Research Article

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Child Abuse and Role of the Paediatric Dentist

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ABSTRACT

Background: Child abuse is the physical, sexual and emotional maltreatment or neglect of children. Dentists especially Pediatric Dentists are in an ideal position to help detect signs of child abuse and should be able to recognize those signs.

Aim: To assess the preparedness of the Pediatric Dentist in identifying a potential case of child abuse and ability to report the same and to give an insight about the vital signs of an abused child (esp. the girl child in India).

Methodology: The study was conducted in two major cities of India, wherein 50 randomly selected Pediatric Dentists were sent a questionnaire on child abuse and the role they can play to identify.

Results: Out of 55 questionnaires distributed 39 responses were obtained with a response rate of 70.90%.

Conclusion: Paediatric dentists can provide valuable information and assistance to physicians about oral and dental aspects of child abuse and neglect. Such efforts will strengthen the ability to prevent and detect child abuse and neglect and enhance care and protection for the children.

Keywords: Child abuse, dental neglect, emotional abuse, sexual abuse, Pediatric dentist.

INTRODUCTION

Child abuse is the physical, sexual and emotional maltreatment or neglect of children (1). Centers for Disease Control and Prevention and the Department for Children and Families define child maltreatment as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child (2). Child maltreatment also called child abuse and neglect, includes all forms of physical and emotional treatment, sexual abuse, neglect and exploitation that result in actual or potential harm to a child's health, development or dignity. Within this broad definition, 5 subtypes can be classified i.e., physical abuse, sexual abuse, neglect and negligent treatment, emotional abuse and exploitation (3). In India, child abuse is seen across the length and breadth of the country. Human Rights Watch revealed that child sexual abuse in homes, schools and institutions for care and protection of children is quite common. They further stress that a government appointed committee in January 2013 itself found that the government child protection schemes have clearly failed to achieve their objective. In June 2014, the United Nations Committee on the Rights of the Child identified several areas in which the Indian

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government had failed to ensure protection of children from discrimination, harmful practices, sexual abuse, and child labour (4). Studies suggest that more than 7,200 children, including infants, are raped every year; experts believe that many more cases go unreported (5). India is home to 430 million children, roughly 1 in 5 children (<18years of age) when compared to all the children in the world. The government estimates that 40 percent of India's children are vulnerable to threats such as trafficking, homelessness, forced labor, drug abuse, and crime, and are in need of protection (6,7). According to Sopher et al., and O'Neill et al., when an individual is attacked for whatever reason, the head and/or facial areas are commonly involved. This is because the areas are often exposed and accessible and head is representative of the whole being or self. It is therefore not surprising that physical abuse of children often involves the head and facial areas (8).

Dentists especially Pediatric Dentists are in an ideal position to help detect signs of child abuse and should be able to recognize those signs. According to Cairns (2005) and Cavalcanti (2010) - 50% – 75% of all cases of child abuse involves the mouth, face and neck (9,10).

Aim of the study:

To assess the preparedness of the Pediatric Dentist in identifying a potential case of child abuse and ability to report the same and to give an insight about the vital signs of an abused child (esp. the girl child in India).

MATERIALS & METHODOLOGY

This study was conducted in 2 major cities (Bangalore & Chennai metro cities) in India which was randomly selected. Herein, 50 Pediatric Dentists were sent a questionnaire on child abuse and the role they can play to identify. Pediatric Dentists were contacted and responses were obtained by personally handing over hard copies of the questionnaire, some responded by email and some by WhatsApp messenger service. All were explained the reason behind the questionnaire study and out of the 50 approached, only 39 responded positively.

The Questionnaire:

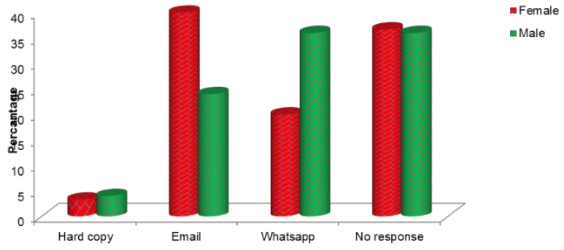
It was basically framed in a manner which can assess if the Pediatric dentist did come across a case of child abuse, was capable of recognising a case of child abuse, if so did he/ she speak to the parent about it and did any of them inform any local child help lines to report the same.

Data analysis:

Data was analysed using Chi-square test and Fisher's exact test (11)

RESULTS

Out of 55 questionnaires distributed 39 responses were obtained with a response rate of 70.90%. All the dentists (were Pediatric dentists) who responded, worked in the dental hospital sector and were in private clinical practice too. All of them provided dental treatment for children in exclusive child speciality care. 64.9% said they could detect cases of child abuse. About, if they had already suspected a case of child abuse in their many years of practice or the past six months in their practice 35.9% said they hadn't come across a case of child abuse.



Graph 1: Shows the method of responses of the Pediatric dentists.

And all (100%) were sure to report, if any. Many respondents felt there should be a more amount of time dedicated in the curriculum especially to train Pediatric dentists to identify and report (without fear of reprisal) to concerned helplines about a suspected case of child abuse. 94.9% felt there is a necessity for courses, workshops, CDEs for Pediatric Dentists to educate update themselves on child abuse. 66.7% were aware of any local helpline aware in their city and whom to report. 35.9%of respondents felt they could diagnose a case of child abuse less than 5 (on a random scale of 10) and 64.1% more than 5 on a random scale of 10). As per the survey, 43.6% of the dentists had never seen a case of child abuse, 56.4% had seen but hadn't

reported and just 1 had reported a case and confronted the parent to the same (Table 1).

Table 1: Represents positive responses of Pediatric dentists.

Parameters observed	Female n=20	Male n=19	Total (n=39)	P Value
1).Seen a case of child abuse	11(55%)	11(57.9%)	22 (56.4%)	0.855
2).Reporting a case of child abuse	5(25%)	3(15.8%)	8(20.5%)	0.695
3).Diagnosing a case of child abuse(on a scale of 10); For a score <5	8(40%)	6(31.6%)	14(35.9%)	0.584
4).Diagnosing a case of child abuse(on a scale of 10); For a score >5	12(60%)	13(68.4%)	25(64.1%)	0.584
5).Courses, Workshops, CDEs on Child abuse	18(90%)	19(100%)	37(94.9%)	0.487
6).Child abuse education at graduate level	19(95%)	19(100%)	38(97.4%)	1.000
7).Fear of reporting a case of child abuse	1(5%)	6 (31.6%)	7(17.9%)	0.044*
8).Awareness of child abuse helpline	14(70%)	12(63.2%)	26(66.7%)	0.651

DISCUSSION

This study basically deals with the review of symptoms displayed by an abused child, the preparedness of Pediatric Dentists to first identify, assess and correlate history with symptoms, reporting of a case and what role/ obligation they have to the society (esp. the pediatric population, more specifically the girl child in India) and how important we can be in identifying such cases in our daily practice.

The representative sample size of Pediatric Dentists was a small number (n=39) respondents who atleast see around 10 cases per day on an average with their variable practice settings and location. This cross-sectional study was used to collect all data at one point in time and most importantly it ensured all of the responses would be confidential. Bangalore and Chennai were the 2 cities (81.2%) with most respondents and a handful (8.8%) from other cities. The respondents working in a dental hospital setup felt they could diagnose a case of child abuse more effectively (with a response scale of >5) than with a pvt. clinical setup. This could be attributed to the support in diagnosis and affirmation from colleagues for the symptoms that is available in a hospital setup than a pvt. dental clinical setup. A case of abuse may present to the dental office right from the time the child enters the office. The support staff should be well trained by the dentist in this regard. With regards to the dressing of the child (inappropriate dressing – shabby torn clothing), observing a child's behaviour, behaviour of the parent with the child. Abuse can be of many forms – physical abuse, sexual abuse, neglect, emotional abuse (12).

All the respondents were sure to identify cases of child abuse and to report them to the local helpline, which is quite encouraging. Similarly, in a Brazilian study 65% of the dentists considered themselves capable of diagnosis (13). A study by Lazenbatt et al (2006), showed that fewer dentists went ahead to

report cases of child abuse than other healthcare professionals. This reason could be attributed to the confidence in identifying and confirming a case of child abuse is lesser among dentists (14). The three helplines in the three zones - Association for Promoting Social Action (south-east), Makkala Sahaya Vani (central) and BOSCO (south-west) are under the department of women and child development. The helplines receive calls from children in distress or those seeking support due to domestic disturbances, family conflicts or those in need of financial or emotional support. Many also use it to tip off the police on incidents of child labour and abuse. In Bangalore, there is a helpline that records reporting of child abuse run by the Bangalore city police : 1098. Makkala Sahaya vani under the aegis of the Bangalore city Police , since its inception in 1997, has encouraged children and public to report atrocities against children at all levels : including in houses, work places, on the streets, slums and even at schools, and have responded appropriately with the support of the Bangalore city police, networking organizations to extend support to children caught in these distress situations (14). In the city of Chennai, Save The Children is a help center where complaints can be made to via email and phone. And again, help line 1098.

In the Indian dental curriculum, the apex body for dentistry should consider a separate time frame in the curriculum set for dentists and specifically Pediatric dentists for education on the child abuse and its types, identification of, physical examination, management, documentation, reporting the same. And on-field visit to child care foundations for a first hand report of the situation in their respective city of study. Role of Pediatric Dentists in this regard should be physical indicators such as pattern of injury not consistent with history, varying history given by each parent or the child, bruises or injuries not routine to the active lifestyle of a child are also important physical indicators. Behavioural indicators such as withdrawal, depression, regression in developmentally appropriate behaviour, abnormal behaviour of parent and child are some hints. The most important next step is documenting the situation by telephoning the concerned child helpline followed up by written report and photographs at the time of examination. The dentist needs to clearly delineate an abuse from a trauma. One very important statute that was made on June 19th, 2012 was the Act on Protection of Children from Sexual Offences (POCSO). Section 21 of the act states that it is mandatory for the citizens that is doctors, school teachers and parents to report a case of sexual abuse, failing which legal action can be taken against them (16). Many of the dentists' state that it is embarrassing for them to label a child as abused to the parent for reprisal. This, hesitation must be overcome since it is mandated by law that the role of the dentist/ any informer will only be to report to the concerned authorities, further investigations are to be done by the investigative agencies.

Very few dentists know that parents and guardians can be held guilty for neglect of the child's oral and general health even after being warned about. Considering the amount of importance healthy set of dentitions play in the child's nutritional intake and the child's general and psychosomatic well-being it becomes imperative on part of the dentist to treat cases of neglect. Pediatric Dentists are at an even better position than Pediatricians in detecting a case of child abuse because the amount of time a Pediatrician spends with a child patient is way below compared to a Pediatric Dentist, because of the dental treatments involved, which shows that there are more chances of detecting a case of abuse and the onus of identifying, documenting and reporting lies with us.

CONCLUSION

Of the Pediatric dentists surveyed, most of them say they haven't come across a case of child abuse, and would definitely report to the concerned, if any. Two stated witnessing a case and left it unreported for not being aware of what to do next. Most of them are ready to the idea of making it mandatory in dental curriculums to study child abuse and be well aware of its signs and symptoms to detect them at the earliest and slightest of hints, so that we can save a child from the agony.

In a country like India, with the growing menace of child abuse (esp. of the girl child), it is mandatory for healthcare professionals like us – Pediatric Dentists who are at such a close interaction with children from all socio-economic strata, backgrounds, class, creed and sex. We need to stand committed to de-rooting the menace and

contributing to the society at large and to the child as an individual.

CONFLICTS OF INTEREST

The authors declare they have no potential conflict of interests regarding this article.

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