

Child abuse and neglect : Role of a dental practitioner

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Abstract

Child Abuse and Neglect (CAN) is a social problem prevalent in all countries worldwide. In developing countries most of such instances go unnoticed and unregistered and the real situation remains unclear. Unfortunately, most of these youngsters who survive these abuses, in a while grow to be abusers themselves, thereby continuing the vicious cycle. Scope of dentistry encompasses detection and management of CAN. This report attempts to throw light on various methods to diagnose and intervene CAN at the right time.

Key words: Abuse, Neglect, Dentist

Introduction

Every child is of worth and importance and above all a blessing from God. The most imperative endowments a parent can give a child are his or her presence, protection, security and a lovely environment to live without fearing others. Child Abuse and Neglect (CAN) is one of the most common crimes inflicted against children and worldwide public health concern.¹ It can result in 'physical, cognitive and emotional impairment' which could have long term effects.² The primary

responsibility of forwarding children from abuse and neglect lies with families or primary care givers. However, communities and civil society and all other stake holders are responsible for the care and protection of children.³

A study conducted by Human Rights Watch in India reports that no health professionals have been given any training whatsoever regarding child abuse examination, interviewing, care taking, the rehabilitation procedures, and the

medical and psychological needs of the child.⁴ Dentist play a key role in diagnosis and management of abused children as head and neck region is one of the prime regions involved in such cases.⁵ Unfortunately literature has shown that dentists do not often report cases of child abuse and neglect.⁶ The most mundane reason given for disinclination to report was uncertainty about the diagnosis, trepidation of litigation, unfamiliarity with symptoms of child abuse, possible effect on the practice, reluctance to believe one could inflict cruelties on one's progeny, and dubiousness about the reliability of the child's account of the injury.⁷ Hence the aim of this article is to discuss the role of dental practitioner in identifying and reporting child abuse and neglect.

DEFINITIONS:

Child Abuse and Neglect (CAN) is defined as "Every kind of physical, sexual, emotional abuse, neglect or negligent treatment, commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power".⁸ (WHO)

Child abuse is defined as "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, an act or failure to act which presents an imminent risk of serious harm".⁹ (Journal of Child Abuse and Neglect)

Child neglect is an act of omission and occurs when the guardian refuses to provide or consent to required medical (dental) treatment, or when a child has suffered emotional harm.¹⁰

Dental neglect is defined as "the willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection."¹¹ (AAPD)

- Battered Baby Syndrome: defined as a clinical condition, usually in children under 3 years of age, who have suffered non-accidental injury, on one or more occasions, by an adult in the position of trust usually a parent, a guardian or a foster parent.²⁰
- Shaken baby syndrome: group of physical findings that are believed to result from the forceful shaking of a child, with or without direct impact to the head. Injuries that characterize Shaken Baby Syndrome are intracranial haemorrhage (bleeding in and around the brain); retinal haemorrhage (bleeding in the retina of the eye); and fractures of the ribs and at the ends of the long bones. It is a form of child abuse that can result in permanent brain damage or death.²¹
- Munchausen syndrome by proxy: A parenting disorder in which the parent either fabricates an illness or induces an illness in their child and form of child abuse.²²

IDENTIFICATION OF ABUSE AND NEGLECT IN DENTAL OFFICE:^{6,23,24,25}

Dentist can play a key role in identification, diagnosis, documentation and reporting of child abuse and neglect as oral injuries are common in such children. These injuries may be observed during the course of dental treatment or even before the child is seated in the dental chair. Following parameters can help a dentist to detect and record such cases:

At reception area

- Observe the children for any unusual behaviour, extra oral injuries, inappropriate clothing, outward signs of improper nourishment and general health.
- An abused/ neglected child may show aggressive behaviour, low level of personal hygiene and poor social skills.

History

- When suspicion of child abuse is present, a

TYPES OF ABUSE AND NEGLECT^{6,12,13,14,15,16,17,18,19}

	TYPE	DESCRIPTION	COMMON FINDINGS
Abuse	Physical / Non –accidental	Any force or action that exceeds the force considered reasonable for disciplining a child and that results in non-accidental injury.	Bruises, burns, fractures, head trauma, abdominal injuries, bite marks
	Sexual	Engaging of dependent, developmentally immature child in sexual activities that they do not fully comprehend and to which they cannot give consent or the activities that violate laws and taboos of a society.	Petechiae of the palate, oral or perioral gonorrhoea (Syphilis, herpes simplex infection), bite marks.
	Psychological/ Emotional	Rejection, ignoring, criticizing, isolation or terrorizing of children, all of which have the effect of eroding their self-esteem.	Lack of self-esteem, poor social skills, often antisocial, trouble in bonding and pronounced nervousness, poor oral hygiene.
Neglect	Physical	Failure to provide the necessary food, clothing and shelter and safe environment in which children can grow and develop.	Lack of sufficient clothing or inappropriately dressed for the weather, begs or steals food or money, nutritional failure, consistently bad hygiene, delayed tooth eruption.
	Psychological / Emotional	Failure to provide a child with proper upbringing, support, stimulation, love and a sense of security.	Low self-esteem, pronounced sensitivity to rejection.
	Health / Medical care	Failure to provide the needed treatment to infants or children with life threatening illness or other serious or chronic medical conditions.	Poor health, infected cuts, constant itching or scratching of skin, lacks needed dental care or immunization.
	Educational	Inhibiting a child's lack of access to education by the absence of support and assistance from parent/ guardian.	Misses school often, not learned to read or write, not making age appropriate educational progress.

thorough history should be taken. Interviewing the child and parents independently in the presence of a witness is the first key step in reporting CAN.²⁶ Open ended questions should be asked and avoid accusatory remarks.

- A abused child may show the following warning signs:^{6,27}

- ↳ Display aggressive or abusive behaviour
- ↳ Inconsistent behaviour
- ↳ Avoiding eye contact
- ↳ Refusal to communicate
- ↳ Frightened of parents and afraid to go home
- ↳ Misses school regularly
- ↳ Dread of being touched

- **A potential abuser may show the following signs:**^{6,27}

- ↳ An overstated, defensive response to questioning
- ↳ Provides a conflicting clarification to the injury or injuries.
- ↳ A history that changes with time.
- ↳ Describing the child in humiliating terms
- ↳ Inflexible, controlling guardian
- ↳ A overbearing male partner who does not want the mother to be left alone with the examiner and who answers questions on her behalf
- ↳ Lack of interest in the child's treatment

- The dentist should determine whether the parent's explanation regarding the child's injury or lesion conflicts with child's story before reporting the case to the appropriate authorities.²⁶

Extra oral examination^{6,28,29,30,31}

- ↳ Assess child's growth, development and nutritional status. Subnormal growth and poor nutritional state may be indicator of CAN.
- ↳ Examine the head and neck for any asymmetry, swelling and wounding; assess the

scalp for indications of hair pulling; check the ears for scars, tears and variations from the norm.

- ↳ Check for any extra oral injuries of varying colour (various stages of healing), indicating the possibility of repeated trauma.
- ↳ Examine the eyes for any retinal haemorrhage, ptosis, periorbital bruising; ears for bruising of auricle and nose for nasal fractures.
- ↳ Check for clustering of bruises of uniform shape and for cigarette \ friction burns.
- ↳ Check for bite marks on face, ears or around the mouth. Bite marks in areas that cannot be the result of self-inflicted wounds may be an indicator of abuse.

Intraoral examination^{32,33,34,35}

Child Abuse and Neglect (CAN) can manifest in a variety of ways and some of the intra oral signs are listed below:

SITE	CLINICAL SIGNS
Lip	Laceration, burns, scars or contusions may result from forced feeding or from efforts to silence a child.
Palate	Unexplained petechiae or bruises particularly at the junction of the hard and soft palate may be indicative of forced oral sex.
Floor of mouth	Lacerations on the floor of mouth due forced bottle feeding.
Tongue	Scarring or abnormal mobility of tongue due to burn/ non-accidental trauma
Frenum	Lacerated from forced feeding or from blunt trauma from an instrument or hand.
Teeth	Fractured or non-vital teeth resulted by non-accidental trauma and any teeth missing or displaced for which there is no obvious explanation.
Oral mucosa	Burns in the mouth from caustic substances or scalding liquids, which will appear as a white slough from necrotic epithelium.
Jaw	Maxillofacial fractures resulting in pain, facial asymmetry reduced mouth opening or altered occlusion.
Mouth	Untreated dental decay, poor oral hygiene suggests dental neglect

DOCUMENTATION OF SUSPECTED CASES OF CAN^{36,37}

When one suspects child abuse/neglect, it is important to document the findings thoroughly. Documentation may involve detailed written notes about injuries, photographs, radiographs and audio tapes. The report should contain the following informations:

- Name and address of the child and parents/ care giver
- Age and sex of the child
- Present whereabouts of the child
- Reasons for concern
- Detailed notes should be made with respect to size, shape, location, appearance, severity and distribution of injuries. Attach photographs (with date and time on image), radiographs (if applicable) or sketch the injury and the body part where it is located.
- Documentation of relevant statements made by child.
- Document all aspects of interviews with the child and parent.
- Any other information that may be helpful in establishing the cause for child abuse.
- If known, identity of the person or persons responsible for abuse or neglect to the child.
- Sign of the reporter and date of report.
- Signature of witness to interviews and injuries.

REPORTING INCIDENTS OF CAN^{16,37,38,39,40}

If one has a doubt, it is always better to consult child's physician, social worker, local authorities or a colleague before reporting. Reporting can be done to the police, the local child welfare committee and the Childline.

- Police - Police officers are legally bound to address child abuse complaint. Further, the POCSO (Protection of Children from Sexual Offences) Act makes it illegal to witness and not report suspected child abuse and not report it
- Child Welfare Committee: Under the Juvenile Justice Act, it is feasible for the Child Welfare Committee to declare any parent or guardian, who horribly mishandles a child or neglects to shield a kid from being manhandled, as unfit people and order for the expulsion of the kid from the care of such people. The offenses under this Act are cognizable and the special police officer or any of his subordinate may arrest a man without warrant and search the premises without warrant.
- Childline: This service was propelled by the Government of India. It is a 24-hour free telephone benefit, which can be accessed by a child in distress or an adult on his behalf by dialing the number 1098 on phone. It provides emergency assistance to a child and subsequently based upon the child's need, the child is referred to an appropriate organization for long-term follow-up and care. It reacts to calls for medical assistance, shield, repatriation, missing youngsters, assurance from maltreatment, passionate help and direction, data and referral to administrations and demise related calls.
- Online system for children to report sexual abuse- The Ministry of Women and Child Development's 'SHe-box' is an online reporting gadget enabling teenagers to report incidents of inappropriate touching and molestation, anonymously if they choose. These reports are received by the National Commission for

Protection of Child Rights.
<http://www.shebox.nic.in>

CONCLUSION

Thus with the above information in hand, it is our responsibility as a dentist to raise our voice against Child Abuse and Neglect. Early diagnosis and prompt reporting from our side will surely go a long way in helping these tiny tots to lead a safe and happy life. After all we have a social responsibility towards the society in general and to children in particular; and so we must leave no stone unturned when it comes to our duty of protecting children from such criminal acts.

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