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Effect of child abuse on dental treatment needs

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Abstract

Introduction: According to the World Health Organization, child abuse and neglect is "every kind of physical, sexual, emotional abuse, neglect or negligent treatment, 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".

Is it usual for a Pediatric Dentistry patient (child or adolescent) to be abused or neglected? Should a member of the staff be able to spot these abused patients? The child's maltreatment will have an effect on how he or she behaves in the dental clinic or office. Hence this study was undertaken to evaluate the effect of child abuse on behavior of children in dental clinic.

Methodology: Using the modified child dental anxiety scale, a random survey of 245 predominantly Pediatric dentists was conducted to compare the behavior of children aged 6 to 12 who had been victims of child abuse to normal children who had gone for an usual dental checkup. The DMFT and dmft indices were assessed using a blunt explorer and a flat dental mirror in both groups utilizing a tactile and visual technique. A complete medical history was collected, including any previous injuries.

Results: In the primary dentition, there was a statistically significant difference between the abuse victims and the control children in terms of dental caries, but there was no statistically significant difference between the two groups in terms of the permanent dentition. Tooth fractures (TF) (43%) were the most common oral injuries in cases of suspected child abuse, followed by oral bruises (OB) (17%), oral lacerations (OL) (12%), mandible or maxilla fractures(M/MF) (18%), and mouth burns (MB) (10%). When compared to healthy children, abused children have a higher level of anxiety.

Conclusion: Dentists should be given the necessary expertise to recognise certain lesions and effectively handle the problem. A well-prepared and knowledgeable oral healthcare provider is a critical pillar in minor protection.

Keywords: Child abuse, modified child dental anxiety scale

Introduction

According to the World Health Organization, child abuse and neglect is "every kind of physical, sexual, emotional abuse, neglect or negligent treatment, 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".[1]

In our society, children are often too frequently victimized by adults. These people might be their parents, caretakers, youth leaders, coaches, or even a health professional. The number of children who have been abused and/or neglected, and the number of children that die as a direct result of abuse, is usually underreported. It's essential to mention that child abuse covers much more than the physical abuse we see in our dental patients. (Emotional abuse, verbal abuse, sexual abuse, including Web child abuse).[2]

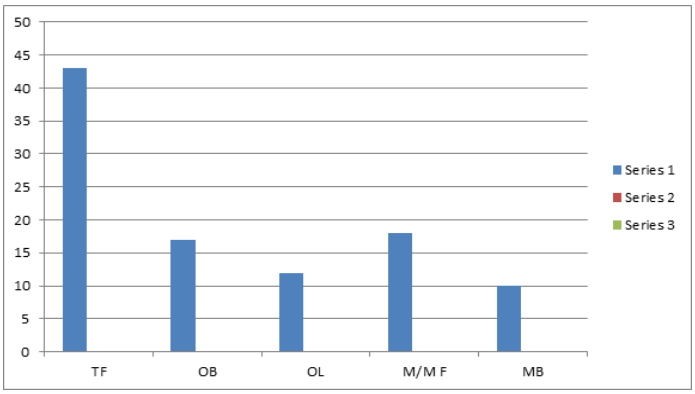
Is it usual for a Pediatric Dentistry patient (child or adolescent) to be abused or neglected? Should a member of the staff be able to spot these abused patients? The child's maltreatment will have an effect on how he or she behaves in the dental clinic or office. This could range from being withdrawn and quiet to acting out and refusing to comply. Hence this study was undertaken to evaluate the effect of child abuse on behavior of children in dental clinic.

Methodology

Using the modified child dental anxiety scale, a random survey of 245 predominantly Pediatric dentists was conducted to compare the behavior of children aged 6 to 12 who had been victims of child abuse to normal children who had gone for an usual dental checkup.[3] The DMFT and dmft indices were assessed using a blunt explorer and a flat dental mirror in both groups utilising a tactile and visual technique.[4] A complete medical history was collected, including any previous injuries.

Results

In the primary dentition, there was a statistically significant difference between the abuse victims and the control children in terms of dental caries, but there was no statistically significant difference between the two groups in terms of the permanent dentition. Abused children under the age of 12 had a caries prevalence of 53 percent, which was higher than the prevalence in children who had not been victims of violence; additionally, the former were more likely to have untreated carious teeth than the latter. Maltreatment should be suspected if there is an incomplete history or inadequate explanations of injuries. Delay in seeking treatment, a history of multiple injuries, an adult other than the parent(s) requesting treatment, and injuries reported to a sibling are all probable symptoms of abuse, especially when clinical findings and the narrative supplied contradict each other. Tooth fractures (TF) (43%) were the most common oral injuries in cases of suspected child abuse, followed by oral bruises (OB) (17%), oral lacerations (OL) (12%), mandible or maxilla fractures(M/MF) (18%), and mouth burns (MB) (10%). When compared to healthy youngsters, abused children have a higher level of anxiety.



Discussion

The psychological patterns as a consequence of child abuse are numerous and many can persist even during adulthood. One of these is the fear of dentists. Dental phobia is an indicator of oral health. Patients suffering dental phobia do not typically get regular checks, suffer from more oral health problems and would only meet their dentists when they require treatment. Some signs of dental phobia are easily detected. Patients usually voluntarily say they feel nervous. Dentists can observe physiological reactions during treatment. Other factors are harder to detect, such as lack of trust or negative reactions to physical intimacy. There is a significant link between the fear of the dentist and child abuse arising from the similarity between situations of abuse and dental treatment.[5-7] Victims of sexual abuse can associate certain situations during dental treatments with traumatic memories. In both situations, the minor is left alone with a more powerful individual that then positions them horizontally, anticipating or experiencing pain. When dental instruments are placed into their oral cavity, over 90% of victims of forced oral sex describe deep dental anxiety, fear of being confined in the dental chair, fear of drowning, and nausea. As a result, dentists must tailor their treatment plans to the specific needs of victims of sexual child abuse in order to provide the best dental care possible. The need to lie down to receive treatment, the presence of objects in their mouths, the feel of the dentist's hand over their mouths and/or noses, the inability to breathe or swallow, the perception of loss of control, and the fear of upsetting the dentist are all common fears reported by the victims.[8,9]

Communication, trust and a loss of control are all issues that children who have been abused face. Stress-related dental disorders including bruxism and excessive tooth wear and sensitivity, as well as migraines, poor sleep habits, and periodontal disease, are all common in these kids. When a dentist's hand(s) is placed over the mouth and/or nose, or when certain types of treatment, such as imprints or the use of a rubber dam, these children become more anxious. They demonstrate a fear of not being able to breathe, swallow, or be sick during treatment, a fear that the treating dentist will become angry or impatient with them during treatment, a fear that an anxiety or panic attack will occur and the patient will act irrationally, resulting in extreme embarrassment.[10]

Conclusion

Children can be subjected to a variety of sorts of abuse, each of which has various effects on the oral cavity and teeth. As a result, dentists may be the first to notice them. As a result, dentists should be given the necessary expertise to recognise certain lesions and effectively handle the problem. A well-prepared and knowledgeable oral healthcare provider is a critical pillar in minor protection. When it comes to child abuse, a responsible dental staff follows the 4 Rs - recognise, record, report, and refer.

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