

Dentist's role in child abuse and neglect

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I. INTRODUCTION

Any non-accidental physical, sexual or emotional act against a child by a parent or caretaker is termed as child abuse. The first victim was a girl named **Mary Allen** reported in 1871. **Henry Kempe** in 1962 described "Battered child syndrome". **Mclain** coined the term child abuse and neglect in 1978¹. According United Nations Convention on the Rights of the Child (UNCRC),

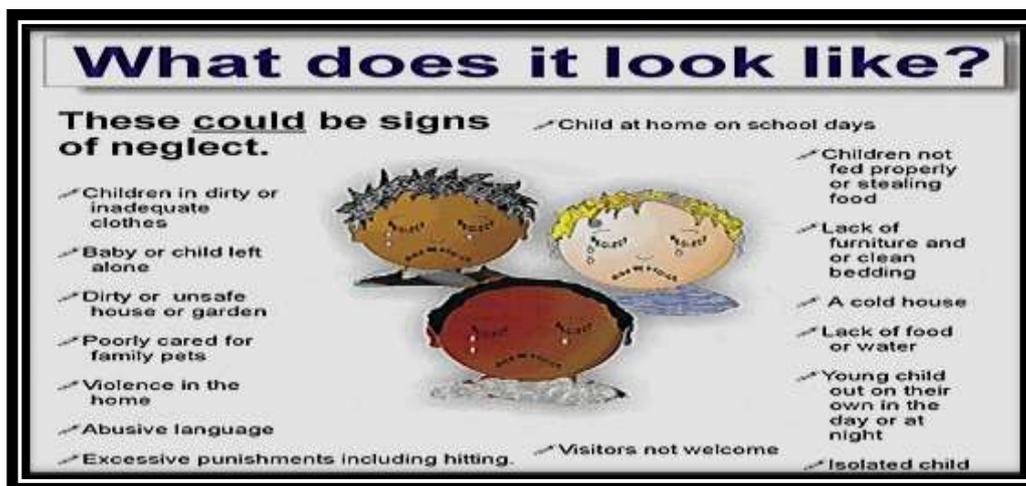
any person who is under the age of 18 years is a child. This is a generally acknowledged explanation of a child and it comes from an international legal organization which is accepted by most countries around the world. However in India defining the age of a person has been a constant disagreement. The Census of India considers children to be any person below the age of 14, as do most government programmes^{2,3}.

Fig1. Minimum legal age defined by National Legislation in India

S.No.	Legislation	Boys	Girls
1	Child Labour (Prohibition & Regulation) Act, 1986	14	14
2	The Prohibition of Child Marriage Act 2006	21	18
3	Criminal Responsibility (Section 83 of Indian Penal code)	12	12
4	The Juvenile Justice Act 2015	18	18

Child abuse or maltreatment constitutes all forms of physical or emotional ill-treatment, sexual abuse, negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, development or dignity in the context of a relationship of responsibility, trust or power¹. (WHO)

According to **American academy of pediatric dentistry** defines dental neglect as 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 infection⁴.



Battered baby is a child who shows clinical or radiographic evidence of lesions that frequently multiple and involve mainly the head, soft tissue, the long bones and the thoracic cage and that cannot be unequivocally explained.

- * Youth parenthood
- * Unwanted or unplanned parenthood
- * Low socio-economic status
- * Social isolation
- * Altered physical or psychological status

Incidence of child abuse and neglect^{1,5}:

- ✓ Estimates of deaths associated with child abuse and neglect 3-13%/day with children 0-3years of age.
- ✓ Physical abuse is found 20%.
- ✓ In **India** about 69% are victims of physical, emotional or sexual abuse(every 2 out of 3) and New delhi has an over 83% abuse rate.
- ✓ In **America** five children die every day due to abuse and neglect.
- ✓ In 2010 an estimated 1560 children died from abuse and neglect in the **United States**.

HOW TO DIAGNOSE CHILD ABUSE ??

HISTORY OF HOW THE INJURY OCCURED

EYEWITNESS HISTORY –

- ✓ child states that a particular parent injured him
- ✓ one parent accuses other
- ✓ partial confessions by a parent

UNEXPLAINED INJURY –

- ✓ parents deny that their child had any of the injuries
- ✓ no explanation of injury

IMPLAUSIBLE HISTORY –

- ✓ history given is inconsistent with common sense and medical judgement
- ✓ minor accident described
- ✓ behavior described – impossible for child's age

ALLEGED SELF-INFLICTED INJURY –

- ✓ in a baby who cannot crawl

DELAY IN SEEKING MEDICAL/DENTAL CARE –

- ✓ abused children are not presented for care – even in major injury

PREVALENCE AND LOCATION OF INJURIES:

- 79% - scalp
- 59% - neck
- 52% - forehead
- 49% - cheek
- 48% - lower jaw and right leg

ACCORDING TO THE STUDY BY National Society for the Prevention of Cruelty to Children (NSPCC):

- * 9500 children are physically abused/year
- * 6330 children are sexually abused/year
- * 4 children die every week due to abuse
- * 50% of these cases involve dental injury

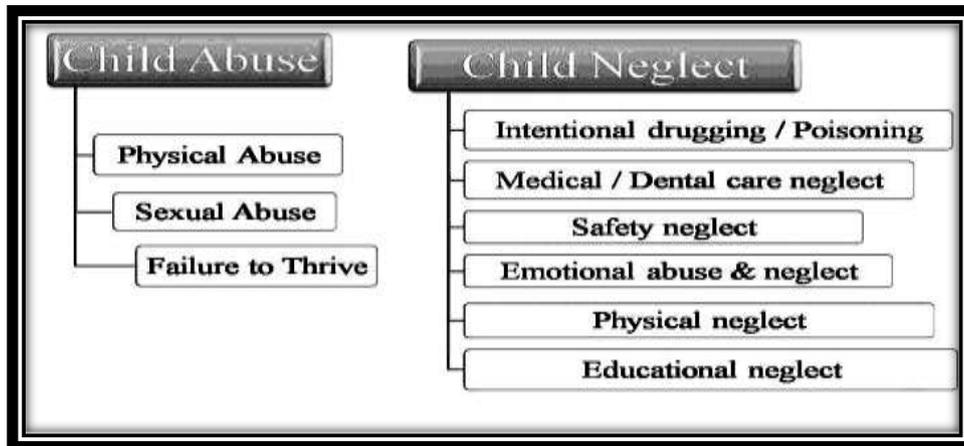


Fig2. Schmitt's Classification of child abuse and neglect⁶

Type of child abuse	Percentage of occurrence
Physical abuse	31.8%
Educational neglect	27.8%
Emotional abuse and neglect	26.3%
Health (medical) care neglect	8.7%
Physical neglect	7.8%
Sexual abuse	6.8%
Failure to thrive	4.0%

Table1. Incidence and severity of child abuse and neglect in year 1979 – 1980⁷

PICTURES SHOWING CHILD ABUSE AND CHILD NEGLECT





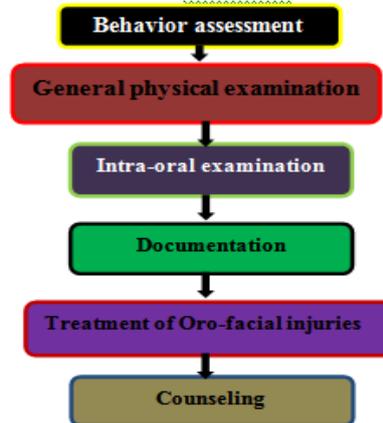
g. Typical sites of Bruises on cheeks,neck and genitals



h. Bite marks

i. Documentation along with name and date

Dental management of Abused child



Behavior assessment:

The child and abuser (adult or parent) are separately interviewed⁸. The abuser shows violent temper criticizes the child and feels embarrassed on asking straight forward questions regarding the incident. In 1989 Speight¹ has given 6 classical points for assessment of an abused child;

1. Delay in seeking medical help.
2. Details of the incident are vague.
3. Account of the accident is not compatible with the injury observed.
4. The parent's mood is abnormal.
5. The parent's behavior gives a cause.
6. The child's interaction with the parents is abnormal.

General Physical Examination:

It includes general body examination i.e, hair pulling (most common), bite and grab marks, fractures, lacerations, burns, head and abdominal injuries, hemorrhages and bruises. In abused child 10% burns are cigarette burns and trauma to head and associated structures occur in about 50% cases¹.

Intra-oral Examination:

- i. Hard tissue examination includes jaw fractures, missing teeth and trauma to the teeth.
- ii. Soft tissue includes tearing of lip, maxillary labial frenum and other mucosal conditions like erythema, ecchymosis, petechiae and warts may be detected.

Documentation^{9,10}:

Proper documentation is necessary and it includes proper records in the form of Photographs and radiographs of fractured bones. The dentist should routinely question the child and the parent separately about what caused any observed injuries and a staff member should be present to act as a witness.

PHOTOGRAPHS:

- * Photograph of the child along with name, date.
- * Taken with rulers and identification labels placed near injury
- * Taken from different angles
- * Photographs of injuries on other body surfaces

RADIOGRAPHS:

- * Full mouth RG
- * OPG

CAST MODELS:

- * In cases of tissue destruction
- * Impression processed and labeled with patient's name, date, type of impression material and cast material used

Treatment and counseling^{1,7,9,10}:

❖ Treatment of oro-facial injuries includes

- Emergency treatment for head injury, fractured jaw bones and traumatic tooth.
- Cleaning of wounds and suturing if needed.

❖ Neurological assessment

- * **REFERRAL** - if neurological damage
 - suspected lesions
 - extensive facial lacerations

❖ Counselling of the abused child

- ✓ Provide security to the abused child.
- ✓ Provide affirmation.
- ✓ Provide intimacy and friendly environment.

INDIAN LAWS FOR CHILD ABUSE¹

Physical abuse:-

- ✓ Indian Penal Code 323/324

Sexual abuse:-

- ✓ Girls: Statutory Rape: IPC 376
- ✓ Boys: Unnatural Sexual Offence: IPC 377

II. CONCLUSION

Child abuse is a serious problem around the world and effects vary depending on circumstances of the abuse or neglect, personal characteristics of the child, and child's environment. Schools should be the prime target for the working professionals to create awareness

among the young children about child abuse. It is important for the dentist to know how to recognize child abuse, since its effects on a child are harmful to the child's life.

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