

RESPONSIBILITY AND ROLE OF DENTIST TO DETERMINE CHILD ABUSE & NEGLECT: A REVIEW

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Abstract

Violence towards children has been noted between and at different times within the same cultures since early civilization. Maltreatment of children either physically, sexually, emotionally or by means of neglect is a major public health problem that no nation is immune to. Each day, the safety and well-being of some children across the nation are threatened by child abuse and neglect. Intervening effectively in the lives of these children and their families is not the sole responsibility of any single agency or a professional group, but rather is a shared community concern. The purpose of this article is to review the oral and dental aspects of physical and sexual abuse in children. Dental surgeons play an important role in the demodulation and reporting of child abuse by knowing its signs and fulfilling the moral and legal obligation.

Key Words: - Child abuse, Dental Surgeon, Neglect

Introduction

In recent years, the community has become increasingly aware of the problem of child abuse in society. Abuse often results in countless tragedies involving the physical, cognitive or emotional impairment of a child that may extend into adulthood. Each day, the safety and well-being of some children across the nation are threatened by child abuse & neglect. All dental health care professionals have a vital and legal role to play in the recognition and reporting of such abuse cases. Raising awareness on how to properly recognize abuse, especially child abuse, is critically important.¹

According to Journal of Child Abuse and Neglect, child abuse is "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, an act or failure to act which presents an imminent risk of serious harm".²

Child neglect is an act of omission and occurs when the guardian refuses to provide or consent to required medical (dental) treatment, or when a child has suffered emotional harm.³

Historical Background

Caffey in 1949 reported common association of subdural hematomas and long bone pathoses. Wooley and Evan in 1955 observed childhood trauma which were wilfully inflicted. Evas was the first to report child abuse. In 1974, the child abuse prevention and treatment act was signed into law. It was established for the first time within the federal government, a National Centre on child abuse and neglect. It was during 1960s the contribution of the dental profession to recognize child abuse and neglect emerged.⁴

Prevalence

According to National Study on Child Abuse in 2005 two out of every three children in India suffer from Physical abuse (88.6% by their parents), Sexual abuse (53.2%) and every second child reported facing emotional abuse. A

States and the United Kingdom ranked lowest among industrial nations with respect to the wellbeing of children. It also found that child neglect and child abuse were far more common in single-parent families than in families where both parents are present.^{5,6}

Types of Child Abuse

Physical Abuse: Physical abuse is the inflicting of physical injury upon a child. This may include burning, hitting, punching, shaking, kicking, beating or otherwise harming a child. The parent or caretaker may not have intended to hurt the child.

Sexual Abuse: Sexual abuse is inappropriate sexual behaviour with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism and sexual exploitation.

Emotional Abuse: Emotional abuse is also known as verbal abuse, mental abuse, and psychological maltreatment. It includes acts or the failures to act by parents or caretakers that have caused or could cause, serious behavioural, cognitive, emotional, or mental trauma.

Neglect: It is the failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional.⁷

Detecting Child Abuse in Dental Office

When a child presents for examination, particularly if there is an injury involved, the history may alert the dental team to the possibility of child abuse. The history should be recorded in detail so that it can aid in legal proceedings. The possibility of child abuse or neglect should be considered whenever the history reveals the following:

1. The injury is one of a series of injuries that the child has experienced.
2. The family offers an explanation that is not compatible with the nature of the injury.
3. There has been delay in seeking care for the injury.

General Physical Findings

The general physical findings that are consistent with child abuse or neglect should be evaluated:

1. The child's nutritional state is poor and growth is subnormal.
2. Extraoral injuries are noted. They may be in various stages of healing, indicating the possibility of repeated trauma:

Bruises or abrasions reflecting the shape of the offending object, e.g. belt buckle, hand.

Cigarette burns or friction burns may be noted, e.g. from ligatures on wrists, gag on mouth.

Bite marks should be suspected when ecchymosis, abrasions or lacerations are found in an elliptical or ovoid pattern. Bite marks may have a central area of ecchymosis (contusions) caused by two possible phenomena: Positive pressure from the closing of teeth with disruption of small vessels or negative pressure caused by suction and tongue thrusting.⁸



Figure 1: Bite mark on arm.³

Findings on Dental Examination

Examination of dental injuries includes thorough visual observation, radiographic studies, manipulation of the jaws, pulp vitality tests, and percussion.

Tears of the labial or lingual frenula

Tears of the frenula, particularly the labial frenum, are frequently seen in child abuse cases. These injuries may result from blunt force trauma. For example, the labial frenum may be torn when a hand or other blunt object is forcibly applied to the upper lip to silence the child. Remember that a child's age is an important consideration since a frenum tear in a young child who is learning to walk is not unusual.⁹



Figure 2: Intraoral sign of abuse is a torn or bruised labial frenum.³

Loosened, fractured, or avulsed teeth

Severe trauma to the lower face may loosen teeth, completely displace them from their alveolar sockets, and/or cause dental fractures.¹⁰

Previously missing teeth

In examining a child who has experienced recent trauma, it may be noted that one or more teeth has been lost prior to the present incident. The etiology of this earlier tooth loss should be investigated. If it was due to "an accident", a pattern of repeated trauma has been established.

Trauma to the lip

It is not uncommon to find contusions, lacerations, burns, or scars on the lips of abused children. Lips were the most common site for inflicted oral injuries (54%) followed by the oral mucosa, teeth, gingiva and tongue. Bruises to the lip may result from forced feeding. Bruises at the angles of the mouth may result from efforts to gag or silence a child.¹¹

Fractures of jaws and associated structures

Fractures of the maxilla, mandible, and other cranial bones may be found in cases of child abuse. If the radiologic study shows signs of old as well as new fractures, a pattern of repeated trauma has been found, and needs to be investigated with reference to possible child abuse.¹²

Gonorrhoea

Most commonly sexually transmitted disease in sexually abused children. It may appear symptomatically on lips, tongue, palate, face, and especially pharynx in forms ranging from erythema to ulcerations and from vesiculopustular to pseudomembranous lesions.¹³

Dental neglect

Oral manifestations that indicate dental neglect include: visually untreated caries that can be easily detected by an average individual or a non-dental related health professional; untreated ulcers involving the intra-oral or extra oral regions; dental disease that has an impact on the

child; lack of care in the existence of pathological conditions. Distinguishing dental caries from dental neglect is difficult and there is no criterion for dental caries observed in neglect.¹⁴

Documenting and Reporting Child Abuse

When one suspects child abuse, it is important to document the findings thoroughly. This record of the evidence is crucial for legal proceedings. Documentation may involve written notes, photographs, and radiographs. In some cases videotapes or audiotapes may be helpful. It is important that critical photographs of injuries include a ruler or scale held adjacent to the injury and on the same plane as the injured surface. Reporting is initiated with a telephone call to appropriate child protective service or law enforcement agency and the time, date and method of reporting should be documented in medical and dental record.¹⁵



Figure 3: Photographs should include a ruler placed beside the injury to help record its size.¹⁶

Problems in dental reporting of child abuse

It is generally agreed that the true number of child abuse cases is probably far in excess of the number of cases actually reported. Since a substantial number of abused children have injuries in or around the mouth, it would seem likely that dentists would be a significant source of child abuse reporting. The most common reason given for unwillingness to report was uncertainty about the diagnosis, fear of litigation, unfamiliarity with symptoms of child abuse, possible effect on the practice, reluctance to believe one could inflict cruelties on one's offspring, and uncertainty about the reliability of the child's account of the injury. Significantly, the overwhelming majority felt they had inadequate training in the diagnosis of child abuse.¹⁷

Prevention of Abuse

Dentists, as a member of the health profession team, have the opportunity to assist in the prevention and/or reoccurrence of abuse and neglect of children. This needed assistance is categorized and described below:

Health Promotion

Make sure every member of the dental office team is aware of the signs and symptoms of child maltreatment

and committed to recognizing and reporting instance of abuse and neglect.

Dentists, as health professionals, are mandated to report suspected cases of child maltreatment, with immunity granted to voluntary reporters acting in good faith.

Reports should be made to local protective services or law enforcement agencies, or through the National Child Abuse helpline, and should include the name, age, and address of the child, the nature and extent of his or her injury, the person believed to be responsible for the abuse or neglect, and any evidence of previous abuse or neglect.¹⁸

Health Education

Dentists can be a major force in the secondary and tertiary prevention of dental neglect through the effective education of parents and children who are either at risk or where it has been determined that dental neglect of a child exists.

Counsel parents on the importance of good oral hygiene and routine dental care.

If financial or transportation obstacles exist, provide information to parents about government-sponsored dental care.

Professional Education

The following education or re-education of dental students and dentists, respectively, should be the focus of dental institutions and local and state dental associations:

Increase exposure of dental students to the issue of child maltreatment in their undergraduate dental curricula.

Mandate dentists to submit a proof of completion on a child abuse and neglect continuing education course to their respective licensing boards.¹⁹⁻²⁰

Conclusion

Child abuse is any non-accidental trauma, neglect or failure to provide the necessities of health and life to a child by the guardian or caretaker of the child that goes beyond the norm of childcare in our culture. Dentists can easily diagnose them and as an oral health care professional, have an opportunity to take a proactive role in helping the victims. Thus dental health personnel should be encouraged to consult the expanding body of literature on this subject to increase their understanding of the nature and prevalence of violence in its many forms.

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