REVIEW ARTICLE

Child Abuse and Neglect – A Dentist's Perspective

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ABSTRACT

Though in India, child is considered to be the gift of God, child abuse is still common in tribal, remote and even in urban areas. It is presumed that 50% of the cases are not reported. Out of 3.8% cases reported, the majority of the girls are prime victim of sexual abuse and boys of physical abuse. There is no smile or eye contact. Present review highlights the status of child abuse in India and the role and management of Pedodontist towards abused child.

KEYWORDS: Child Abuse, Awareness, The Role of Pedodontist

INTRODUCTION

Child abuse and neglect constitute a pediatric, public health problem of enormous magnitude.[1] Child abuse in India is often a hidden phenomenon especially when it happens in the home or by family members. Most of these crimes go unreported as numbers of cases of child abuse are hard to attain.[2]

Indian children (69%) are victims of physical, emotional, or sexual abuse. New Delhi, the Nation's capital, has an over 83% abuse rate. Out of the total, about 89% of the crimes are perpetrated by family members.[3]

The World Health Organization (WHO) has defined 'Child Abuse' as a violation of basic human rights of a child, constituting all forms of physical, emotional ill treatment, sexual harm, neglect or negligent treatment, commercial or other exploitation, resulting in actual harm or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

'Child Neglect' is stated to occur when there is failure of a parent/guardian to provide for the development of the child, when a parent/guardian is in a position to do so (where resources available to the family or care giver; distinguished from poverty).

'Child maltreatment' sometimes referred to as child abuse and neglect. It includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity.[4]

TYPES OF CHILD ABUSE AND NEGLECT

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Neglect
   - Healthcare neglect
   - Dental neglect
   - Safety neglect
   - Emotional neglect
   - Physical neglect
5. Intentional drugging or poisoning
6. Munchausen syndrome by proxy
7. Failure to thrive[5]

1. **Physical abuse:** It is defined as the infliction of bodily damage that causes serious pain, leaves physical sign of, impairs physical functioning, or significantly puts in danger the child's safety.[1] Physical abuse by parents or caregivers includes beatings, shaking, scalding, and biting, even some forms of corporal punishment are widely accepted.[6] It has been reported that in more than half of the cases of child abuse, craniofacial, head, face, and neck injuries are found more commonly. [7-16]

2. **Sexual abuse:** It is defined as the involvement of dependent, developmentally young children and adolescents in sexual activities which they do not fully understand, to which they are unable to give agreement, or that be false to the social something not to be done of family roles.[17] This includes intercourse, attempted intercourse, oral-genital contact, fondling of genitals directly or through clothing, exhibitionism or exposing children to adult sexual activity or pornography, and the use of the child for prostitution or pornography.[18]

3. **Emotional abuse:** Psychological abuse or emotional abuse includes verbal abuse and humiliation and acts that scare or terrorize a child. This form of abuse may be extremely harmful to children, as it results in depression, anxiety, estrangement, poor self-esteem, or lack of empathy.[17]

How to cite this article:
Murarka P, Thosar N, Vaidya S, Rathi N, Baliga S. Child Abuse and Neglect – A Dentist's Perspective. Int J Oral Health Med Res 2015;2(2):85-88.

4. **Neglect:** Child neglect is omission of care, such as health care, education, supervision, protection from environmental hazards, meeting physical needs (eg, clothing or food), and emotional support, resulting in actual or potential harm.[19]
   a. Healthcare neglect: Failure in seeking proper treatment for an illness of a child.
   b. Dental neglect: Intentional ignorance of parent or guardian to maintain a level of oral health essential for proper function, free of pain or pathology.
   c. Safety neglect: Inadequate care by parents or caretakers about the safety of a child.
   d. Emotional neglect: Lack of affection or knowingly permitted maladaptive behavior and denial of medical help for known either emotional or medical problems.
   e. Physical neglect: Unable to look after a child upto required standards.
5. **Intentional drugging or poisoning:** It includes consumption of harmful drugs which are not meant for a child normally.
6. **Munchausen syndrome by proxy:** It is a parentally created or generated disease in children. It is the most difficult form of child maltreatment to identify and treat. It is also known as a factitious disorder, factitious disorder by proxy, Munchausen syndrome by proxy, or pediatric condition falsification. In these conditions the perpetrator usually the mother relates a fictitious history, produces false signs or symptoms, and fabricates illnesses in the child that result in extensive medical evaluations, testing, and often prolonged hospitalizations. The fabrication may gain medical attention, the result of parental psychosis, or simply fraudulent to obtain money or services. Because health care providers are often dependent on the parental history of the child's illness, it takes some time for the practitioner to realize the inconsistencies and possibly fabricated or exaggerated nature of the complaints. These children present with persistent and recurrent illnesses that cannot be explained, signs and symptoms that do not make sense clinically, and problems that are rare, unusual, or bizarre.[20]
7. **Failure to thrive:** Enough attention is not paid towards child's well-being by guardian

RISK FACTORS

Parental risk factors: Following are the parental risk factors.

- History of being abused or neglected as a child,
- Social and emotional isolation,
- Limited ability to deal adaptively with stress and negative emotions such as fear, anger, and frustration,
- Alcoholism/substance abuse,
- Lack of knowledge of parenting, maternal age, single parent,
- Mental problem, domestic violence, facing the life crises all alone like loss of job and financial insecurity,
- Loss of home; loss of parent, spouse, or sibling.

Child risk factors: Following are the child risk factors.

- Child younger than 3 years of age, isolated from mother just after birth are at more stake for developing emotional problems because of prematurity and disease, resulting in attachment problems,
- Outcome of an unplanned/unwanted pregnancy, with a mother who got little or no prenatal care,
- Prematurity, born with congenital anomalies, and/or having a chronic illness, Being perceived as difficult or different, Having attention-deficit/hyperactivity disorder (ADHD) or being oppositional or defiant, Foster or adopted children.

Social factors: It includes poverty, dangerous neighborhoods or poor recreational facilities.[1,21-24]

CLINICAL SIGNIFICANCE OF CHILD ABUSE AND NEGLECT

Maltreated children exhibit high rates of physical, developmental, and mental health deficits during childhood. Physical abuse may have lasting effects like disturbed parent-child relationships which may further hinder the development of children. Language delay, attachment problems, and even dysfunctional peer relations such as excessive aggression or withdrawal, and depression may also be evident.

Child abuse may be associated with later adjustment failures, heightened aggression, crime, and gender based violence. Along with family, dysfunction may produce poor adult health, indirectly via the adoption of high-risk behaviors and maladaptive coping mechanisms, and directly via biological injury. It may alter the intellectual capacity of mind, and may affect the functions of neural, endocrine and immune system. Lifelong consequences are profound, and as diverse as cardiovascular disease, liver cancer, asthma, chronic obstructive pulmonary disease, autoimmune disease, poor dental health, and depression.

The entire cumulative effect of traumatic childhood exposures, the more maltreatment, family dysfunction, and child experiencing social isolation is at more risk of developing poor health in adulthood.[25-37]

RECOGNITION AND DETECTION OF CHILD ABUSE AND NEGLECT IN DENTAL OPERATORY

If there is any evidence of injury during examination, it may give clue to the dental team about possible history of abuse in a child as the history acts as the most integral and only source of information.[38]

History of injury: Type, severity, timing of injury

Pattern of injury: Inflicted injury can be differentiated from accidental injury by its appearance, location, and distribution on the body like bruises, burns or fractures.
If the caretaker or child is unable to explain the injuries and it does not match the degree of injury seen, possibility of child abuse or neglect is high.[39]
Before the dental examination, a dental team must examine general findings as it may also reflect signs of possible child abuse or neglect.

General examination

- Poor nutritional status and subnormal growth of the child.
- Extra oral injuries are noted which may be in various stages of healing, indicating the possibility of repeated trauma.
- Presence of bruises or abrasions that reflect the shape of the offending object, e.g., belt buckle, strap, hand, cigarette burns or friction burns.
- Injuries affecting various parts of the body like limbs or face, eyes, nose, ears or presence of bite marks or bald patches.[40]
- Child with learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes.
- Child is always alert and stay prepared for any upcoming danger.[2, 41-43]

Dental examination

Examination of injuries includes thorough clinical, and radiographic examination, palpation of the jaws, pulp vitality tests, and percussion.
Dental team should look for following clinical features:

- Typical Oral Lesions- Sometimes associated with bruises, lacerations, abrasions, or fractures, newer injuries present along with older injuries with various stages of healing.
- Tearing of frenum or oral mucosa from gingiva – labial or lingual frenum, blunt force trauma to the oral mucosa.
- Trauma to teeth or previously missing teeth – fractured, loosened or avulsed teeth
- Soft tissue injuries – lacerations, ulceration, burns or scars on lips, tongue, floor of the mouth.
- Fractures of jaws and trauma to associated structures – swelling, ecchymosis, asymmetry

Dental neglect - A child with rampant caries, untreated dental caries, and lack of adequate oral healthcare suffers from significant neglect. The consequences may be oral cavity with pain, infection which is affecting the child's general health and well-being adversely.[38,40, 44-49]

NATIONAL APPROACH FOR PROTECTION OF CHILDREN

The Juvenile Justice for Care and Protection Act 2000 (amended in 2006) which has established a framework for both children in need of care and protection and for children in conflict with the law. Various important laws for children protection are Prohibition of Child Marriage Act 2006, the Child Labour Prohibition and Regulation Act 1986 or the Right to Education Act 2009.

VARIOUS NATIONAL PROGRAMMES

- Integrated Child Development Services (ICDS)
- SABLA- Scheme for Adolescent Girls and Saksham project for adolescent boys
- Rajiv Gandhi Crèche Scheme for children of working mothers
- Sishu Gruh scheme of assistance to home for children to promote in-country adoption
- Dhanalakshmi-conditional cash transfer schemes for girl child
- Programme for Juvenile Justice
- Child Line [24-hour toll-free telephone helpline (No.1098)]
- Integrated Child Protection Scheme (ICPS)
- Integrated program for street children
- Ujjawala (scheme for prevention of trafficking and rescue, rehabilitation, reintegration, and repatriation)
- Sarva Shiksha Abhiyan- National programme for school education
- National Rural Health Mission (NRHM)
- Mid Day Meal Scheme, Jawaharlal Nehru National Urban Renewal Mission (JNNURM)
- Universal Immunization Programme (UIP) and Integrated Management of Neonatal and Childhood illness (IMNCI)[4]

CONCLUSION

Pedodontist, whose advanced education programs include a mandated child abuse curriculum, can provide valuable information and assistance to physicians about oral and dental aspects of child abuse and neglect.

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Source of Support: Nil
Conflict of Interest: Nil