

Child Abuse & Neglect: Identification & Immediate Plan of Action of Pedodontist Towards The Child

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ABSTRACT:

Child abuse and neglect are the most heinous crimes committed by the parents or caretakers. An abused child is comparatively more introvert, frightened, and subdued in nature. The fear of abuse in a child deprives him to go ahead, resulting in failure to thrive in life. Being a pedodontist / dentist we are the ones who first come across these children. Not able to identify a child whose been abused by a pedodontist is even a bigger abuse and crime committed by us. This article throws light on role of dental professionals in acquiring a thorough knowledge on child abuse. Apart from identifying the child abuse we should also concentrate on the child's counselling and idea of different bodies to coordinate with to collectively fight against abusers to ensure a happy and carefree childhood .

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I. INTRODUCTION

Childhood – carefree time of life, love and caring. But for many children it is a dream not the reality. Child abuse has become a major social problem worldwide where the children are often maltreated by adults in their lives. These adults could be their parents, caretakers, coaches or perhaps even a health care provider. The first reported case of child abuse occurred on Mary Ellen in 1871 .

According to WHO: "Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Selwyn et al in 1985 defined child abuse as a non-accidental physical injury, minimal or fatal, inflicted upon children by persons caring for them. It is an overt act of commission of a care taker- physical, emotional or sexual. When a child lacks proper support, education, nutrition and health care it is termed as 'neglect' on the part of parents of caretakers.¹

Battered Baby : Selwyn etal defined it as a child showing clinical or radiographic evidence of lesions that are frequently multiple mainly involving the head, soft tissues, long bones, thoracic cage and that cannot be unequivocally explained. In 1946, cafey described six infants with chronic subdural hematoma along with long bone fractures. Early 1960 at the symposium by the American academy of pediatrics, the term BATTERED CHILD SYNDROME was proposed. Henry Kemp in 1962, described 'battered child syndrome' with the following features- fracture of long bones, subdural hematoma ,soft tissue swelling, skin bruising and failure to thrive . Cameron in 1966 was first to examine and describe about the prevalence of injuries sustained in

different sites of body of the physically abused child: 79% in scalp, 59% in neck, 52% - in forehead, 49% in cheek and 48% in lower jaw and right leg.^{1,2}

Child abuse can be categorized into physical abuse, sexual abuse and emotional abuse.

A brief summary on “Study of child abuse in India in 2007”

19% of the world's children live in India. 42% of India's total population are aged below eighteen. Harmful traditional practices like child marriage, caste system, discrimination against the girl child, child labour and Devadasi tradition impact negatively on children and increase their vulnerability to abuse and neglect. This research was covered in 13 states with a sample size of 12447 children (51,9% boys, 48,1% girls; 25,4% from Scheduled Castes, 15.1% Scheduled Tribes, 29.2% Other Backward Classes), 2324 young adults, 2449 stakeholders. 5 evidence groups amongst the study were children in the family environment, children in school, children at work, children in the street, children in institutions. Different forms of child abuse: physical, sexual, emotional abuse, girl child neglect were studied.³

Major findings of the above study included:

Physical abuse

- very little research - physical abuse in India. Only two earlier studies are mentioned
- two out of three children were physically abused
- out of 69% children, 54,68% were boys
- over 50% children in all 13 sample states were being subjected to one or the other form of physical abuse
- The state of Andhra Pradesh, Assam, Bihar and Delhi have almost consistently reported higher rates of abuse in all forms as compared to other states.
- higher percentage of physical abuse was reported among younger children (5-12 years).
- *Family*-88,6% were physically abused by parents.
- *School* -65% of school going children reported facing corporal punishment i.e. two out of three children were victims of corporal punishment.
- *Streetchildren*-66.8% of street children reported physical abuse

Sexual Abuse

- 53.22% children reported having faced one of more forms of sexual abuse.
- Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of sexual abuse among both boys and girls.
- 21.90% child respondents facing severe forms of sexual abuse and 50.76% other forms of sexual abuse.
- Out of the children respondents, 5.69% reported being sexually assaulted.
- Children on street, children at work and children in institutional care reported the highest incidence of sexual assault.
- 50% abuses are persons known to the child or in a position of trust and responsibility.
- Most Children did not report the matter to anyone.

Emotional Abuse and Girl Child Neglect

- Every second child reported facing emotional abuse
- Equal percentage of both girls and boys reported facing emotional abuse
- In 83% of the cases parents were the abusers
- 48.4% of girls wished they were boys.

II. DISCUSSION:

PHYSICAL ABUSE:

According to (WHO): 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.⁴ The parent or caretaker may not have intended to hurt the child. It may, however, be the result of over-discipline or physical punishment that is inappropriate to the child's age. Physical abuse depending upon their severity can be classified into 3 types- mild, moderate and severe. Few bruises, scratches, cuts or scars can be categorised as mild physical abuse. Numerous bruises, minor burns, single fracture as moderate and large burns, CNS injury, abdominal injury, multiple fractures or life threatening injuries as severe physical abuse.⁵

Discipline is systematic training in orderliness to promote emotional and physical well being of the child. Punishment is utilized when discipline fails. Harsh discipline and over punishment soon become abusive. Physical punishment in the name Of corporal punishment is common in our society. Friedman and Friedman beautifully differentiated between the discipline and the punishment. He formulated guidelines for instilling discipline in a child using few physico discipline techniques.⁶

- 1) Utilize only hand.
- 2) Child should only be struck on the buttocks, legs or hands.
- 3) One strike is enough. striking more than once is more to relieve the parents anger than to teach the child discipline.
- 4) Striking is appropriate when child has learnt to walk.
- 5) Physical punishment should not be administered more than 3 times per day.
- 6) Should not be used for aggressive behavior.
- 7) Danger of causing subdural hematoma by vigorously shaking a young infant should be taught to the parents and care takers.

CLINICAL FEATURES OF PHYSICAL ABUSE:

Inflicted Bruises: Bruises in physical abuse of a child can be categorized as Inflicted bruises, Accidental bruises, Unusual bruises and Pseudo bruises. Typical sites for inflicted bruises are: paddling on Buttocks and lower back, slap marks on cheeks, pinch marks on earlobe, forced feeding bruises in upper lip and frenum, toileting mishaps on genitals and inner thighs, choking marks on neck.⁷

Dating of bruises can be characterized by swelling, colour changes. A fresh inflicted bruise within 2 days is usually swollen and tender, it turns red, blue or purple within 5 days and green within 7 days. The bruise turns yellow after a week or 10 days of injury and brown within 2 weeks before clearing of within 2-4 weeks.⁸

Inflicted Bone Injuries: Inflicted fractures of shaft are usually spiral due to damage of metaphysis during wrenching or pulling for e.g Spiral fractures of femur of pre-ambulant child. Radiographic investigations may reveal injuries to multiple bones at different stages of healing due to repeated assaults.^{9,10,11}

Inflicted Eye Injuries: Peri-orbital bruising is most common eye injury during physical abuse. Severe eye injuries such as ocular damage due to dislocated lens, traumatic cataract, detached retina, and retinal hemorrhages. Subdural hematomas is indicative of retinal hemorrhage occurring mainly during shaking baby syndrome, direct head trauma.^{12,13,14}

Inflicted Burns: It constitutes 10% of physical abuse. Burns from hot solid objects are easy to diagnose. They are second degree burns without blister formation and involve only one surface of the body. Shape of the burn resembles its agent and is pathognomonic for child abuse. Cigarette burns are circular, punched out lesions of uniform size and often seen on hands and feet. Hot water burns are indicated by blistering, most common inflicted burns. Immersion burns are also circular type of burns restricted to the buttocks.^{15,16}

Some cultural practices are generally not defined as physical abuse, but may result in physically hurting children. For example: "Coining" or *cao gio*—a practice to treat illness by rubbing the body forcefully with a coin or other hard object. As Howard Dubowitz, a leading researcher in the field, explains: "While cultural practices are generally respected, if the injury or harm is significant, professionals typically work with parents to discourage harmful behavior and suggest preferable alternatives."^{17,18}

MARKS IN PHYSICAL CHILD ABUSE:^{19,20}

Grab marks: commonly caused due to forcibly holding or violent shaking by hands of parent/ caretaker. It is commonly seen on forearm, lower extremities and cheeks of Shaken baby (guthkelch 1971)

Strap marks: They are 1-2 inches wide, sharp-bordered, rectangular bruises of various lengths, sometimes covering a curved body surface. Often caused by belt, buckle or eyelet of a belt.

Lash marks- They are narrow, straight-edged bruises or scratches caused by thrashing with a tree bark.

Loop marks- They are caused by a double- over lamp cord, rope, or fan belt. Distal end of the loop strikes with the most force- breaking of the skin and leaving loop shaped scars.

Linear grab marks- They are mostly seen around the neck and hand due to the pressure from the entire finger.

Pinch marks- crescent shaped marks facing each other.

Slap marks- The finger imprints on the face, back or buttocks

Bizarre marks - They are always inflicted when a blunt instrument is used in punishment with the shape of it resembling the bruise.

Circumferential tie marks- They are seen on the ankles or wrists when the child is restrained.

Gag marks- They are seen as abrasions near the corner of the mouth because of screaming

Bite Marks: Bite is a tear or seize with teeth. These marks are caused by teeth alone or in combination with other oral parts or produced by the antagonist teeth can be as two opposing arch marks. Bite marks can be of 2 types: tooth marks & arch marks. Tooth marks are produced by two or more teeth, Arch marks constitutes of four or five marks of adjacent teeth must be present before a mark can be identified as a human arch mark.²¹

Identification Of Bite Marks:

Bite marks during infancy is a punitive response to crying and soiling, in children it is either due to assault or defense while in adolescents it is more of a sexual orientation. Human bite marks depending upon the set of dentition can be distinguished by its shape and intercanine distance of bite marks. Ovoid shape marks with an inter canine distance of marks <3 cm indicate it as a bite of a young child having primary or mixed dentition.

Elliptical shape marks with inter canine distance of marks >3cm indicate it to be a bite of an adolescent or an adult having permanent dentition.²²

Classification of Bite marks:

Depending on *biting agent* it can be classified as human, animals, mechanical bite marks. Depending on *material bitten* it can be skin, perishable items and non perishable items. Depending on *degree of biting* it can be definite bite marks and aggressive bite marks. According to *Class characteristics of tooth marks* it can be Incisors, Canines and Bicuspid. Bite marks can be further classified depending upon its location, thickness of skin penetration of a bite, duration of a bite, age, sex and vascularity.²³

SEXUAL ABUSE :

According to (National centre on CAN) Sexual abuse can be defined as contacts or interaction between a child and adult, when the child is being used for sexual stimulation of perpetrator or another person. Sexual abuse occurs when a child is engaged in sexual activities that he or she cannot comprehend, for which he or she is developmentally unprepared and cannot give consent, and/or that violates the law or social taboos of society Sexual abuse includes a broad range of sexually oriented activities involving the child and exposing them to sexual stimulation inappropriate for their age and psychological development. When such activities occur between family members it is known as 'Incest' or 'Interfamilial child sexual abuse'. Child sexual abuse which is perpetrated by a non-familial person e.g. a babysitter, family friend, teacher etc. is known as 'Extra-familial abuse'.²⁴

Evidence for suspecting sexual abuse

- Reports by the patient of sexual activities with the parent.
- Early and exaggerated awareness by the patient of sex, with either seductive interest in or fearful avoidance of close contact with others
- Tearing, bruising, and specific inflammation of the mouth or genitals.
- Venereal disease of the eye, mouth in a child under 15.
- Pregnancy and the girl is evasive in naming her partner.
- Behavior problems hinting at conflicts at home.

According to women welfare and child ministry study report on sexual abuse in India[2006]²⁵

1. Out of the total of 2211 respondents, 42% children faced at least one form of sexual abuse or the other.
2. Among respondents, 48% of boys and 39% of the girls faced sexual abuse.
3. The prevalence of sexual abuse in upper and middle class was found to be proportionately higher than in lower or in lower middle class.
4. Sexual abuse was found to be prevalent in both joint and nuclear families.
5. Majority of the abusers were people known to the child and strangers were a minority.(72%)
6. Sexual harassment in public places and exhibitionism was higher by strangers.
7. Sexual abuse of children was very often a pre-planned insidious abuse of a relationship by an abuser over the child.

SIGNS AND SYMPTOMS OF SEXUAL ABUSE

- Being overly affectionate in a sexual way, inappropriate for the child's age
- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Extreme reactions such as depression, self mutilation, suicidal attempts , running away , anorexia etc.
- Being insecure or withdrawn
- Difficulties with friends
- Failure in school
- Isolation from peers

Oral manifestations of sexual abuse include Oral/Perioral gonorrhoea, syphilis, presence of venereal warts due to HPV Infection, Unexplained injury or petechiae at junction of hard and soft palate, Moniliasis and a rarely visible oral infections or injuries. The main drawbacks in identification of sexual abuse by a dentist are attributed to: lack of familiarity with sexual lesions of the oral cavity and perioral regions, variable manifestation of infectious lesion, relatively low occurrence in pediatric dental practice and reluctance of the dental professional to involve in the area of abuse.

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 behavioral, cognitive, emotional, or mental trauma. This can include parents/caretakers using extreme or bizarre forms of punishment, such as confinement in a closet or dark room or being tied to a chair for long periods of time or

threatening or terrorizing a child. It also includes both the active behavior towards a child or the withdrawal of interaction with him. It involves excessive or unreasonable parental demands that place expectations on a child that are beyond his capabilities.

Emotional abuse involves acts of omission like ignoring or passively rejecting a child, and a lack of physical contact with the child. Acts of omission include constant yelling, demoralizing remarks, threatening, terrorizing and bizarre or unusual punishment. Poor self esteem, insecurity, destructive behavior, angry acts, withdrawal, poor development of basic skills, alcohol or drug abuse, difficulty in forming relationship are the indications of child under emotional abuse.²⁶

CHILD NEGLECT :

Child neglect is the continued failure to provide the child with the basic necessities of life i.e. food, clothing, shelter, emotional security, medical and dental care and adequate supervision. Neglect is more of what parents do not do (omission), than what parents do (Commission). it includes:²⁶

1. Health care neglect
2. Dental neglect
3. Safety neglect
4. Emotional neglect
5. Physical neglect
6. Educational neglect.
7. Intentional drugging or poisoning
8. Munchausen syndrome
9. Failure to thrive

HEALTH CARE NEGLECT:

Failure to seek treatment for an medical or dental illness of a child. Parents or caretakers repeatedly ignore health recommendations, stressing more on taboos and religious beliefs.

DENTAL NEGLECT:

According to (WHO) dental neglect is defined as ‘ willful failure of parent or guardian to seek and follow through the treatment, necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection’. Dental caries, periodontal diseases, and other oral conditions, if left untreated, can lead to pain, infection, and loss of function. These undesirable outcomes can adversely affect learning communication, nutrition and other activities necessary for normal growth and development.²⁷

Davis et al. In 1979 considered untreated rampant caries, untreated pain, infection, bleeding or trauma affecting the orofacial region and irregular follow ups as indicators of dental neglect. Caregivers with adequate knowledge and willful failure to seek care must be differentiated from caregivers without knowledge or awareness of the child’s need for dental care. Failure to seek or obtain proper dental care may result from factors such as family isolation, lack of finances, parental ignorance, or lack of perceived value of oral health.²⁸

The point at which to consider a parent negligent and to begin intervention is decided after the parent has been properly alerted by a health care professional about the nature and extent of the child’s condition, specific treatment. The pediatric dentist should determine whether dental services are readily available and accessible to the child when considering whether negligence has occurred.

NUTRITIONAL NEGLECT:

Extreme poverty, depressed mother, single parenting, overwhelmed responsibilities are the few factors responsible for nutritional neglect. Failure to thrive due to nutritional neglect can be defined as an underweight, malnourished condition.

Gaunt faces, Prominent ribs, Wasted buttocks, thin extremities are the evident clinical features of nutritional neglect usually seen in the first 2 years of life. Immediate Nutritional rehabilitation program, hospitalization and unlimited feeding are to be done for these children.

SAFETY NEGLECT:

It occurs due to the gross lack of direct or indirect supervision by parents or caretakers about the safety of the child. This usually involves children younger than 4years of age

EDUCATIONAL NEGLECT:

When a child is devoid of the basic education mainly attributing to the poverty .When child is not enrolled in a school, Dropping out of school and engaging in work can lead to underachievement in acquiring basic skills.

Dirty clothes, skin, bad odour, halitosis, lice, under or malnourished child, Rampant caries, periodontitis, cysts, tumors ,abscesses, untreated problems and diseases, constant sleepiness or hunger, failure of follow-up appointments, failure to follow prophylactic measures, visiting dental offices only at the time of pain and emergency situations are few signs to identify a neglected child.

INTENTIONAL DRUGGING OR POISONING & MUNCHAUSEN SYNDROME BY PROXY:

Administration of few harmful drugs like sedatives, hallucinogenic drugs etc. which are not intended for normal use of a child is known as intentional drugging or poisoning.

Intentional production of physical or psychological symptoms in another person who is under individual's care for the purpose of assuming sick role is known as munchausen syndrome by proxy. Any developmental disturbances in child, mother suffered the same during that age of her child, and to prevent the child from being independent are few causes of these abuses. Parentally fabricated or induced illness in children for e.g. inducing chronic diarrhea in the child with the use of laxatives is most common in munchausen syndrome by proxy.

Bleeding from various sites, recurrent sepsis from injecting contaminated fluids, chronic diarrhea from laxatives, fever and rashes due to rubbing skin and applying caustic substances are the common symptoms while recurrent illness that cannot be explained, discrepancy b/w clinical findings and history, overly protective mother and child seen by multiple hospitals and physician are the warning signs of the abuse.²⁶

SHAKEN BABY SYNDROME:

Shaking a baby is a common form of child abuse. The injuries caused by shaking a baby may not be immediately noticeable and may include bleeding in the eye or brain, damage to the spinal cord and neck, and rib or bone fractures. It is usually done by males and caregivers to calm down a crying child.^{29,30}

DENTAL PROFESSIONAL / PEDIATRIC DENTISTS ROLE IN IDENTIFICATION OF CHILD ABUSE:

A close observation of child and parents is needed to identify the child abuse in any doubtful cases. The various signs signaling the presence of child abuse or neglect are as follows:

The child shows sudden changes in behavior or school performance, has not received help for physical or medical problems brought to the parents' attention, has learning problems or concentration issues that cannot be attributed to specific physical or psychological causes, they are always vigilant as though always ready to face something atrocious, lacks adult supervision, they are overly compliant, passive, or withdrawn, Comes to school or other activities early, stays late, and denial to go home on time.

The parent Shows little concern for the child, Denies the existence of child and blaming the child for his problems in school or at home, Asks teachers / caretakers to use harsh physical punishments on misbehaviour of the child, considers the child as entirely bad, worthless, or burdensome, Demands a level of physical or academic performance the child cannot achieve, Looks primarily to the child for care, attention, and satisfaction of emotional needs

The parent and the child Rarely touch or look at each other, Consider their relationship artificial and entirely negative disliking each other.

American Dental Association in 1998 sponsored a conference called Dentists C.A.R.E (Child Abuse Recognition and Education). Dental professionals may be the first line of defense for the patient by identifying specific head and neck injuries that may be due to abuse. Mandatory reporting requires that dental professionals be cognizant of the reporting regulations in the state in which they live and practice.³¹

Role of Pedodontist is to observe and examine any suspicious evidence of abuse in a child, treat the dental injuries, transfer the child whose life is in danger to the hospital for proper care. Apart from this he should have a thorough documentation of permanent, accurate records like written observation, photographs, radiographs and cast models to be reproduced to the organizations meant for the wellness of abused children.

Child abuse can be diagnosed by the medical / dental professionals by proper history taking of the injury and the introspection of the child and parents in addressing the history of injury to us. Evidence for suspecting physical abuse include : any injury unusual for a specific age group, Battered baby syndrome, Excessive bruising in an area other than traumatic contact areas(shin, elbows, forehead); specific bruising patterns(belt buckle, hand marks, cigarette burns), Evidence of poor supervision and neglect, Verbal threats against the life of the child made by the parent(s) or guardian. The various introspective criteria of the history taking of occurrence of the injuries includes: eyewitness history, unexplained injuries, implausible history, alleged self inflicted injuries, History of previous and recurrent injury, delay in seeking medical or dental care.³²

A thorough examination head, neck and face region including scalp, eyes, ear and nose and body surfaces both exposed and unexposed within limits of dental practice should be done for any signs of abuse. Most common findings in head and neck region are Shaken baby syndrome, Cerebral hemorrhage, Patchy alopecia and bleeding from ears and nose. Burns resulting an instrument form, cigarette burns on face and burns in the oral cavity due to forceful scolding of hot liquids in oral cavity. Inflicted bruises on face and different parts of body, lacerations in the corner of lips or tear marks in the lips region. A traumatized tooth either avulsed, broken or discolored. Some miscellaneous findings include ocular trauma, facial fractures and pinch marks on ear.

Bite marks are also commonly detected in an abused child. A thorough description of bite marks about its site, shape and size is essential along with the victims evidence, photographs, impressions and saliva sampling to detect the abuser.³³

Photograph of the child along with name, date should be taken with the rulers and identification labels placed near injury in different angles. We should also try to take photographs of injuries on other body surfaces to strengthen the case of abuse. A full mouth radiographs like orthopantomograph, cone beam CT is always required to assess any form of fractures in maxilla and mandible due to abuse. Cast models can be helpful in long term study of abuse in case of tissue destruction. Impression should be processed and labeled with patients name, date, type of impression material and cast material used.³⁴

Dental / Health care associations with child abuse and neglect:

- 'CHILD ABUSE PREVENTION AND TREATMENT ACT' signed into law in 1974
- Prevent Abuse and Neglect Through Dental Awareness(PANDA) association began in 1992 in Missouri, involving various dental agencies and organizations across Missouri.³⁵
- **Child Abuse and Neglect and Child Labor (CANCL)** - a group of 9 Indian academy of pediatrics is a positive step towards addressing the problems of these unfortunate victims.³⁶

Legal approach for child abuse:

Key Legislations central to protection of children in India include:

- *Immoral Trafficking (Prevention) Act (1956)*: This act deals exclusively with trafficking of young girls and women-The objective is to prevent, abolish trafficking in women and girls for the purpose of prostitution as an organized means of living.
- *Child Labour Prohibition and Regulation Act (1986)*: Prohibits child labour-in 'hazardous occupations' for children below 14 years of age.
- *Prohibition of Child Marriage Act 2006*: Child marriage is prohibited for children-boys below 21 years and girls below 18 years
- Karnataka Devadasi (Prohibition of Dedication) Act (1982): Prohibits 'dedication' and trafficking of young girls under the devadasi practice.
- Physical abuse: Violence at home: IPC323/ IPC324 and Sexual abuse: IPC376/377.
- There is no law which protects the child against other abuses like emotional or educational abuse.
- Parliament passes CHILD SEXUAL ABUSE BILL ,23 May 2012, New Delhi. The bill seeks to protect children from sexual offences and places the burden of proof on the accused. Parliament approved a bill to protect children below 18 from sexual abuse, set up special courts for speedy trial of cases against them and provide stringent punishment extending up to life term for offenders.³⁷

III. Conclusion:

A child who is underweight and malnourished or abused in any form may exhibit failure to thrive. This is because of lack of attention to the child's needs by parents or caretakers. Being a pedodontist or a dental professional when we come across such abused children our mode of action should be more comprehensive not only limited to the treatment of oral findings. We should aim at immediate withdrawal of the child from abuser and his rehabilitation ensuring a positive and happiness filled life ahead.

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