

REVIEW ARTICLE

DIAGNOSIS OF CHILD ABUSE AND NEGLECT– A GLOBAL CONCERNNandita Mohan¹**INTRODUCTION**

Child abuse is something we all hope never to see. It has been by far a global problem from which people usually flee. It is far more prevalent than is generally recognized. Its manifestations and extent vary. The United Nations Convention on the Child's Rights states that children have a right to be kept away from all forms of abuse and neglect and enjoy the highest attainable standards of health.

Child protection has always been perceived as a matter by professionals specializing in social service. However, it should be the responsibility of every individual.¹ Child Abuse and Neglect (CAN) is hence, defined as every kind of sexual, physical, emotional abuse, negligent treatment or other exploitation resulting in potential or actual harm to the child's development, health, survival or dignity in the context of a relationship, power or trust.² [WHO – 1999]. It can be elicited as a non-accidental trauma, failure to meet the basic needs, or any kind of abuse inflicted upon a child by the caregiver that is beyond the acceptable norms of childcare in our culture. Abuse can cause significant injuries to the child even resulting in death.³

According to the 2011 Census, 31.1% of India's total population is under 14 years of age. Not only the world's highest number of working children but also the world's most significant number of sexually abused children are in India.⁴ The Ministry of Women and Child Development carried out a nationwide study on Child Abuse. The results showed that two out of every three children suffered abuse in the form of physical abuse (88.6% mostly by their parents); one or more forms of sexual abuse are observed in 53.2% children, and every second child reports with emotional abuse. Most children do not report the matter to anyone and learn to cope up with such circumstances.⁵

The long-term effects of child abuse are quite damaging and leave a mark in the victim's minds. The

1. Consultant Pedodontist, Clove Dental, Delhi-NCR, India

Corresponding Author**Nandita Mohan**

Consultant Pedodontist

Clove Dental, Delhi-NCR, India

Email: mohan.nandita@gmail.com

sufferers are at an increased risk of becoming violent offenders when they all grow up. They tend to experience more social problems.⁶ Also, the sexual abuse survivors start to develop feelings of high-grade depression and low self-esteem and often experience an increased incidence of substance abuse and eating disorders.⁷

Among different health workers, dentists are probably the most favourable professionals to recognize child abuse and neglect, because 50%-75% of the reported lesions involve the mouth region, the face and the neck.⁸ Besides, a continuing relationship between the dentists, their paediatric patients, and their families exists as it is often necessary for a patient to have repeated visits in a month. This fact allows the dentist to observe and assess not only the physical and the psychological condition of the children but also the family environment.

ROLE OF DENTAL HEALTH CARE PROFESSIONAL

Abuse is categorized into four forms: neglect, physical, sexual and emotional abuse.⁴

DENTAL NEGLECT

Neglect is best described as the negative attitude of a parent toward the development of the child resulting in a hampered effect in one or more of the following areas: health and nutrition, emotional development, education, shelter, and safe living conditions.⁹ According to the definition of the American Academy of Pediatric Dentistry "Dental Neglect" is intentional avoidance and/or refusal of dental treatment needed to achieve or sustain oral health in relation to acceptable chewing function and painless and inflammation-free conditions.¹⁰

Many adults visit the dentist only when in pain for emergency treatment and choose not to return for treatment to restore complete oral health. This behavior is sometimes the consequence of inadequate attention to self and professional oral care but can also be a consequence of financial difficulties in accessing dental services. However, they may adopt the same attitude for their children. The result of this behavior can be particularly painful in children affected by dental caries (severe early childhood caries), periodontal diseases, and other oral conditions.¹¹

Failure to receive proper dental care may result from factors such as isolated families, financial instability, parental ignorance, or lack of knowledge of essential oral health. A parent is said to be negligent when despite providing complete information about the extent of the child's condition by a health care professional, the **specific treatment needs are unmet.**¹²

Various indicators are categorized that can help dental professionals in recognizing cases of dental neglect. These include

- a. Chronic rampant caries left untreated,
- b. Long-standing infection associated with pain and bleeding,
- c. Trauma to the orofacial region,
- d. Delay in access to dental treatment needs despite an early and precise diagnosis
- e. Disturbed family relations, thereby resulting in compromised oral hygiene habits of the children.

These outcomes deemed undesirable can adversely affect communication and learning, along with basic nutrition essential for healthy growth and development.¹³

PHYSICAL ABUSE

The most frequent types of physical abuse are shaking, hitting, throwing, choking, and drowning the child. Facial and head injuries are seen in approximately 50% of physical abuse cases.

Abuse wounds on the head and face include lacerations, black marks, bites, burns, abrasions, eye trauma, and bone fractures and can be caused by several objects such as rings or fingernails on the hand of the abuser. Burns constitute about 10% of the cases and are usually caused by hot or caustic liquids on the body surfaces. It can be very well observed as the trauma site often resembles the shape of the object with which abuse is done. Some authorities believe that the central foci for physical abuse are the oral cavity just because of its significance in nutrition and communication.¹⁴

As the abuse is characteristically appreciated well in the oro-facial region, dentists play a significant role in diagnosing the inflicted areas. Oral injuries may be inflicted either with eating utensils or forced bottle feedings. The abuse may result in lacerations of the lips, tongue, buccal mucosa, alveolar mucosa, hard and soft palate, gingivae or frenum, contusions, or even burns; displaced, fractured or avulsed teeth; or jaw and facial bone fractures.

Therefore, a careful and thorough examination by a dental health worker is necessary. It should be observed

as soon as the child enters the clinical setup. For example, almost 70% of the time, the abuser accompanies the child in fear of getting caught. Such children have a frightened look on their faces as soon as they notice people around. It is, therefore, always encouraged to take the child to the operatory alone, confidence gained, and questions asked so that a sense of comfort is instilled in them. After proper diagnosis and conclusions, concerned authorities should be informed.

SEXUAL ABUSE

According to the recent statistics laid by the Government of India, 20% of India's population is under 15 years of age and is highly susceptible to sexual abuse. The WHO reports also reveal that one out of every ten children in India is abused sexually.¹⁵

Although the oral cavity is the most common site of sexual abuse in children, visible infections and oral injuries are rare. Sexual abuse can be suspected when a dentist finds petechial bleeding on the palate that is the consequence of forced oral sex and clinical manifestations of many sexually transmitted diseases.¹⁶ Oro-genital contact is usually confirmed by history or examination findings. The clinician should always consider risk factors, e.g., chronic abuse, perpetrator with a known sexually transmitted disease, etc., verify with the clinical presentation of the child to conclude whether to conduct testing.

In a suspected case of child abuse and neglect, the claim must be immediately reported to the child protective services and other concerned authorities for further investigation.¹⁷

EMOTIONAL ABUSE

Emotional abuse also is addressed as a kind of mental, verbal abuse, and psychological maltreatment is the most complex form of abuse. It includes acts of failures by parents or caretakers, thereby causing severe cognitive, behavioral, mental, and emotional trauma.

Commonly noticed practices of emotional abuse are those where parents/caretakers use extreme forms of punishment, such as terrorizing and threatening a child over petty mistakes, confinement darkroom/ bathroom/ closet, or tying the child to a chair tightly for long periods. Less severe acts include belittling their thoughts, rejecting their treatment needs, using harsh adjectives to describe the child, tendency to blame the child for their actions. All this leads to an increased probability of harm to the child's health affecting their spiritual, physical, mental, moral, or social development. These acts must be well within the control of the parent or

person in a relationship of responsibility, power, or trust.

Dentists can play a leading role in suspecting emotional abuse cases as the relationship between the child, and its parent can be judged right from the first visit. Characteristics of an emotionally abused child are that they lack social responsibility, are hostile and aggressive, usually slow in social and intellectual development, troublesome in school, seldom mingle with fellow mates, behave oddly and have severe attention problems.¹⁸

By providing continuing care, dental care practitioners are in a unique position to observe the parent-child relationship as well as notice the desired changes in the child's behavior, thereby helping them cope with such situations.

PREVENTION

Prevention always begins at home. Identification of the major family issues can initiate strategies to help build up an individual's ability to function within the family unit. Support programs for new parents during both pre and post natal period will help them cope up with the difficulties of having an infant at home. Parents can be educated about the phasal development of children and taught about the nurturing relationships between them and their child inturn providing them with a therapeutic and psychological motivation through all the years of growth. Therefore, many initiatives, including family support approaches, parental training, student education schemes, should be taken up by every individual as they should consider it as their sole responsibility to reduce the numbers in developing countries like India.

CONCLUSION

Children are a nation's next generation. Therefore, child abuse should be prevented because it can affect the long-life developmental process of a child. Dentists, as a member of the health professional team, must contribute majorly in assisting in the prevention and reoccurrence of abuse and neglect of children.¹⁹

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