

Beware: Is a child abuse case landing in your clinic

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Abstract

Aim: This study aimed to evaluate the knowledge, attitude, skills and preparedness of dentist to recognise a case of child abuse landing in their dental operatory.

Materials And Methodology: A cross-sectional survey was carried out in April 2020 on 100 dental graduates who had done post graduation from Delhi NCR. A 10 question based questionnaire was developed to assess their knowledge, awareness and skills . Data were subjected to appropriate statistical measures and analyzed.

Result: 75 % of the dental graduates were aware that dental neglect is wilful failure of parent or guardian to seek and follow through necessary treatment. 70.83% of dentists were aware in differentiating between accidental fall and child abuse as accidental falls lead to uniplanar (i.e located on the front surface of the body) as compare to physical abuse which lead to multiplanar injuries .

Conclusion: An alert and knowledgable pedodontist can report a case of child abuse contributing to identification of violent cases and early intervention. It is important to

educate all health care providers (including dental providers) to be well aware of signs and symptoms of child abuse and neglect and know how to respond

Keywords: child abuse, dental neglect, bite marks

Introduction

Unfortunately children are exposed to multiple kinds of maltreatment that manifest in the mouth and around oral tissues so dental providers need to be aware of how to evaluate and address these concerns and child abuse , maltreatment or violence represents serious violation of the childs basic right.¹

The earliest recognition of child abuse case relates to Caffey ,American Radiologist and Pediatrician which was named as Battered Child Syndrome by Kempe in 1962 who described it as an accurate nosological entity of physical maltreatment.²

Child abuse and neglect is defined by the Federal Child Abuse Prevention and Treatment Act (CAPTA) formed in 1974 and amended and reauthorized by the CAPTA Reauthorization Act of 2010, as “Any recent act or failure

to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm.”³

Child neglect(CN) was described by Greenbaum et al as a failure of primary caregivers to meet the basic intellectual, physical, emotional needs of a child though no clear indication is given as what needs to be done or how long to cause immediate and potential harm.⁴

Dentist are in a better position to recognize child abuse and neglect as 50-70% report with lesions involving craniofacial areas, head and face.⁵

This study was done to assess the skills, knowledge, attitude, awareness and preparedness of dental professional in handling and reporting a case of child abuse .

Materials And Methodology

A cross-sectional study was conducted through a email based questionnaire on 100 dentists who had done their graduation from Delhi NCR. The survey was conducted in two phases (survey tool development and data collection) for a period of 3 days to the contacts of the two invigilators .

Survey tool development

A 10 item questionnaire was framed on dentist background such as gender and professional years of experience to check preparedness on managing a case of child abuse or dental neglect and taking legal action against child abuser. A 3-point scale was made to analyze the attitude, awareness, knowledge and skills of dental specialists by marking options A ,B and C .To remove any bias the setting of the survey was that one device could only take the survey once.

Data collection

1. What is your gender?	A.MALE	B.FEMALE
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Questionnaire	A	B	C
2. Do you know dental neglect which is wilful failure of parent or guardian to seek and follow through necessary treatment to ensure oral health for adequate function and freedom from pain and infection forms a part of Child abuse and neglect cases?	Yes I am aware	No I am unaware	Never thought on this line
3. Are you aware as an healthworker about the new legislation,Protection of Children from sexual offenses (POSCO) act 2012 which requires mandatory reporting of cases of sexual abuse under 18 years failing which they can penalized?	Yes I am aware	No I am unaware	Have not read about the new guidelines
4. Do you know the childline telephone number for reporting child abuse cases?	1091	1098	1099
5. Do you know easily	Yes I	No I am	Sometimes

detectable untreated rampant caries, untreated bleeding or trauma, extraordinary delay in seeking care to injury, family which doesn't discuss circumstances of injury and lack of continuity amount to Dental Neglect?	am aware	unaware	
6. Are you aware about PANDA,NPAC and DPAV organisation working for child welfare??	Yes I am aware	No I am unaware	Have heard about one of them
7. Do you know that difference between accidental fall is that it is uniplanar(i.e located on the front surface of the body) as compare to physical abuse which are multiplanar?	Yes I am aware	No I am unaware	Neutral
8. Are you aware of the Sexual and Physical Abuse Questionnaire (SPAQ)?	Yes I am aware	No I am unaware	Neutral
9. Are you aware of Munchausen Syndrome by Proxy disease severity as mild, moderate and severe?	Yes I am aware	No I am unaware	Neutral

10.Do you check for bruises, belt marks, discomfort while moving chair in supine position in a suspect for child abuse?	Yes I do notice	No I don't	Often I do
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Statistical Analysis

The dental specialists' knowledge, awareness of recent advances, skill, and attitude on managing and reorting child abuse case was done givings 3options for each of the following 10 questions.

Result

S.N	A	%age	B	% age	C	% age	Skipped
Q1	28	29.17%	68	70.83	0	0	0
Q2	72	75%	12	12.5%	12	12.5	0
Q3	64	66.67%	8	8.33%	24	25%	0
Q4	12	18.18%	36	40.91	36	40.91%	8
Q5	80	83.33%	12	16.67%	0	0	0
Q6	20	20.83%	64	66.67%	12	12.5%	0
Q7	68	70.83%	20	20.83%	8	8.33%	0
Q8	8	16.67%	64	66.67%	16	16.67%	0
Q9	40	41.67%	48	50%	8	8.33%	0
Q10	36	37.5%	40	41.67%	20	20.83%	0

Table 1 : The percentage of dentist that choose option A,B and C for particular questions.

Out of n= 96 dental graduates who took part in survey 29.17% were male and 70.83% were female (**Figure 1**).

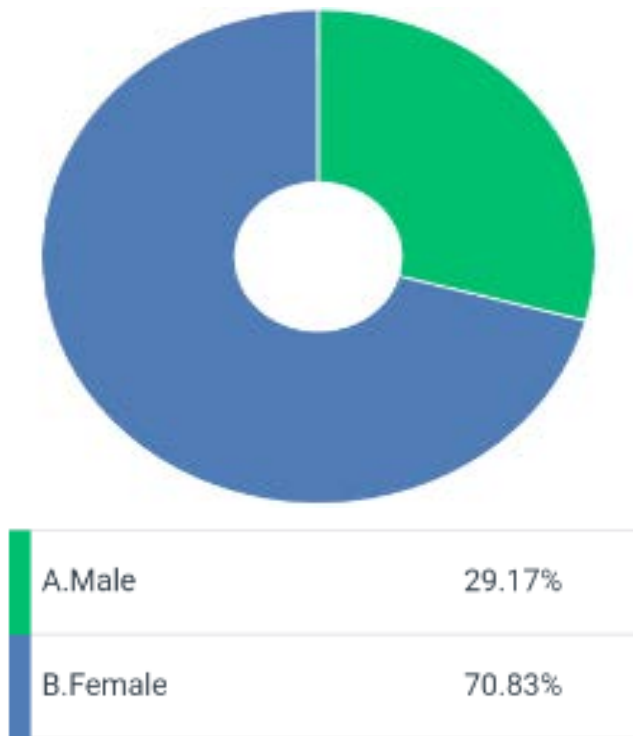


Figure 1

75 % of the dental graduates were aware that dental neglect is wilful failure of parent or guardian to seek and follow through necessary treatment to ensure oral health for adequate function and freedom from pain and infection and it forms a part of Child abuse and neglect cases. (Figure 2) (Table 1).

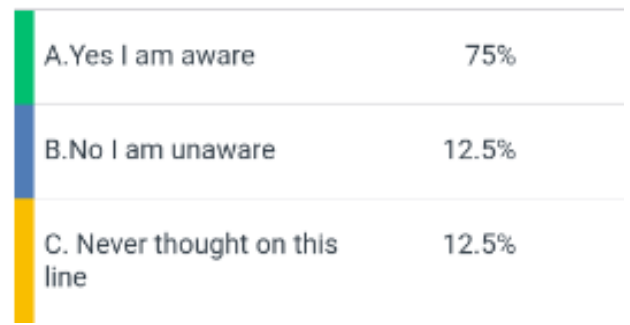


Figure 2

66.67% were aware of POSCO guidelines 2012 which requires mandatory reporting of cases of sexual abuse under 18 years failing which the dentist can be penalized. 25% had not heard about the new guidelines (Figure 3) (Table 1).

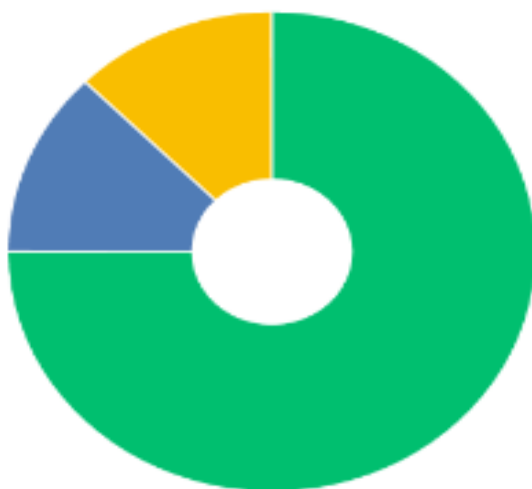


Figure 3

40.91% were aware of the childline telephone number for reporting child abuse cases and 40.91% got confused and said 1099 instead of 1099 (Figure 4).

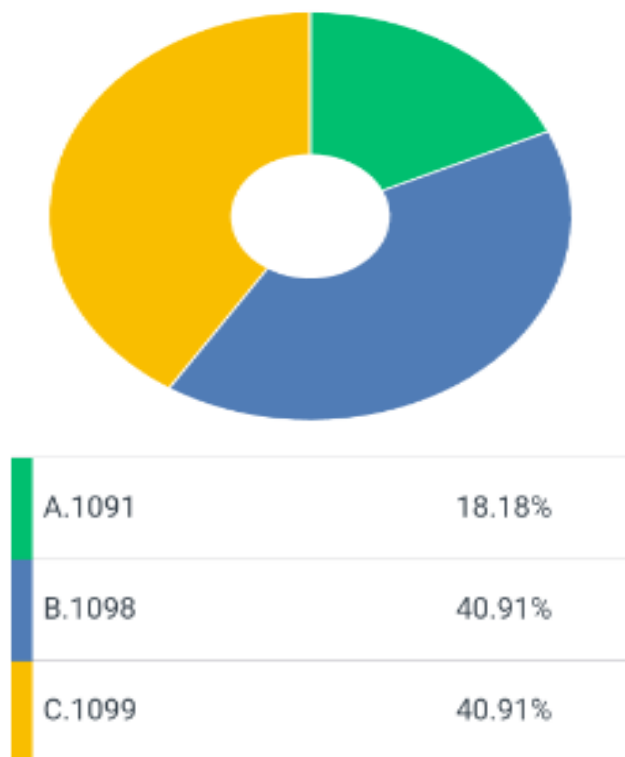


Figure 4

83.33% were aware that easily detectable untreated rampant caries, untreated bleeding or trauma, extraordinary delay in seeking care to injury, family which doesn't discuss circumstances of injury and lack of continuity amount to Dental Neglect.(Figure 5) (Table 1).

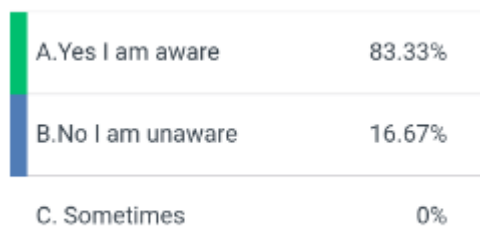


Figure 5

20.83% were aware about PANDA, NPAC and DPAV organisation working for child welfare and 66.67% were unaware about these organizations working for child behaviour.(Figure 6)

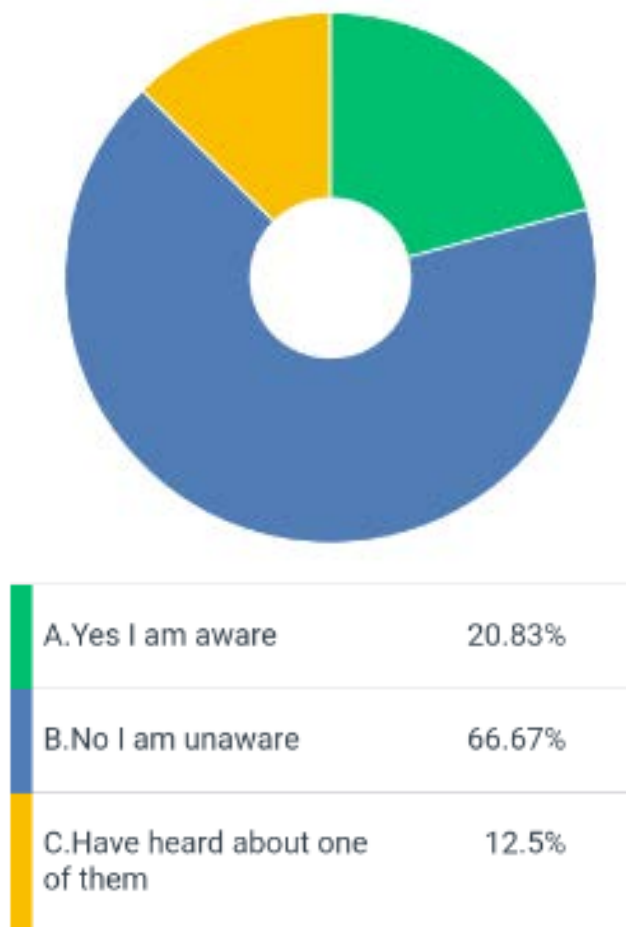


Figure 6

70.83% were totally aware how to differentiate between accidental fall and child abuse is that former is uniplanar(i.e located on the front surface of the body) as compare to physical abuse which are multiplanar.(Figure 7).

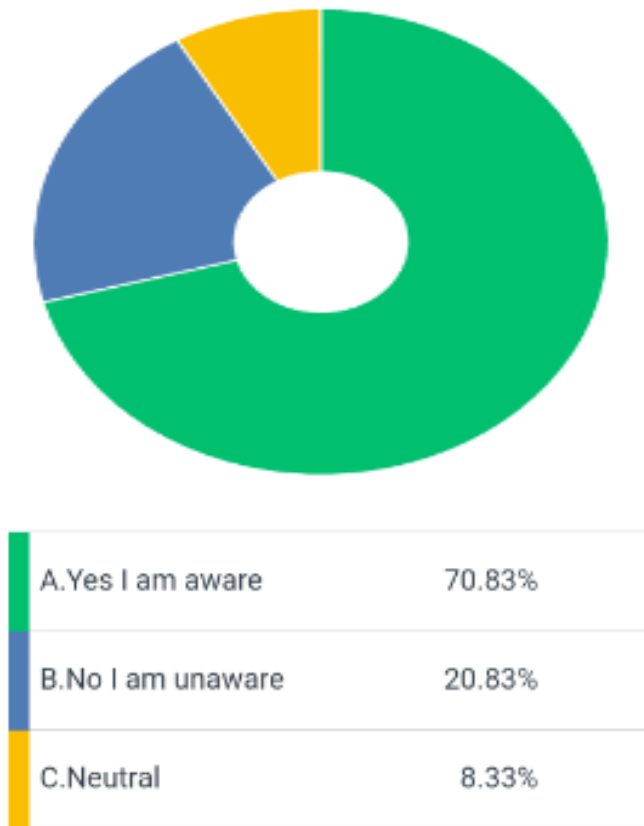


Figure 7

16.67% of dentists were only aware about SPAQ questionnaire the sexual and physical abuse questionnaire (Figure 8).

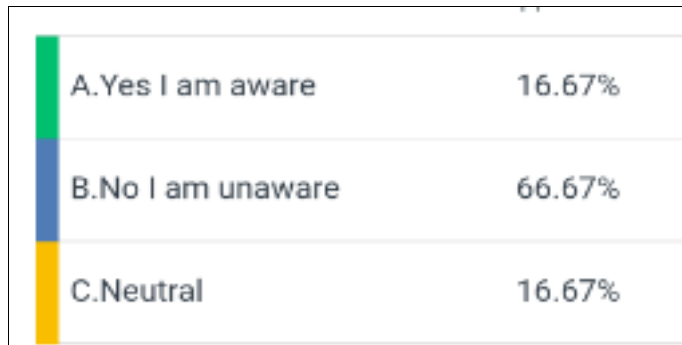
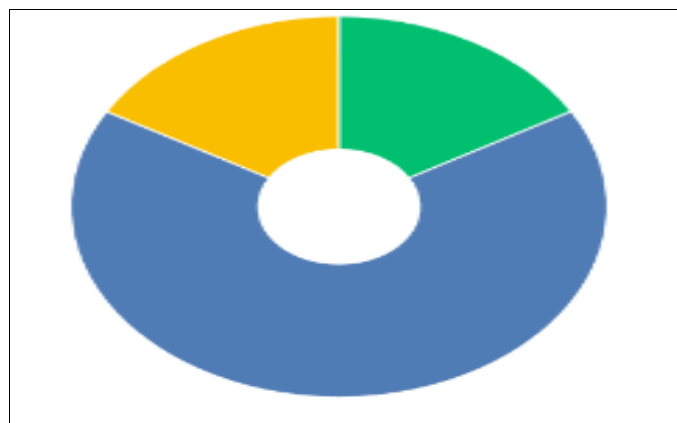


Figure 8

50% were unaware about Munchausen Syndrome by Proxy disease severity as mild, moderate and severe.(Figure 9) (Table 1).

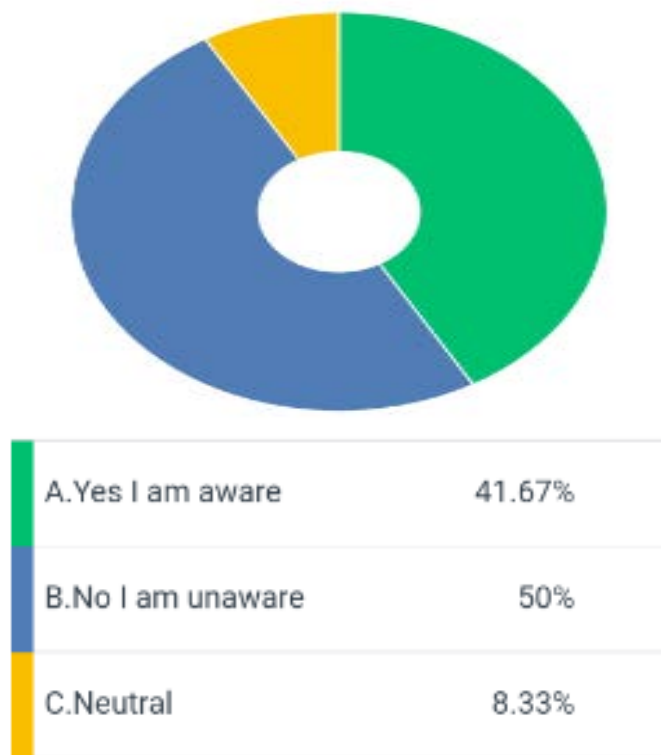


Figure 9

41.67% of the dentists said that they check for bruises, belt marks, discomfort while moving chair in supine position in a suspect for child abuse.(Figure 10).

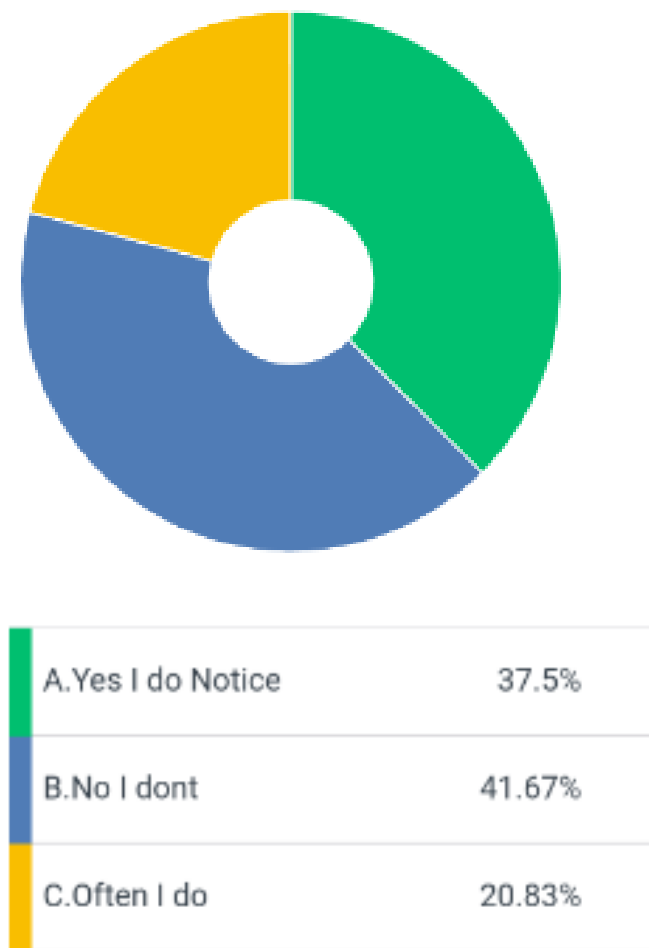


Figure 10

Discussion

Gill in 1968 defined Child abuse as “Nonaccidental physical injury, minimal or fatal, inflicted upon children by persons caring for them.” Oral cavity has an important role in communication and nutrition thus becomes a central focus for physical abuse.⁶ Oral injuries around lip, tongue oral mucosa, teeth and gingiva may be inflicted with eating utensils or a bottle during forced feedings, or by hands and fingers, caustic substances and scalding liquids.⁷

Dental Neglect which also is a type of child abuse covers failure to seek or obtain proper dental care in a child and is influenced by factors like family isolation, lack of finances, transportation difficulty, parental ignorance, or

lack of perceived value of oral health.⁷ Munchausen syndrome by Proxy consisting of deliberately fabricating, inducing or exaggerating an illness most frequently by mother has been seen.⁸

Threat on a girl child's face after placing rubber dam can be an alarming sign for the dentist as the girl may have undergone sexual abuse in past and rubber dam might symbolise to her hands held over the mouth.⁶ Many a times dentist can himself be labelled as an abuser if he resorts to slapping, using offensive language, use of inappropriate gestures, applying physical restraint without parental consent and when he misuse/overabuse drugs.

Sexual and Physical Abuse Questionnaire (SPAQ) is designed as a screening instrument to assess the prevalence of sexual and physical abuse related to the age-period in both men and women.⁹ Various acts for protection of children are Rights of Children to Free and Compulsory Education Act 2009, Juvenile Justice Act 2015, POSCO (Protection of Child from Sexual Offences) Act 2012 And Child Labour Amendment Act 2016.¹⁰

Knowing about the environment in which a child is growing by a dentist can lead to working out a preventive effort to protect the vulnerable children from abusers.

Conclusion

A cooperative environment between alert dental care professionals with law enforcement officials help in making best informed decision about the child suffering from maltreatment. Any negligence should be reported to the appropriate child protective services agency so that best decision can be taken in favour of child. In suspected cases when consultation arises pediatric dentist or a dentist with formal training in forensic odontology can ensure appropriate testing, diagnosis, and treatment.

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