Child abuse: A concealed sin prevailing in the society

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Abstract
Child abuse is a globally prevalent phenomenon. The child may face abuse which can be physical, emotional, sexual or in the form of neglect. It is the violation of the basic human rights of a child. Root cause of abuse can be family problems, social, psychological or economic causes. It can lead to serious physical and psychological consequences which adversely affect not only the health but also the mind and soul of a child, scarring him or her for lifetime. Children form the vulnerable section of the society in the time of pandemics. With the current COVID situation at hand they are at a higher danger of being maltreated. It is important for us to realize that as dentists we have an indispensable role, duty and obligation to assist in the struggle against child abuse by identifying and reporting it so that it can be curbed from our society.

Keywords: Role of dentists, COVID 19 and child abuse, sexual abuse, reporting child abuse

1. Introduction

“The true character of the society is revealed on how it treats its children”

- Nelson Mandela

Child abuse had been traced far back in history and tragically, it is still prevalent in our so called modern world. It has become a critical issue in the recent years with no geographic and cultural boundaries, indiscriminately spreading among all sections of society. It includes all forms of physical, emotional and sexual abuse of children along with their commercial exploitation which results in actual or potential harm to the child's development and dignity. Ministry of Women & Child Development survey showed that the prevalence of all forms of child abuse is extremely high in India- physical abuse (66%); sexual abuse (50%) and emotional abuse (50%) \(^1\).

With the advent of the pandemic, there has been an unprecedented surge in the cases of all forms of abuse in India. This burning issue needs to be addressed as soon as possible. The oral cavity may be a central focus for physical abuse because of its significance in communication and nutrition. Therefore dentist have an indispensable role to play when it comes to both the identification and reporting of child abuse \(^1\).

2. Prevalence

According to World Health Organization, nearly 3 in 4 children or 300 million children, aged between 2 to 4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and care givers. The Union Ministry of Women and Child Development (MWCD) conducted a study in 2007 to make an assessment of the incidence of child abuse nationwide. The study showed that children between the age group of 5-12 years were at the greatest risk for abuse and exploitation \(^2, 3\). Amongst the 12,447 children who were interviewed, 53 percent reported of experiencing sexual abuse \(^4\). A recent data that was released by the National Crime Record Bureau brought to attention the fact that there was a 70% rise in rape and abduction of minors and 40% rise in case of dissertation of children \(^2, 4\).
3. What is child abuse?
Child abuse is an illness which is prevalent throughout the world. According to the World Health Organization “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” [5].

Child abuse involves emotional, physical, economic and sexual maltreatment faced by a person less than eighteen years of age. With the modernization of the society, changing trends of life and socio-economic transitions in the society, children have become extremely vulnerable to various and newer forms of abuse. Child abuse is a violation of the basic human rights of a child. It can be the consequence of family problems, social, psychological and economic causes [5].

Social and economic consequences and actions in adulthood are directly related to the conditions which were faced in the childhood by the individuals. These events provide a background in which child abuse arise. Abuse during the formative years damages the development of the cerebral cortex and limbic system which contributes to a group of later cognitive, academic, psychological and relationship problems that may make way into adulthood of the abused child [6].

India is a part of a number of human rights organizations including International Society for protection of Child Abuse and Neglect, The International Covenant on Civil and Political Rights, The Convention on the Rights of Child and Child Welfare Committee etc., which provide specific protection to children [1].

4. Types of child abuse
World Health Organization describes different kinds of abuse faced by the child as follows:

4.1 Physical abuse
It is the infliction of physical injury on a child. It may include burning, hitting, kicking, punching, shaking, or any other act of harming a child. It may be the result of over-discipline or physical punishment that is inappropriate to a child’s age. It may or may not have been done with the intention of hurting the child [5, 7].

4.2 Sexual abuse
Improper sexual behavior with a child can be considered as sexual abuse. To be termed child abuse these acts should have been committed by a person responsible for the care of a child or related to the child. If committed by a stranger then these acts are considered sexual assault [5, 7].

4.3 Emotional abuse
It can be in the form of verbal abuse, mental abuse, and psychological maltreatment. Actions or failure to act by parents or caretakers that have caused or could cause serious behavioral, cognitive, emotional, or mental trauma to a child can result in emotional abuse. This can include abuse inflicted on the child by the parents/caretakers using extreme and/or bizarre forms of punishment, such as confinement in a closet or dark room or being bound to a chair for long periods of time or threatening or terrorizing a child. Using derogatory terms to describe and humiliate the child, habitual tendency to blame the child are the other forms of emotional abuse [5, 6].

4.4 Neglect
It is the failure to provide a child with the basic necessities for life. Neglect includes physical, educational, or emotional components. Physical neglect can include not providing adequate food or clothing, appropriate medical treatment when required, supervision or in the worst case the abandonment of the child. Educational neglect includes failure to provide schooling. Psychological neglect includes the lack of emotional support and love, never attending to the child, substance abuse including allowing the child to participate in drug and alcohol use [5, 6].

5. Risk factors associated with child abuse
Child abuse is multifactorial in its cause. It is the interplay between the interactions of multiple risk factors. Some of them include [6, 7]:

- Children with disabilities, developmental disorders; chronic illnesses; mental retardation and handicapped children.
- Unwanted pregnancy; lack of parenting knowledge, child health, and development.
- Parental history of depression or history of child abuse within a family.
- Poverty and associated burdens.
- History of substance abuse by parents or caregiver.
- History of parents or caregiver poor mental health.

One of the evil consequences of pandemics that has been historically witnessed and reported is an increased risk of child abuse. Some of the factors exacerbated during this pandemic include financial stress, mental illness, social isolation have increased the incidence of child abuse. With the current COVID situation at hand, there has been an increase in mental trauma due to loss of loved ones, restricted financial activities, school closures making children stay at home where they might not be given the care they require. There has been an increase in events of psychological distress; depression, anxiety, and posttraumatic stress disorder. Further, the need of social distancing as increased isolation and has restricted the involvement of extended family and community support which has increased the incidence of abuse drastically [3, 7].

6. Role of dentist in the identification of child abuse
Dentists have an indispensable role in identifying children who have been exposed to abuse when compared with other health care professionals. The reason behind this is the fact that the approximately 50–75% of all reported cases of physical child abuse presented with oro-facial trauma. Routine visit of the children to dentist usually last around 45 minutes. During this time the dentist converses, observes, and provides treatment to the child. This provides them an opportunity to observe and report any suspicions of child abuse [1, 8, 9].

The dentist’s responsibility in preventing child abuse and neglect was first addressed back in the 1970s [1]. In 1993 American Dental Association (ADA) added recognition and reporting of perioral signs of child abuse to its Principles of Conduct and Code of Ethics.

The aim of reporting child abuse is to identify children who are suspected to be victims of abuse and to prevent them from facing further abuse in the future. Without this the children may remain victim for the rest of their childhood [1, 8, 9].

Under the Section 21(1) of the Protection of Children from Sexual Offences (POCSO) Act, 2012 it is mandatory to report cases of child sexual abuse to the law enforcement authorities. It states that everyone including parents, doctors, and school
personnel should report suspicious cases of child abuse and failure to do so offence under this act [1, 8].

7. Identifying of child abuse at the dental clinic

Documentation of the interactions conducted with the child and parents forms the first and important step in recognizing and reporting of child abuse. Assessment of the child should begin as soon as he or she walks into the clinic. If an injury which is uncommon for the child’s age is observed, proper history should be taken. Open ended and non-threatening interview should be conducted with both the child and caregiver. Any conflicts in answers should be recorded [10, 11, 12].

Some of the behavior patterns which should alarm the dentist include the following [11, 12]

- Child displays passive behavior and is weary of adult contact.
- Child seems to be frightened of their parents and afraid to go home.
- Child seems overly aggressive, violent, demanding or displaying abusive behavior or may exhibit dramatic mood changes.
- Extremely overprotective parents of their child.

A thorough and detailed examination of oral and perioral areas is needed in children who are being suspected of facing abuse. Lips might show lacerations or scars which might be inflicted from trauma, burns, bondage marks on the corners of the mouth due to forcible gag placement. Unexplained petechiae and bruises specifically at the junction of the hard and soft palate might be present. Floor of the mouth might show the presence of contusions. Fractured and non-vital teeth from non-accidental trauma and missing or displaced teeth for which there is no obvious explanation are often indicators of abuse [1, 12, 13].

Other indicators include- lacerated frenum which could occur due to forced feeding or from blunt trauma, tongue could be scarred or may show an abnormal mobility from repeated trauma or damage from forcibly biting down on to it. Oral mucosa might show burns injury from caustic substances or scalding liquids which appear as white sloughing. The child may thus have difficulty in swallowing. Unexplained healed or recent fractures also might be indicative of child abuse. Children may present with venereal warts, HIV-associated lesions, or any STDs. Injuries, bruises, and hand cuff marks more likely to result from abuse [1, 13, 14].

8. Consequences of child abuse

Abuse if not identified, reported and halted can have catastrophic, long-lasting ill effects on the victims mind, body and soul. Lingering effects can take toll on the child both physically and mentally. The physical health consequences include impaired brain development and poor physical health. Psychological consequences include impaired psychological attachment to parents, poor mental and emotional health, cognitive difficulties, and social difficulties. Behavioral consequences include juvenile delinquency, adult criminality, substance abuse, and aggressive behavior [15, 16].

9. Role of dentist in reporting a case of child abuse

Diagnosing and identifying a suspected case of child abuse or neglect is the first step that is to be taken by the dentist. Dentists must be prepared to take immediate remedial action on behalf of the victim [1, 17]. A report of child abuse should contain the following information- the names and home address of the child and the child’s parents or caregivers who are believed to be responsible for the child’s care, the age of the child, the nature and extent of the child’s injuries, including evidence of any previous injuries [1, 18]. The identity of the individuals responsible for the abuse or neglect to the child, if known should be reported as well. Documentation of all the aspects of interviews of the dentist with the child and parent need to be presented [1, 19]. Record of the comments made by the child and parent explaining the occurrence of injury should be present in the report along with the signature of a witness to the injuries and interviews [1, 20, 21].

Routine visit of the children to dentist provides the dentist with the opportunity to observe, converse, treat and to report any suspicious child abuse case to the appropriate authorities i.e. the police or the Governmental and Non-Governmental organizations [5].

10. Conclusion

Dental professionals must be aware of the social and legal aspects of child abuse and neglect. Dental abuse and dental neglect are serious components of child maltreatment. Educating professionals to recognize child abuse and neglect is only half the victory in this long battle of eliminating this sin from the society. Encouraging them to make the required reports associated with abuse is the other half. Whenever dentists suspects abuse, they should report it. One such report may not be enough to put an end this sin from the world but definitely every step taken by us will surely end it one day.

11. References

1. Patil B, Hegde S, Yaji A. Child abuse reporting: Role of dentist in India – A review. J Indian Acad Oral Med Radiol 2017;29:74-77.
2. Gupta N, Aggarwal NK. Child abuse. Delhi Psychiatr J 2012;15:416-419.
3. Kacker L, Vardan S, Kumar P. Study on Child Abuse: India. Ministry of Women and Child Development, Government of India 2007.
4. Malhotra S, Gupta V, Alam A. Child abuse and neglect: Role of dentist in detection and reporting. J Educ Ethics Dent 2013;3(1):2-5.
5. World Health Organization: Report of the Consultation on Child Abuse Prevention; Geneva 1999.
6. Glaser D. Child abuse and neglect and the brain — A review. J Child Psychol Psychiatry 2000;41:97-116.
7. Nagelberg RH. Child abuse awareness in the dental profession. Dental Econ 2015;105:1-9.
8. Krisopher KT, Jain N. Child abuse and neglect in the COVID-19 era: A primer for front-line physicians in British Columbia. BC Medical Journal 2020;62(7):238-240.
9. Somani R, Kushwaha V, Kumar D, Khaira J. Review paper- Child abuse and its detection in the dental office. J Indian Acad Forensic Med 2011;33:361-5.
10. Weidinger DK. Infant & your health – Dental team’s responsibility in reporting child abuse and neglect. Arizona Department of Health Services. https://www.azdhs.gov/prevention/womens-childrens-health/oral-health/#infant-youth-reporting-abuse.
11. Schmitt BD. Types of child abuse and neglect: an overview for dentists. Pediatric Dentistry 1986;8(1):67-71.
12. Manavazhagan D, Ahmed N, Uma Maheswari TN. Dental neglect in pediatric patients among Indian population: A review of case reports. Int J Forensic Odontol 2016;1:4-8.
13. Chopra A, Gupta N, Rao NC, Vashisth S. Harbingers of child abuse: A complex healthcare issue for dentistry. SRM J Res Dent Sci 2013;4:64-8.
14. Vijayan A, Jayarajan J, Fathima BN, Shaj F. Detecting child abuse and neglect-Are dentists doing enough to identify the dirty secret? Int J Prev Clin Dent Res 2014;1:85-92.
15. Vidhale G, Godhane AV, Jaiswal K, Barai M, Naphde M, Patil P. Role of dentist in child abuse and neglect: An Indian perspective. Int J Dent Med Res 2015;1:224-225.
16. Azevedo MS, Goettems ML, Brito A, Possebon AP, Domingues J, Demarco FF et al. Child maltreatment: A survey of dentists in Southern Brazil. Braz Oral Res 2012;26:5-11.
17. Ramazani N. Child dental neglect: A short review. Int J High Risk Behav Addict 2014;3:1-4.
18. Singh V, Lehl G. Child abuse and the role of a dentist in its identification, prevention and protection: A literature review. Dent Res J 2020;17:167-173.
19. Needleman HL. Orofacial trauma in child abuse: Types, prevalence, management and the dental profession’s involvement. Pediatr Dent 1986;8:71-80.
20. Vadiakas G, Roberts MW, Dilley DC. Child abuse and neglect: Ethical and legal issues for dentistry. J Mass Dent Soc 1991;40:13-15.
21. El Sarraf MC, Marego G, Correr GM, Pizzatto E, Losso EM. Physical child abuse: Perception, diagnosis and management by Southern Brazilian pediatric dentists. Pediatr Dent 2012;34:72-76.