Signs of recent or old fractures in areas such as the body, condyles, rami, and symphysis; associated with repetitive direct trauma (24)
Traumatic alopecia	Burning or hair loss

DENTAL ASSESSMENT

CLINICAL EXAMINATION

This begins from the moment the minor enters the waiting room or office. We must observe exposed skin surfaces for unusual marks or lacerations and limited movement. A careful examination of the face, neck, and throat should be performed before performing a full oral examination (30).

OROFACIAL EXAMINATION

This examination looks for injuries related to possible cases of child abuse. Bruises, contusions, burns, lacerations, fractures, early tooth loss, cavities, abscesses, etc. may be present.

Divided into two parts:

- Soft tissue injuries: orofacial and perioral
- Dental injuries (31)

Sufficient inquiries must be made about the injuries presented, which must be filed for legal action (32).

INDICATORS OF CHILD ABUSE

These signs and behaviors may be indicative of child abuse:

- Frequent absences from medical, dental, or school appointments.
- Poor academic performance.
- Low self-esteem, persistent depression, self-injurious behavior, or suicidal thoughts.
- Extreme docility, as well as evasive or defensive attitudes toward adults.
- Constant search for affection and love.
- Sexualized behaviors or games inappropriate for the child's age.
- Intrusive attitudes, anxiety, and sleep disorders.
- Behavior that may range from passive, irritable, aggressive, or hyperactive.
- Parental attitudes that appear overprotective, avoiding medical attention and interviews (information provided is inconsistent).Signs of "role reversal," where the child assumes behaviors or responsibilities appropriate for an adult.
- Bruises, ecchymosis, erythema, lacerations, burns, fractures, deformity of the region; signs of intoxication or poisoning (33).

PROTOCOL FOR DETECTING POSSIBLE CHILD ABUSE

According to legal regulations, as shown in Table 5, standard NOM-190-SSA1-1999 establishes criteria for recognizing abuse, providing medical care, promoting desensitization, updating, and training in situations of violence.

The American Dental Association and the Mexican Dental Association establish their code of ethics, which states that every dentist has an ethical obligation to identify and report signs of abuse and neglect in accordance with the state laws (Table 3) where they practice (23).

To file a report, as described in Figure 2, usually only requires "reasonable suspicion" to initiate an investigation. The complainant is not a party to the criminal trial; therefore, the report does not entail any obligation to a potential prosecution (23).

In many cases, abuse is identified during a conversation between the dentist and the child, as a bond of trust is established that facilitates communication (33). Reporting the case is essential to allow the intervention of the Child Protection Service; in accordance with Article 4 of the Constitution of the United Mexican States, (10) the state System for the Comprehensive Development of the Family (DIF) will follow up on each case (34).

Table 5. Legislation in Mexico governing child abuse and violence.

Legislation	Feature
Law for the Protection of Children and Adoles-cents	In force since 2005
Law for the Prevention and Treatment of Do-mestic Violence	In the state of Mexico
Law for the Protection of the Rights of Girls, Boys and Adolescents	In force since 2004
Legal Regulation NOM-190-SSA1-1999	Which establishes criteria for recognizing abuse and for the provi-sion of medical care (32)

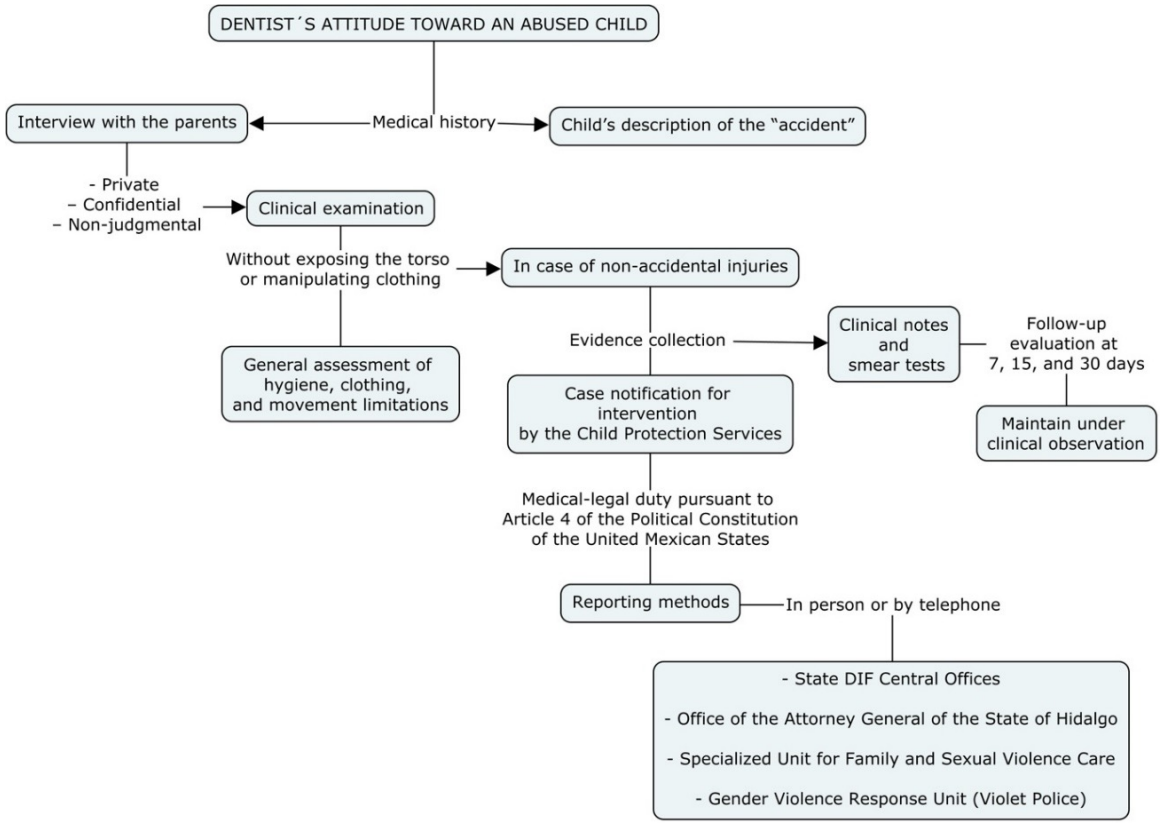

Figure 2. Protocol for the dentist's action with an abused child.

CONCLUSION

It is essential to understand the magnitude, consequences, and repercussions of this serious problem that affects millions of children worldwide, as well as to know the protocol to follow for reporting it to the corresponding institutions.

Highlighting the most important results, we can observe that in Mexico there is a higher prevalence of physical abuse, and to a lesser extent, of Munchausen syndrome, while child sexual abuse occurs more frequently in females. Finally, it was highlighted that orofacial trauma occurs in 50% of cases, so it is important for dental health personnel to detect the signs and symptoms that our patients may present.

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