

Role of Dentist in Child Abuse and Neglect: An Indian Perspective

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ABSTRACT

Child abuse is a state of emotional, physical, economic and sexual maltreatment meted out to a person below the age of eighteen and is a globally prevalent phenomenon. However, in India, as in many other countries, there has been no understanding of the extent, magnitude and trends of the problem. The growing complexities of life and the dramatic changes brought about by socio-economic transitions in India have played a major role in increasing the vulnerability of children to various and newer forms of abuse. Child abuse has serious physical and psycho-social consequences which adversely affect the health and overall well-being of a child. It is important to realize that all members of the dental team have a unique opportunity and a legal obligation to assist in the struggle against child abuse.

KEYWORDS: Child Abuse; Dentists.

INTRODUCTION

The attitude of dental professionals about child maltreatment has been slow to alter. The dentist's responsibility in preventing child abuse and neglect was first addressed by organized dentistry in the 1970s.¹ It was not until 1993 that the American Dental Association (ADA) added required recognition and reporting of perioral signs of child abuse to its Principles of Conduct and Code of Ethics. Under a resolution approved by the ADA House of Delegates, the Code now states: Dentists shall be obliged to become familiar with the perioral signs of child abuse and to report suspected cases to the proper authorities consistent with state law.² (House Resolution 23S-1B.) The resolution goes on to "urge the constituent dental societies to inform their members of applicable state laws relating to reporting of suspected cases of abuse and neglect." One more ADA Resolution (HR 141-RC) reinforces the Association's official policy by saying that members should "become familiar with and report all physical signs of child abuse observable in the normal course of the dental visit." It is hoped with the intention of the ethical responsibility to recognize and report child abuse, along with amplified awareness of constitutional requirements, will encourage dentists to perform their legal duties.^{3,4,5,6.}

WHERE A DENTIST FAILS

While many dentists report being leery of bureaucratic entanglements, it is important to remember that the dentist is only required to notify the appropriate

authorities, not follow any investigatory aspects of the case. Often practitioners attempt to be detectives. They waste their time trying to discover out "who did it?" when the important question for the practitioner to answer is "did something-g happen?" Dentists also are often unaware that the aim of child protective service agencies is to protect the victim from further abuse and to strengthen the family. In fact, the vast majority of investigated cases result in the family's remaining intact. If dentist's failure to report suspected cases of abuse and neglect can be considered an indicator, dentistry's level of awareness of child maltreatment is awful, because the most vital factor in recognizing child abuse is to be aware.

WHAT SHOULD BE DONE ?

Diagnosing suspected abuse or neglect is only the first step, dentists must be prepared to take immediate remedial action on behalf of the victim. All members of the dental profession must be informed of the health, social, and legal aspects of child abuse and neglect, and they must inform other professions that dental abuse and dental neglect are serious components of child maltreatment. Recognition of child mistreatment is filled with frustration for most health care professionals. The trouble with recognition is the,awful realization that parents and care-givers do hurtful things to unprotected, susceptible children. Educating professionals to recognize child abuse and neglect is only half the battle. Encouraging them to make required reports is the other half.^{7,8,9,10}

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CLINICAL ASPECTS OF CHILD ABUSE AND NEGLECT RELATED TO DENTISTRY

WHAT TO SEARCH FOR?

Although the injuries of child abuse are many and diverse, several types of injuries are frequent to abuse. Various of these injuries are within the range of dentistry or easily observed by the dental professional in the course of routine dental treatment. Generally various types of injuries are pathognomic to child abuse and easily identified by the dentist. Injuries of this category comprise those that appear simultaneously on multiple body planes. Injuries that exhibit patterned marks of implements or the adult's hand, or bilateral injuries to the face, carry a key of thought of abuse, and can occur on easily observable areas of the child's body.

The mouth is sometimes injured due to the abuser's desire to silence a crying child. Surveys of dentists who have reported cases to CPS agencies show a trend in the type of oral injuries encountered in child abuse cases. In an American Board of Pedodontics survey of 155 pediatric dentists all over the nation, the prime dental injuries reported in cases of child abuse consist of missing and fractured teeth (32 percent of reported cases), oral bruises (24 percent), oral lacerations (14 percent), jaw fractures (11 percent), and oral burns (5 percent).^{4,11} Even the youngest sufferers of abuse may have oral injuries. Lacerations and contusions of the oral mucosa, chiefly around the anterior alveolar ridge, may be seen in cases of forced feeding when the bottle is shoved vigorously against the child's mouth. Dentists should be clever enough to see most abuse-related bite marks. Forty-three percentage of all abuse bite marks are to be found on the head and neck, and 65 percentage of abuse bite marks can be seen while the child is wearing clothes. Human bites are tender and represent an assault with a weapon that carries a significant possibility of morbidity or even mortality. It must be remembered that the infection potential of the human bite is significant and serious.

Many of the physical signs of child sexual abuse are also within the purview of dentistry. The occurrence of oral or perioral gonorrhea, syphilis, or chlamydia in prepubertal kids is pathognomic of sexual abuse. The behavioral pointer of exaggerated gag reaction to any oral invasion with an instrument has been found in cases of oral sexual abuse. Dental neglect has been defined as lack of care that makes routine eating impossible, causes chronic pain, delays or retards a child's growth and development, makes it complicated or impossible for a child to perform day to day actions. It is well established in health care that untreated dental problems are as serious as an untreated wound in any other part of the body because neglecting treatment can lead to complications affecting the entire body.

CONCLUSION

Just as attitudes toward neglect in general vary among states, the practical definitions of dental neglect between particular dental settings may also differ. The American Academy of Pediatric Dentistry has defined dental neglect as the failure to seek treatment for neglected and untreated, rampant caries, trauma, pain, infection or bleeding. Also included is the failure to follow through with treatment once the parent has been informed that the above conditions survive. The failure to track treatment needs is probably more relevant to dentists. Many practitioners had met with who parents express that they were totally unaware of conditions in their child's mouth before the dentist's diagnosis. Once the caregiver knows about the child's condition, failure to provide necessary care, within the bounds of their resources, can be reported as child neglect. The Academy's definition serves neither as law nor as a standard of practice. It is a guideline for those dentists evaluating their patients' oral health in light of societal norms. It is up to the dental professional to weigh the guidelines and legal definitions against regional or local norms and access to care issues.^{12,13}

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