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CHILD ABUSE AND ITS MANAGEMENT IN DENTAL OFFICE- A BIRD'S VIEW

Dental Science

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ABSTRACT

About one million children become victims every year and more than 1,200 die as a result of abuse. It has been estimated that the annual incidence of abuse is between 15 and 40 cases per 1,000 children. Despite the severity of the problem and the complication, it is still continued. Ministry of women and child development reported that 73 million boys and 150 million girls under 18 have been subjected to various forms of abuse and sexual violence. There are various risk factors associated with child abuse such as caregiver factor, child factor and environmental factors. The types of child abuse include physical abuse, sexual abuse, emotional or physiological abuse, physical neglect, emotional neglect, medical care neglect and even Munchausen syndrome by proxy is considered as a form of child abuse. As dentists, we have the responsibility to identify and manage such patients in society, with compassion and commitment towards it, Complying with the law and taking steps to limit exposure to liability should also be consistent with the dental professions as a principle of ethics.

KEYWORDS

Child Abuse, dental practice, munchausen syndrome

INTRODUCTION:

Child abuse is the most serious problem in our society. Child abuse is physical injury , sexual violence or psychological maltreatment or neglect of a child by their parents or caregiver. It has been estimated that the annual incidence of abuse is between 15 and 40 cases per 1,000 children.[1] Thus, approximately one million children become victims every year and more than 1,200 die as a result of abuse.[2]Despite the severity of the problem and the complication, it is still continued and highly prevalent. In 2002 there were 53,000 reported cases of child homicide.[2]

In 2007, the Ministry of Women and Child Development (MWCD) released a study report on child abuse in India. The report discusses incidence of child abuse nationwide and reported that 73 million boys and 150 million girls under 18 have been subjected to various forms of abuse and sexual violence. It is been noted that adult survivors of childhood abuse had more medical problems than their non-abused counterparts. According to Studies have been shown that the survivors of childhood abuse are most commonly involved in domestic violence.[4] According to National Crime Records Bureau (NCRB) 109 children sexually abused everyday in india in 2018.[5]

Child pornography is a type of sexual abuse which cannot be ignored In April 2020, India child protection fund (ICPF) reported that there is a increase of 95 % of child pornography content in websites during lockdown period when compared to pre- lock down period.[5] Based on recent reports from childline india helpline, children have been more prone to sexual violence during lockdown. [6]

Dental professionals most commonly see child patients in their day to day practice. With our thorough understanding and knowledge It is our duty to detect such abuses at an early stage to prevent further harm to the child.

RISK FACTORS

Many risk factors appear to operate similarly across all societies, yet there are some, requiring further research, which seem dependent on culture.

The risk factors can be classified as:-

1. **Parental risk factor:** Emotional and social isolation, poor knowledge of parenting, single parent ,history of neglecting and abuse, mental problem etc.
2. **Child factors**- include- Behaviour problems, medical fragilityand non- biologic relationship to the caretaker, prematurity and special needs.
3. **Family and environmental factors-** High local unemployment rates, intimate partner violence in the home, poverty and social isolation or lack of social support.

The risk factors and the protective factors are given in Table- 01. The protective factor should overwhelm to avoid child abuse in future.

Table- 1: Risk factors and the protective factors in child abuse.

RISK FACTORS	PROTECTIVE FACTORS
• Chaotic home environment	• Strong family bonds
• Ineffective parenting	• Parental engagement in child's life
• Little mutual attachment and nurturing	
• Inappropriate, shy or aggressive classroom behavior	• Clear parental expectations and consequences
• Academic failure	
• Low academic aspirations	• Academic success
• Poor social coping skills	• Strong bonds with pro-social institutions (school, community, church)
• Affiliations with deviant peers	
• Perceived external approval (peer, family, community)	• Conventional norms about drugs and alcohol
• Parental substance abuse or mental illness	

DETECTING CHILD ABUSE IN THE 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. Indeed, the history may be the single most important source of information. Because legal proceedings could follow, the history should be recorded in detail. While one should always realize that there are other possible explanations, the possibility of child abuse or neglect should be considered.

Forms of Child Maltreatment: may occur either within or outside the family. The proportion of interfamilial to extra familial cases varies with the type of abuse as well as the gender and age of child. Each of the following conditions may exist as separate or concurrent diagnoses (Figure – 1). The types of child abuse may include physical abuse (Figure 2a and 2b), sexual abuse, emotional or physiological abuse, physical neglect, emotional neglect, medical care neglect and even Munchausen syndrome by proxy is considered as a form of child abuse[5].

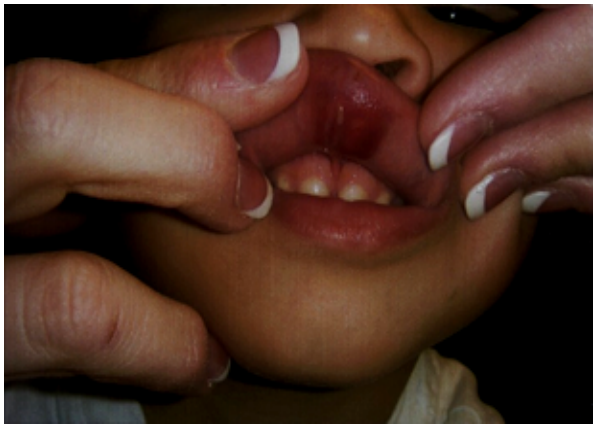

Figure- 1: Identification of abused child in dental office through oral examination

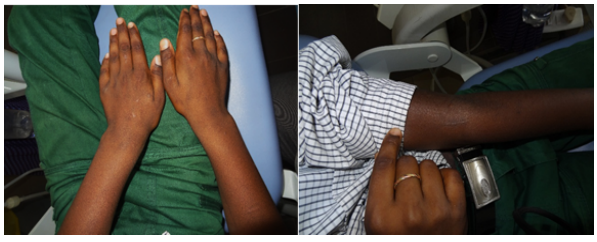

Figure- 2a and 2b: Identification of abused child with signs of injury through extra oral examination

Here in the Figure 1 the patient is been identified by oral examination i.e presence of ulceration in the oral cavity (labial mucosa) corresponding to the history reported. Another case Figure 2a and 2b showing presence of mild bruises in both the arms seen. Other severe forms of bruises on face, neck, back, elbows, wrists, buttocks, knees and ankles should also be taken into consideration through extra oral examination.[6]

MANAGEMENT

Management depends on thorough clinical examination , history, general examination, Dental and diagnostic assessement.

History of injury : when and how? ,who did what?, type of injury, parental reaction etc.

Pattern of injury: Accidental injury can be differentiated with inflicted injury depending upon location, severity,and distribution etc. Before dental examination, dentists should observe for general examination as it may reflect signs of possible child abuse or neglect.

General examination: extra oral injuries, presence of any bruises or abrasions, various injury at different parts of limbs, presence of bite marks etc

Dental examination: Examination includes thorough clinical , radiographic examination,palpation of jaws, pulp test and percussion. Clinical features like oral lesions, tearing of frenum, trauma to the teeth, soft tissue injuries, fracture of jaws should be examined thoroughly.

Dental neglect: child with severe rampant caries,lack of adequate oral healthcare suffers from severe neglect, various consequences like oral pain, and infection which is affecting child's general health and well being adversely.

Treatment / Treatment strategies:

Strategies for treating the abused child are varied and are used as appropriate to the child's presenting problems. Recommended treatment approaches varies depending upon individual needs of children which includes cognitive behavioral modification[9], graduated exposure to aspects of the abusive experience relaxation training, education regarding abuse process and effects of abuse, skills training supportive strategies, teaching self-protective strategies, parental training and clarification of responsibility/blame and offender behaviour.

Although most study , examined the patient only for a shorter duration, and there is no clear guidelines mentioned regarding the length of treatment for the abused child.[10] Clinical treatment involves proper investigation, family counseling, home care and treating the physical , psychological injuries and legal action against the perpetrator.

CONCLUSION

As dentists have a respected and valued position in society because of their compassion and commitment to their patients. By educating themselves on how to recognize signs of abuse and understand what to do when such signs are present, dentists are not only fulfilling their legal and ethical obligations, they are also protecting those in our society who can least protect themselves.

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