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Identifying the Dirty Secret of Child Abuse through Dentistry

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Abstract

Child abuse is any mistreatment or neglect of a child that results in harm or injury. It is a widespread problem that permeates all ethnic, cultural, and socioeconomic segments of our society. This can include physical, emotional or sexual abuse. More than half of cases occur in the face, head or neck. All health professionals are legally mandated to report suspected cases of child maltreatment to the proper authorities, consistent with the laws of the jurisdiction in which they practice. But dentists, as a group, have been fairly inactive participants in recognizing and reporting child maltreatment when compared to other health professionals. This lack of involvement is especially unfortunate in light of recent hospital studies which indicate that injuries to the head and neck occur in 65 to 75 percent of the cases of physically abused children.

Keywords: Child abuse; Neglect; Dentists; Social responsibility; Reporting.

Introduction

Maltreatment of children continues to be a major social and health problem. Abuse often results in countless tragedies involving the physical, cognitive or emotional impairment of a child that may extend into adulthood. Child abuse and neglect (maltreatment) is a widespread problem that permeates all ethnic, cultural, and socioeconomic segments of our society. [1]

The long-term effects of child abuse are painful and damaging. Victims are at higher risk of becoming violent adult offenders. They often experience more social problems and perform less well in school.[2] Survivors of sexual abuse tend to harbour feelings of low self-esteem and extreme depression and often experience a higher than normal incidence of substance abuse and eating disorders.[3]

Some studies indicate that 50% of all injuries involve head and neck region, which places dentists at the forefront of abuse detection.[4]

All health professionals are legally mandated to report suspected cases of child maltreatment to the proper authorities, consistent with the laws of the jurisdiction in which they practice. But dentists, as a group, have been fairly inactive participants in recognizing and reporting child maltreatment when compared to other health professionals.[5] Among the health professionals, dentists are probably in the most favourable position to recognize child abuse and neglect, as 50–75% of reported lesions involve the mouth region, the face, and the neck[6]. Besides, dentists have a continuing relationship with their paediatric patients and their families, as it is often necessary for a given patient to be seen several times a month. This fact gives the dentist an opportunity to observe not only the physical and the psychological condition of the children, but also the family environment. Often the abuser, usually the parent, delays bringing the child to the hospital, because he or she feels being "watched over" by the medical personnel. The same kind of caution is not used with dentists who are expected to provide only a "technical service". Despite the opportunities available to the dentists in detecting child maltreatment, they seldom report suspected oro-facial injuries[6]. The lack of clinical knowledge of child abuse and neglect is also attested to by the fact that only a few dentists know that the highest

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occurrence of lesions due to physical abuse is found in the head face and neck regions.[7]

Types of child abuse[3]

Physical abuse means any force or action that exceeds the force considered reasonable for disciplining a child and that results in a non-accidental injury.

Sexual abuse involves any sexual exploitation (non-consensual or consensual) including, but not limited to, intercourse, oral sex and fondling.

Emotional abuse includes acts of commission or omission by a parent that may lead to long-term and serious emotional disorders. Examples include social isolation, rejection, humiliation and placing unrealistic demands on a child.

Neglect occurs when parents do not provide the requisites necessary for the child's emotional, psychological and physical development. Emotional neglect involves the absence of feeling loved, safe and worthy. Physical neglect involves lack of proper nutrition, shelter, clothing, medical care and protection from harm.

Most episodes of child abuse and neglect take place within the child's family and are symptomatic of the family's dysfunctional nature.[8] Approximately 80 percent of the perpetrators of child maltreatment are parents. The majority of abuse perpetrators are males with females being in the majority of those who are neglected.[9]

Abusive or neglectful adults[10,11]

- Young, usually between 20-30 years of age
- Emotionally immature
- Socially isolated
- Poorly controlled aggressive tendencies
- Impulsive, self-centered
- Competes with child/children for attention
- Psychologically or physically ill
- Economically disadvantaged
- Present or past history of substance abuse
- Abused as a child

Abused or neglected children[12,13]

- Youngest in a large family
- Physical or mental disabilities
- Product of an unwanted pregnancy
- Premature or low birth weight
- Possess characteristics evoking negative responses from parent

Statistics[14]

At least 60% of the cases remain undetected.

The average age of detection of child abuse and neglect is 7.4 years.

Reported cases in females in 51% and in males is 49%.

Sexual abuse is more common in females whereas physical abuse is more common in males.

No age, sex, gender or socioeconomic status is spared by child abuse.

Identification: physical abuse

The ability to properly identify suspicious injuries to the head, face, mouth, and neck of a child is imperative for dentists. The following information outlines the signs and symptoms or the four types of child maltreatment with emphasis placed on the locations on the child where they may occur.[12]

Head Injuries,[13, 16-18]

Scalp and hair – subdural hematomas (cause more serious injuries and deaths than any other form of abuse), traumatic alopecia, subgaleal hematomas, and bruises behind the ears

- Eyes – retinal hemorrhage, ptosis, and periorbital bruising
- Ears – bruising of the auricle and tympanic membrane damage

• Nose – nasal fractures or an injury resulting in clotted nostrils

Orofacial Injuries[19,20]

• Lips – lacerations, burns, abrasions, or bruising

• Mouth – labial or lingual frenum tears (characteristic of more severely abused children), burns or lacerations of the gingiva, tongue, palate, or floor of the mouth

• Maxilla or mandible – past or present fractures to facial bones, condyles, ramus, or symphysis

Bite marks

This type of injury is usually associated with physical or sexual abuse. In such suspected cases, a forensic pathologist or odontologist should be contacted.[21,22]

Identification: Sexual Abuse

While dentists are not as involved as other health professionals in the diagnosis of sexual abuse, they should remain alert for the following signs and symptoms:

Orofacial Manifestations[19,23]

Gonorrhea – most commonly sexually transmitted disease in sexually abused children. May appear symptomatically on lips, tongue, palate, face, and especially pharynx in forms ranging from erythema to ulcerations and from vesiculopustular to pseudomembranous lesions.

Condylomata Acuminata (veneral warts) – appear as single or multiple raised, pedunculated, cauliflower-like lesions. In addition to the oral cavity, lesions may also be found on the anal or genital areas.

Herpes simplex virus, Type 2(HSV-2) – Herpes simplex virus, type 2 (genital herpes), presents as an oral or perioral painful, reddened area with a grape-like cluster of vesicles (blisters) that rupture to form lesions or sores.

Erythema and petechia – such trauma at the junction of the hard and soft palate may indicate forced oral sex.

Identification: Emotional Abuse

Although difficult to diagnose, a child enduring emotional abuse may exhibit the following behavior and physical indicators:[24,25]

• Lack of self-esteem

• Poor social skills, often antisocial

• Developmentally delayed

• Passive and aggressive – behavioral extremes

• Pronounced nervousness, often manifested in habit disorders such as sucking and rocking. May self-inflict injuries such as lip or cheek biting.

Identification: Neglect

Neglect is often misunderstood and misdiagnosed. Physical/behavioral indicators include:

General Neglect[26,27]

• Constant hunger

• Lack of supervision

• Fatigue or listlessness

• Unattended medical needs

• Poor personal hygiene

• Inappropriate or inadequate clothing

Dental Neglect [16,28]

• Untreated rampant caries easily detected by a lay person

• Untreated pain, infection, bleeding, or trauma affecting the orofacial region

• History of lack of continuity of care in the presence of identified dental pathology

Assessment: history taking and diagnosis

A key diagnostic feature of abuse or neglect is a discrepancy between the clinical findings

and the history given for the problem by the parent or caregiver. Most parents who accompany their injured child to the physician or dentist act in a concerned manner, asking questions regarding the health status of their child. Some parents may even feel an unwarranted guilt that, to some degree, they are responsible for the injury to their child. Abusive adults usually have no questions and may appear withdrawn or unconcerned.[29] Many wait hours or even days before seeking medical or dental attention for their child, even in situations of life-threatening injuries. The following action outlines what the dentist should do in cases of suspected cases of child maltreatment:

Before treatment begins, the child should be evaluated for any physical or behavioral signs of maltreatment. If abuse is suspected, question the child first, away from the parent, about the cause of his or her injury. Seek the same information from the parent(s) to see if both accounts are similar. Note findings in the patient's chart with detailed description of the injuries and accounts given for their occurrence. The dentist should always document personal opinion why child maltreatment is suspected.

If a report will be filed with proper authorities, the parent(s) should always be informed

Child protective agencies

In India police is the concerned authority.[30]

National human right commission (NHRC) also has a similar role.

Indian laws for child abuse

- India has no law on/ for child abuse per se.
- Physical abuse: Violence in home: IPC 323/ IPC 324
- Girls : statutory rape: IPC 376
- Boys: unnatural sexual offence: IPC 377
- There is no law which protects child from other types of abuse like emotional and educational abuse.

Legislation

The Indian Academy of Paediatricians (IAP) has formulated new guidelines for paediatricians and other doctors on how to recognise and respond to child abuse, particularly sexual abuse. This has been done to help doctors treat abused children effectively and to keep an eye on suspicious cases[31]

Governmental and ngo's working against child abuse

- The UNICEF, www.unicef.org
- The childline Organization, New Delhi, www.childlineindia,org
- Ummid Sanstha, New Delhi, www.ummid.org
- Institute for support, healing and awareness (IFSHA), www.ifsha.com
- Asha Sevabhavi Sanstha, Mumbai, www.asha.org
- Shakti, Kolkata, www.shakti.org
- National Human Right Commission, GOI, New Delhi, www.nhrc.nic.in
- Organization for children at risk in India, Mumbai, www.cari.com
- Sparsh Seva Sanstha, Mumbai, www.sss.org

Child abuse hotline number: 1-800-633-5155

Prevention of child abuse

Children are a nation's next generation. Therefore, CA should be prevented because it can affect the long life process of a child.[33]

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.[34]

Conclusion

Through early detection and reporting, dentists have the opportunity to prevent further injury or neglect to children suspected of having been maltreated. Dentists need to be alert to the possibility that orofacial trauma may be the result of child abuse. By heightening the dental profession's awareness of this issue, child abuse detection will increase. This will help to insure that these troubled families will receive the appropriate social services, thus preventing further physical and psychological trauma to the child. Child maltreatment is a cyclic disease with abused children often becoming abusive parents.[9] Dentists have the obligation to assist these children through proper identification, diagnosis, and reporting suspected cases. Early attention is crucial to disrupting the cycle of abuse and neglect. It benefits not only the child but society as well.

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