



Acknowledgement and Awareness of Child Abuse and Neglect in Dentist Perspective

Nayira Johar¹, M. K. Sunil², Upender Malik³, Surangama Lehri⁴, Nida Shreen⁵

¹PG student, Department of Oral Medicine and Radiology, Teerthanker Mahaveer, Dental College, and Research Center, Moradabad, U.P, India.

²Professor and Head, Department of Oral Medicine and Radiology, Teerthanker Mahaveer, Dental College, and Research Center, Moradabad, U.P, India.

³Professor, Department of Oral Medicine and Radiology, Teerthanker Mahaveer, Dental College, and Research Center, Moradabad, U.P, India.

⁴PG student, Department of Oral Medicine and Radiology, Teerthanker Mahaveer, Dental College, and Research Center, Moradabad, U.P, India.

⁵PG Student, Department of Oral Medicine and Radiology, Teerthanker Mahaveer Dental College, and Research Center, Moradabad, U.P, India.

[Review article](#)

Address for Correspondence Author

Dr. M. K. Sunil; Department of Oral Medicine and Radiology, Teerthanker Mahaveer, Dental College, and Research Center, Moradabad, U.P, India.

E-mail: preethipranav2001@gmail.com

Crossref doi: <https://doi.org/10.36437/ijdrd.2020.2.3.A>

ABSTRACT

Child abuse or neglect comprises all forms of physical abuse, sexual abuse, emotional abuse, bullying, and cyberbullying, exploitation, child labour, trafficking, and other digital forms of exploitation which is potentially harmful to child development and health. In case of abuse injuries in the orofacial region can be easily diagnosed by the dentists. Therefore, its dentist's duty to suspect, recognize, and later report the case. Including dental treatment behavior psychological management is necessary to achieve the urgent adoption of protective measures for the victim as well as adequate follow up to avoid the abuse in the future.

Keywords: Child Abuse, Acknowledgement, Dentist Perspective, Neglect.

Introduction

Childhood is the golden period of life and it is also said that God resides in a child's heart. In this period of life, children don't understand good and bad. It is stressful that children may be harmed to the extent that their future is ruined forever.

According to UNICEF "violence against children can be physical and mental abuse and injury, neglect or negligent treatment, exploitation and sexual abuse, emotional abuse or trauma inflicted on a minor".¹ with early diagnosis of child abuse and neglect mortality and morbidity can be decrease. It is difficult to determine accidental injury from abuse or from disease or any other conditions that makes identical signs.²



Dentists are in a special position to suspect, identify, and report the case of child abuse and neglect.³ A routine protocol should be followed which includes a collection of clinical evidence, questions about patient history and history of suspected injury, and all relevant information should be documented, radiographs, photographs, and impressions when necessary.⁴ The aim of child protective agencies is to protect the victim from further abuse. Once the dentist aware of the information regarding abuse he can protect the child from injury. Children may be exposed to multiple kinds of mal-treatment that manifest in the oral cavity, so dental health care professionals play a major role to evaluate these concerns. These indicators may be noticeable to dental health professionals include both general and trauma to the teeth, injuries to the mouth, lips, tongue, or cheeks that are not consistent with an accident. Neglect is also essential for the negligent treatment or maltreatment of a child by a parent or caretaker indicating the harm to the child's health or welfare. Children lacking adequate medical or dental care.⁴ According to the Ministry of Women and Child Development has been surveyed that in the 5-12-year age group is most at risk of abuse. Two out of every three children were physically abused and every second child reported facing emotional abuse.⁵ There is a flaw in the system of reporting and legal provisions pertaining to cases of trafficking, sexual and forced labour, sex tourism, and sexual assault on male children. Also, in India, there is no law to protect the child who is abused at home. It's a health professional duty to identify and help the victim of child abuse.

In this review, literature was searched for various types of abuse, prevalence, and etiology, the role of dentists in child abuse to suspect, inspect, collect, and protect. In order to address the barriers facing the reporting of cases and the key clinical characteristics for the detection of child abuse.

Types of Child Abuse

According to the national society for the prevention of cruelty to children (NSPCC) in 2009.⁶

Types of child abuse are:

- ❖ Physical Abuse
- ❖ Emotional Abuse
- ❖ Sexual Abuse
- ❖ Online Abuse
- ❖ Non-Recent Abuse
- ❖ Neglect
- ❖ Grooming
- ❖ Female Genital Mutilation
- ❖ Domestic Abuse
- ❖ Child Sexual Exploitation
- ❖ Bullying or Cyberbullying

Indicators of Abuse

Indicators are signs or indications which have occurred during abuse and negligence. Children who may experience child abuse may show behavior, emotional, or physical signs of abuse. The dentist should assess a child as soon as the child enters into a dental clinic. If any injury observed than he should ask the history of the injury and detection of the injuries if it is uncommon at that age.

Signs of Physical Abuse

Depends on age, size, degree of force used by an abuser, and type of abuse. It may cause internal lacerations, bleeding, damage to internal organs which may cause death.



The Dentist should Examine and Document these Findings:

- Lip- laceration, trauma and scars due to trauma, rope marks on the corner of the mouth.
- Palate- unexplained bruises and petechiae particular at the junction of hard palate and soft palate.
- Floor of the mouth- contusion.
- Teeth- fractured tooth, poor oral hygiene, displaced or any teeth missing due unexplained reasons.
- Labial frenum- lacerated from forced feeding or from blunt trauma.
- Tongue- Scars or abnormal mobility from repeated trauma, trauma due to bite.
- Oral mucosa- child may have excessive salivation, difficulty in swallowing. Burns in the mouth due to chemical or scalding liquids which appears white slough from necrotic epithelium.

Signs of Emotional Abuse

It includes depression, post-traumatic stress, anxiety, the probability of further victimization in adulthood. Other behaviour includes sudden irritability in the child, loss of self-esteem, fear of the offender, isolation, bad school performance, lack of friends, not able to concentrate, anger towards the abuser. Not in good relationships with family members. Long-term abuse causes somatic reactions like stomach-ache, urinary tract infection, pneumonia, and mononucleosis.

Fear from punishment, repression and abandonment leads to sleep disorders.

Victim of CA may show regressive behaviours such as thumb sucking, bed-wetting, false and inaccurate knowledge of sexual activities.

The victim shows positive learning and behavior problem that includes cruelty to animals, ADHD (Attention-deficit/ Hyperactivity Disorder), ODD (Oppositional defiant disorder).

The adverse effect of CA includes crimes, suicide, and alcoholism or drug abuse. Most of the victims like to abuse those children who have a supportive family environment.

Others:

Infections- HIV associated lesions, venereal warts, or any STD's.

Neurological Damage- The traumatic stress caused by sexual abuse, causes notable changes in brain functioning and development. Reversed hemispheric asymmetry and greater left hemisphere coherence in abused subjects. Symptoms like ictal temporal lobe epilepsy and reduced corpus callosum area. CA can lead to the overexcitation of an undeveloped limbic system.

Dental Neglect

According to the American Academy of Paediatric Dentistry⁷ "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". Child neglect is a wilful nature of parents or caregivers, they deliberately ignore the basic need and health of the children. Their nature is relaxed, they do not want to treat their children for diseases that laypeople can see, rampant caries, untreated pain, infections, bleeding or trauma pertaining to orofacial region.¹⁰ It has been seen that in children who are neglected they are at higher risk of developing the pulmonary disease, diabetes, and oral health problems.⁸

What to See in Child Abuse?

There are a number of signs that the dentist can recognise the victims of abuse during routine dental procedures. Injuries of this category comprise those that appear simultaneously on multiple body planes.



Emotional abuse signs - There may be a developmental delay due to a failure to thrive and grow. They may receive little or no love, affection, or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children. Neurotic behaviour e.g. sulking, hair twisting, rocking, fear of making mistakes, sudden speech disorders, self-harm, fear of parent being approached regarding their behaviour and developmental delay in terms of emotional progress.

Physical abuse signs- Important indicators of physical abuse comprises of unexplained bruising, marks or injuries on any part of the body, multiple bruises- in clusters, often on the upper arm, outside of the thigh, cigarette burns, human bite marks, broken bones calds and multiple burns with a demarcated edge. Although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place sometime later. Oro-fascial manifestations include bruising, abrasion and laceration of the tongue, lips, mucosa, hard and soft palate, gingiva, alveolar mucosa, frenum, dental fractures, dental dislocations, and avulsions.

Multiple injuries in different stages of healing show suspected cases of abuse.

Sexual abuse signs –Oral cavity is a frequent site of sexual abuse despite this fact noticeable oral wounds or disease is uncommon. Oral lesions like erythema, ulcers, vesicles with purulent drainage or condylomatous lesions of lips, tongue, palate, and naso-pharynx.¹¹ Gonorrhea is the most common sexually transmitted disease others are Human Papillomavirus, Syphilis, and HIV. Bite Mark is generally associated with sexual and physical abuse. It is important to find out the reason and proper evaluation of the explanation given by parents or caretakers. A proper protocol should be followed and data should record, photographed, and further analysed with real anatomical characteristics of the suspected person. It is important to identify and collect the clinical evidence of the lesions for the further legal process.

Responsibility of Dentist

It has been noted in many studies that dental professionals are unable to identify and reporting of child abuse.¹² Dental experts have four 'R's of duty—recognize, record, report, and refer—to shield patients and their families from the pattern of brutality, very predominant in the general public today.¹³ Screening of abuse is an important part of any clinical examination performed on the victim. Dentists should always be suspicious of traumatic injuries; identification of abuse. A dentist should follow the protocol which includes questioning patient history and all relevant information should be documented. Radiological evidence- The most frequent sites of skeletal injury are; -the extremities 77 %, the skull 34 %, the rib cage 19 %, Epiphyseal-metaphyseal fractures of long bones of the arms and legs and the rib fractures exclusive for the newborn period are considered specific for the child abuse.¹⁴ In India, several governmental and non-governmental bodies provide help to the victims of abuse.

Approaches to Tackle Victims of Child Abuse

1. Identify the cause and enhance the parental awareness by educating them.¹⁵
2. Treatment should be given for underlying injuries and disease.
3. Motivate the child to live his life in good and fearless manner.
4. Encourage the community to help in identifying and report the cases of abuse.
5. Intervention should encompass synchronization among the police, courts, counsellors, doctors and social workers.
6. Services need to flexible.

Conclusion

Research in the field of child abuse is rapidly expanding as the area is an important one with implications not only for the individual but also for society. In the identification of child abuse, early diagnosis of child abuse in



dental practitioners contributes. Protecting children from abuse and neglect is primarily the responsibility of families or primary caregivers and health professionals. It benefits the child and to the society. Dentists should recognize the case of the abuse and neglect if they have children in their clinic and a chair who shows signs during a routine dental examination. In any case of doubt, a social worker and local authorities are recommended and all the evidence should be collected and its record should be maintained.

References

1. United Nations Children's Fund, Measuring and Monitoring Child Protection Systems: Proposed Core Indicators for the East Asia and Pacific Region, Strengthening Child Protection Series No. 3., UNICEF EAPRO, Bangkok, 2012.
2. Santos JF, Cavalcanti AL, Nunes KS, Silva EC. Primary identification of an abused child in dental office: a case report. *J Indian Soc Pedod Prevent Dent* 2007;25:191-3.
3. Barton D. Types of child abuse and neglect: an overview for dentists May 1986 No. 8 Special Issue 1.
4. M. Costacurta, Oral and dental signs of child abuse and neglect, *DOCIMO Oral & Implantology* 2015 VIII - n. 2-3.
5. Ministry of women and Child Development, Government of India. Study on Child Abuse: India 2007. New Delhi: Ministry of Women and Child Development, Government of India; 2007.
6. www.nspcc.org.uk
7. American Academy of Pediatrics Committee on Child Abuse and Neglect; American Academy of Pediatric Dentistry; American Academy of Pediatric Dentistry Council on Clinical Affairs. Guideline on oral and dental aspects of child abuse and neglect. *Pediatr Dent*. 2008-2009;30 (7 Suppl):86-9.
8. Widom CS, Czaja SJ, Bentley T, Johnson MS. A prospective investigation of physical health outcomes in abused and neglected children: new findings from a 30-year follow-up. *Am J Public Health*. 2012;102 (6):1135-44. doi: 10.2105/AJPH.2011.300636. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
9. Nahid Ramazani
10. *Int J High Risk Behav Addict*. 2014 Dec; 3(4): e21861. Published online 2014 Sep 21. doi: 10.5812/ijhrba.21861 PMID: PMC4331660.
11. Kittle PE, Richardson DS, Parker JW. Two child abuse/child neglect examinations for the dentist. *J Dent Child*. 1981; 48(3):175-80.
12. Needleman HL. Orofacial trauma in child abuse: Types, prevalence, management and the dental profession's involvement. *Pediatr Dent* 1986; 8:71-80.
13. Oral and dental aspects of child abuse and neglect. *American Academy of Pediatrics* 1999; 104:348-50.
14. Jayanthi K N. Child sexual abuse: Issues of admissibility. *Indian J PsyNsg* [serial online] 2015 [cited 2020 Jul 14]; 10:33-7.
15. Amandeep Chopra, Nidhi Gupta, Nanak Chand Rao, Shelja Vashisth *SRM Journal of Research in Dental Sciences* Vol. 4 Issue 2 April-June 2013.

How to cite this Article: **Nayra Johar¹, M. K. Sunil², Upender Malik³, Surangama Lehri⁴, Nida Shreen⁵:** *Acknowledgement and Awareness of Child Abuse and Neglect in Dentist Perspective*

Int. J. Drug Res. Dental Sci., 2020; 2(3):1-5.

Crossref doi: <https://doi.org/10.36437/ijdrd.2020.2.3.A>

Source of Support: Nil, **Conflict of Interest:** Nil.

Received: 26-6-2020 **Revised:** 18-7-2020 **Accepted:** 20-7-2020