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Child Abuse: A Pediatric Dentist's Perspective

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Abstract

Children constitute about 39% of the total population of India (Census 2011). In a vast country like India, Children face multiple vulnerabilities. It is in fact the responsibility of the dentist to be well educated in the aspects of child abuse and be in a position to recognize and report the suspected cases. A survey by the Ministry of Women and Child Development in 2007 stated that 53% of Indian children become victims of child sexual abuse. Conducting and documenting interviews with the child and parents forms the first and key step in recognizing and reporting child abuse. Present review article highlights the role of a Pediatric dentist in recognition and management of victims of child abuse.

Keywords: Dental neglect, Sexual abuse, Physical abuse.

Introduction

Child abuse is a worldwide public health problem.[1] According to the UNICEF, violence against children can be physical and mental abuse and injury, neglect or negligent treatment, exploitation and sexual abuse. Different kind of abuse may take place in homes, schools, orphanages, residential care facilities, on the streets, in the workplace, in prisons and in places of detention. [2] It is in fact the responsibility of the dentist to be well educated in the aspects of child abuse and be in a position to recognize and report the suspected cases. As per the reports more than half of the cases of child abuse occur in the head and neck region and therefor careful intra- and peri-oral examination is important when child abuse is suspected.[3]

Despite the widespread reach of the COVID-19's pandemic, children are an often-overlooked population due to their lower mortality rates. However, child welfare organisations have apprised that the various lockdown measures will lead to more cases of child sexual, physical and emotional abuse and neglect.[4] It is usually strenuous to detect child abuse, unless one creates an atmosphere that would encourage disclosure by the child being abused. In spite of that, a good medical and social history may help to unravel the problem.[5]

Sexual Abuse

In the world over India has the dubious distinction of having the 2nd maximum number of cases of child sexual abuse victims. A survey by the Ministry of Women and Child Development in 2007 stated that 53% of Indian children become victims of child sexual abuse.[6] The most accurate scientific studies, based on lengthy interviews, report that 30 percent of men and 40 percent of women remember having been sexually molested during childhood in India. About half of these are directly incestuous, with the family members, the other half usually being with others, but with the complicity of caretakers in at least 80 percent of the cases.[7]

As mandated reporters, dentists play a key role in recognizing child abuse. Sexual abuse cases may be presented as either erythematous, ulcerative, vesiculopustular, pseudo membranous or condylomatous lesions on lips, tongue, palate, face or pharynx.[8] Bite marks may be presented on the exposed body parts. Bite marks are lifted using various photography techniques and other materials. According to West et al., photographs of bite marks should be obtained as early as possible because of changes due to vital reactions.[9]

Sexual abuse cases in children may be due to fellatio (a sexual act in which the penis is placed into the mouth of another person) and irrumation (the active penetration or forceful thrusting of penis into the mouth with negative pressure). In suspected fellatio associated sexual abuse cases, the dental surgeon should clinically inspect the palate preferably soft palate, junction of soft and hard palate for erythema, petechiae, purpura and ecchymosis. Ulcerations of the sublingual area should be noted due to sexual abuse due to cunnilingus (Oral stimulation of vagina or vulva and clitoris, by lips and tongue). In suspected cunnilingus associated sexual abuse cases, the dental surgeon should clinically inspect the lingual frenum for horizontal ulcerations and fibrous hyperplasia.[8]

Victims of sexual violence are more likely to suffer from dental fear when compared to patients without a history of sexual victimization and may find it especially problematic to tolerate dental treatments and frequently cancel scheduled dental appointments or avoid dental treatment. This may result in experiences of disempowerment and anticipation of pain and discomfort.[10]

Physical Abuse

Because 70% of the physical injuries in abused individuals are located in the head and neck region, dentists are more likely to be confronted with related abuse injuries. Physical injuries can be observed inside and out side of oral cavity. Intra-orally a distinction must be made between the injuries appearing due to physical harm inflicted during the abuse and the typical features of neglect.[11] Emotional trauma may remain after physical injuries have healed. Abused children may exhibit a poor self-image, an inability to love or trust others, aggressive, disruptive, or illegal behavior, self-destructive or self-abusive behavior, suicidal thoughts, passive or withdrawn behavior.[12]

Battered child syndrome

Battered child syndrome (BCS) refers to non-accidental injuries sustained by a child as a result of physical abuse, usually imposed by an adult caregiver. Many children are not diagnosed in the early stages of evaluation. In this situation, taking a second detailed case history and reviewing positive findings would be helpful. Often a mismatch between the clinical findings and the history, provided by the child caregivers, is a main diagnostic finding among the victims of the Battered Child Syndrome.[13] The syndrome should be considered in any child exhibiting evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swellings or skin bruising, in any child who dies suddenly, or where the degree and type of injury is at variance with the history given regarding the occurrence of the trauma. [14]

Dental Neglect

Dental neglect, as defined by theAmerican Academy of Pediatric Dentistry, is the "willful failure of parent or guardian, despite adequate access to care, to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection."[15] Dental neglect may affect children's both general health and quality of life. Pain, swelling, inflammation, frequent intake of antibiotics, malnutrition, delays in language development, and an overall impact on playing, learning, and socializing can occur in children with Early Childhood Caries. In addition, in rare severe cases, dental caries in primary teeth can even affect the enamel of succeeding permanent teeth.[16]

Failure to seek or obtain proper dental care may result from factors such as family isolation, lack of finances, transportation difficulty, parental ignorance, or lack of perceived value of oral health. The point at which to consider a parent negligent and begin intervention occurs after the parent has been properly alerted by a health care provider about the nature and extent of the child's condition, the specific treatment needed, and the mechanism of accessing that treatment.[17]

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child to cause severe and persistent adverse effects on the child's emotional development and well-being. It may involve making the child feel worthless, ignoring, isolating, humiliating, frightening or shouting at the child. The developmental literature suggests that exposure to childhood maltreatment interferes with normative personality development.[18]

Fabricated or induced/imposed illness

Formerly referred to as Münchausen syndrome by proxy, this is considered to be a psychological disorder of the perpetrator. This person (often the mother) deliberately fabricates, induces or exaggerates illness (or another health problem) often in a child. It is often attributed to the need of the perpetrator to gain attention, but as a result, the child may be subjected to essentially unnecessary examinations, investigations and surgery. [19]

Indicators of Child Abuse

When suspicion of child abuse is present, a thorough examination is needed. The dentist should begin with examination of the child's lips and proceed in a systemic order to other parts of the oral cavity and the body. Lacerations or scars from trauma, burns from heated implements, or rope marks on the corners of the mouth from a gag being placed over the mouth should be checked. Any unexplained petechiea or bruises on palate, fractured or nonvital teeth that appear to be from nonaccidental trauma and any teeth missing or displaced for which there is no obvious explanation, Scars or abnormal mobility from repeated trauma or damage from forcibly biting down, burns in the mouth from caustic substances or scalding liquids should be checked.

Radiographs may exhibit healed or recent fractures, Injuries, bruises, and hand cuff marks on the overlying soft tissues that are not directly supported by bone, such as the cheeks (below the zygoma), lips, neck, inner thighs, and inner aspect of the upper arm should be viewed with suspicion, as they are more likely to result from abuse. [20]

Role of Dentist in Preventing Child Abuse

The responsibilities of the health professionals in the dental sector may be summarized as recognizing, recording and reporting of the suspected abuse.[21]

Conducting and documenting interviews with the child and parents forms the first and key step in recognizing and reporting child abuse. Interview should be done in the presence of a witness, and if possible the child and parent should be interviewed separately. Questions should be open-ended and nonthreatening that require a descriptive answer. While dealing with the parent, they should be informed regarding the reason for the interview. The dentist needs to be objective, discuss concerns regarding the child's injury or lesion, reassure the parent of support, and should not attempt to prove abuse or neglect.[20]

The pedodontist sees many young children for comprehensive care and preventive dentistry programs. Pediatric dentists and oral and maxillofacial surgeons, 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.[22]

There is an urgent need for systematic training for physicians to prevent, detect and respond to cases of child abuse and neglect in the clinical setting. During their busy clinical practice, medical professionals can also use the telephone help line (CHILDLINE telephone 1098) to refer cases of child abuse, thus connecting them to socio-legal services. The physicians should be aware of the new legislation, Protection of Children from Sexual Offences (POCSO) Act, 2012, which requires mandatory reporting of cases of child sexual abuse, failing which they can be penalized.[23] It does not formulate that the mandatory reporter has an obligation to inform the child or his parents or guardian about his duty to report. While making the mandatory report, the doctor or other health professional should describe the nature of the abuse and all involved parties. The reporter is not expected to investigate the matter, or even know the identity of the perpetrator, which are left to the police and other investigative agencies.[24]

Legal Aspects

According to Indian law, children in this nation have a right to be safeguarded from vulnerable circumstances and exploitation in whatever way they are subjected to. From a legal standpoint, everyone should be aware of the rules and regulations in place to protect children from abuse both inside and outside

the home. The Indian Constitution has undergone many amendments and taken on its current form, with the empowered Legislature enacting distinct policies, specific laws, and protecting measures for children's human rights in particular. As a result of the Indian Penal Code's Articles 14, 15, 15(3), 19(1)(a), 21, 21(A), 23, 24, 39(e) and 39(f), which protect minors and those who have been accused but have not been proven, as well as the accused themselves.[25] Various national level approaches for protection of children includes[26] Youth Justice (Care and Protection of Children) Act (Juvenile Justice Act), Child Labour (Prohibition and Regulation) Act, 1986, The Immoral Traffic (Prevention) Act, 1956, The Commission for the Protection of Child Rights Act, 2005, The Child Marriage Prohibition Act of 2006, Act of 2012 on the Protection of Children from Sexual Offences, Protection of Children from Sexual Offences (POCSO) .

Conclusion

There is an urgent need for systematic training for physicians to prevent, detect and respond to cases of child abuse and neglect in the clinical setting. According to Indian law, children in this nation have a right to be safeguarded from vulnerable circumstances and exploitation in whatever way they are subjected to. From a legal standpoint, everyone should be aware of the rules and regulations in place to protect children from abuse both inside and outside the home.

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