



Paediatric Dentist's Proactiveness in Understanding and Managing Child Abuse and Neglect (CAN)

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Abstract:

Child abuse and Neglect (CAN), is now a centre of public attention after prolonged neglect by both society and medical professionals. Child neglect is a form of child maltreatment. There is evidence in the literature that 50% of all injuries involve the head and neck region, which places dentists particularly paediatric dentist at the forefront of abuse detection. Based on available records, the majority of dentists confirm that they can recognize abuse, strangely, a great number of them shows reluctance in reporting to appropriate authorities. The reporting is required not only for ethical reasons but also Section 21(1) of the Protection of Children from Sexual Offences (POCSO) Act, 2012 has made it compulsory to inform about and incidents of child sexual abuse to the law enforcement jurisdiction. This applies to everyone including parents, medical professionals, and school authorities. If suspicion of abuse occurs, all valid information must be documented with radiographs, photographs and impressions. A comprehensive report should be made in the dental chart concerning the presence, site, severity and distribution of the injuries

Keywords: Child abuse and Neglect (CAN), Child maltreatment, Child abuse, Paediatric dentist

INTRODUCTION :

Child abuse and Neglect (CAN), is now a centre of public attention after prolonged neglect by both society and medical professionals. There have been reports of claims of suspected abuse, argued in the courts, featuring on various social platforms. Some cases raise serious concerns about the relative rights of children, parents/caregivers and those accused of child abuse and illtreatment[1].

Although most dentists are generally well informed about child abuse and neglect, they need to be vigilant of their duties in recognizing and reporting abuse to appropriate authorities, chiefly when the abuse and neglect are seen by the parents[2].

Paediatric dentists come in regular contact with children and younger adults and their primary caretakers and thus have a chance to collectively judge not just their physical and psychological features but also their family background.[3-5]

The role of a dentist in preventing child abuse and neglect was first taken up in the 1970s[6]. The American Dental Association (ADA) added the mandatory recognition and reporting of perioral signs of child abuse to its Principles of Conduct and Code of Ethics. The code now requires the dentists to be knowledgeable about the oral manifestations of child abuse and neglect and to report suspected cases to appropriate authorities concurrent with state legal systems. (House Resolution 23S-1B).[7] On the other hand, Human Rights Watch reports that no professional related to the medical field (physician, gynaecologist, paediatrician, or dentist) in India has received any special training related to child abuse identification, examination, reporting, or rehabilitative procedures.[8]

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This article is written, from experience, as a Paediatric dentist, with an aim is to inspire colleagues in dentistry, especially pedodontists, to be more vigilant and take some initiatives in protecting the less privileged children. The abusers or the caretakers may not take the child to a physician, but they are not cautious about the dentist. The dental fraternity must be morally, legally, and ethically responsible for preventing child abuse and neglect. As a health care provider, a dentist must be aware of the seriousness of child abuse. Children do not just get injured, sometimes may even die as a direct consequence of their abuse. [9] The budding pedodontists should be motivated to review the extensive and evolving research on child abuse to increase their understanding of its nature and prevalence

What Is Child Abuse And Neglect (CAN)?

A lot has happened since Dr Kempe *et al* publication in 1962 that defined “*Battered Child Syndrome*” as children with numerous unexplained bruises, fractures, and head injuries. [10]

Now almost six decades later, it can be clearly stated that child abuse is a global problem as it is prevalent in a variety of forms and is deeply rooted in our cultural, economic and social systems. According to the WHO report of 2002 on Violence, approximately 57000 children below the age of 15 years die due to child abuse worldwide. The report also mentioned that very young children are at the greatest risk as to the homicide rate in children falling in age group 0–4 years is almost twice the number of children between 5 to 14 years[11]. With the ongoing Covid-19 pandemic and subsequent lockdown, there has been spike in cases of child abuse worldwide. Juneja A. *et al* have reported that the children are at a greater risk of all types of violence and abuse, in strained atmosphere at homes, when schools and colleges are closed. Parents struggling with job's pressure, increased household chores with movements restricted, further increases the possibilities of domestic violence and abuse. [12]

Child abuse can be physical, sexual, emotional, neglect, which may be a single occurrence or multiple episodes, happening for a long time. Craniofacial, head, face, and neck

injuries occur in more than half of child abuse cases.[3-5] Researchers feel that the oral cavity may be the main target for physical abuse because of its significant involvement in communication and nutrition[13]. There is evidence in the literature that 50% of all injuries involve the head and neck region, which places dentists particularly pediatric dentist at the forefront of abuse detection[14] Based on published reports, lips were the most common site exposed to oral injuries (54%) followed by the oral mucosa, teeth, gingiva, and tongue. [15] Lacerations to the oral frenula in young infants are generally a consequence of physical abuse and are mostly noticed with other clinical aspects of physical abuse. [16,17]Trauma to the teeth may result in pulpal pathosis, leaving the teeth grey and discoloured. Although the perioral region is a common area related to sexual abuse in children, apparent clinical signs of oral injuries or infections are infrequent. The presence of acute or healed bite marks on the body and an exaggerated gag reflex to any oral examination with a dental instrument points to a suspected oral sexual abuse. The dentist can confirm bite marks when ecchymoses, abrasions, or lacerations are seen in an elliptical, horseshoe, or oval pattern on extraoral evaluation. [18,19]

Bite marks appear as oval shaped discolouration or injury marks on the skin of the victim. Whenever the dentists suspect an injury to be a human bite mark, he or she can seek consultation from a forensic odontologist to confirm whether the injury is a human bite mark and, if so, whether it is from a child or adult. If the bite mark has adequate specific features and is not too distorted the forensic odontologist will be able to analyse the biting patterns and help in identifying the abuser. This is a highly complex process and is dependent as much on the quality of photographic evidence as on the skill and experience of the odontologist.[20]

Child neglect is a form of child maltreatment. Among the various forms of maltreatment stated above, dental neglect is a significant one from a dental viewpoint. American Academy of Paediatric Dentistry defines it as the “willful failure of parent or guardian, despite adequate access to care, to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom

from pain and infection. [14] Neglect influences all aspects of children's health that may result in failure to thrive in abused.

It may cause, frequent injuries, developmental delay, behavioural problems and even death in childhood. The long-term effects, including poor educational attainment and increased prevalence of a range of physical and mental health problems, persist into adulthood. [19,20]

Most commonly, multiple untreated carious teeth, untreated oral ulcers or fractured teeth affecting the orofacial region are signs of dental neglect in children. At times, the child may also display unexpected strange behaviour suggesting of not just dental but other types of concerns as well. Paediatric dentists routinely notice clinical signs of dental neglect in children but fail to take suitable action, demonstrating again a gap between recognising and reporting abuse as noted by authors worldwide in various studies. Alternatively, it suggests that paediatric dentists do not directly equate dental neglect with the child being at risk of significant harm from general neglect. [19,22]

Occasionally, in certain cases of, dental neglect, nothing but dental management alone, may be enough to educate parents and motivate them to correct any previous neglectful situation. However, a few researchers doubt that there may occur other co-existing signs of general neglect and strongly feel that the dentists dealing with kids can miss a crucial chance to intervene early and prevent ongoing child neglect.[23]. It is imperative to differentiate dental neglect from dental caries, as a precaution from overreporting. There might be neglect when it comes to oral health but not compulsorily a neglectful attitude. A confirmed diagnosis can be made with the presence of faulty dietary habits, poor oral hygiene protocol apart from other significant observations. [24,25]

Attitudes and anticipated barriers towards reporting Child abuse with recommendations to deal with them

Any type of trauma caused during ill-treatment may leave clues related to the time and kind of the abuse as well as the identification of the abuser. As per the evidence in medical

literature, nearly 60-75% of injuries occur on the head, face and mouth in the abused children. It places the dentist in a distinctive position. If we believe these figures to be true, as is indicated in the literature, Paediatric dentistry is definitely in a favourable position to detect substantial numbers of abused children. In this way, an astute Paedodontist can help to prevent further trauma to the victims of child abuse. However, dentists collectively, have been fairly inactive participants in recognizing and reporting child maltreatment when compared with other health professionals. It is strange, that while dentists are in a greater responsible situation to report suspected child abuse cases, under-reporting is a significant finding associated with dentistry. Based on available records, the majority of dentists confirm that they can recognise abuse, strangely, a great number of them shows reluctance in reporting to appropriate authorities. [26,27]

Only 24% of dentists, who suspected child abuse had reported it to authorities in a study by Kilpatrick *et al* [28]. Also, in a Northern Ireland study, when compared with other health professionals, not many dental practitioners had admitted of reporting suspicious cases of child physical abuse during their entire professional career. [29] Likewise in a Californian survey, 16% of dentists had doubted child abuse or neglect in the preceding five years, and only 6% of the participants had reported to authorities. [30] 52.9% of the Paediatric dentists had encountered patients with suspicious physical abuse; in a study conducted in two Brazilian cities, however, only 14.3% had reported to the authorities. [31].

The main concern of the dental practitioners for not reporting child abuse was confidentiality. The possibility of this reluctance to respond to their suspicions strongly points to the presence of social and psychological hurdles to the reporting of child abuse or neglect. [28]

In a study by Owais AI (2009), the main factors influencing the Jordanian dental professionals' decision to report cases of suspected child abuse were: lack of history (76%), uncertainty about the diagnosis (73%), and possible consequences to the child (66%). [32]

In a study by the Ministry of Women and Child Development carried out in 2007 reported that the incidence rate of child abuse in India is not at par with the rate of cases reported. [33] Saha S. *et al.* [34] in their questionnaire-based study among the dentists found out that only 4.4% of dentists had ever reported a case of child abuse in their lifetime

A dental surgeon should be proactive as it is better to err on the side of safeguarding the child. There should be no excuse as some of the major hurdles related to under-reporting can be dealt effectively as mentioned ahead. [26,27]

Limited knowledge on how to intervene effectively? Seek guidance from experts.

It is seen that dentists who can identify signs of child abuse often act as investigators themselves and instead of ascertaining “if something happened?” try to probe “who did it? Dentists should have a fair knowledge about such findings and the significance of meticulous observation and documentation. A paediatric dentist or a dentist with qualifications in forensic dentistry can help in proper examination, diagnosis, and management, in situations where expert opinion is essential. Dentists skilled in forensic science can guide health care providers in the precise identification and evaluation of complex signs such as bite marks related to physical and sexual abuse. Paediatric dentists and dental surgeons having expertise in this field can contribute crucial information and guidance to medical professionals about oral clinical features of child abuse and neglect. [18,19]

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Not sure about the abuse? Requests for further information and Confide in parents:

As a dentist, we don't have to confirm that a child is a victim of abuse before reporting abuse. The treating paediatric dentist should be rather concerned about a child's safety, and discuss with the parents and guardians about their situation and assess how he or she can help them care for their child. [25].

Parental/society concerns? Prioritize child safety:

Sometimes we may be in a dilemma that reporting abuse will create problems for the family. The dentist may be aware of the abuse and avoid reporting and getting them into trouble with the law. The child may have no one else to guard them or maybe too afraid and abashed to talk about the incident. This places us in a tricky situation, but decide about what's more critical-safeguarding the child or defending the person responsible for the abuse? The concerned dentist should give priority to the child's safety, and arrange for the child to stay with a trusted person, friend or foster care till further action. It can be difficult to go up against a parent with whom a professional bond has been formed. Generally, it is recommended not to inform the parents or the caretakers when a report is filed. This can save a dentist from an unwanted confrontation or embarrassment. The police will handle it appropriately. [5,26]

Fearful of Legal implications and Apprehensions of the consequences of reporting? Be Familiar with India's juvenile justice and child protection systems.

Under any legal system or child protection laws, the identification is kept confidential and can't be revealed, to anyone, when we report child abuse. Moreover, the reporting person also can't be held legally liable if one is displaying honesty in the case. Many countries, like Argentina, Finland, Israel, Kyrgyzstan, the Republic of Korea, Rwanda, Spain, Sri Lanka and the United States have made mandatory, the reporting of suspected child abuse and neglect by medical professionals, including dentists.[26] A recent Global survey reported that, of the 58 countries that participated, 33 had made reporting compulsory legally and 20 had optional reporting legislations. [35]

In India, where there is the absence of mandatory reporting provisions and child protection services the dentist can inform to police, the local Child Welfare Committee and even the child helpline. Under Juvenile Justice (Care and Protection) Act (JJ Act), 2000 (amended 2006), in a situation where parents or guardians are responsible for the child abuse and fail to protect from abuse, the Child Welfare Committee can pronounce them, as unsuitable persons and order for the deportation of the child from their custody. [27,36] The

reporting is required not only for ethical reasons but also Section 21(1) of the Protection of Children from Sexual Offences (POCSO) Act, 2012 has made it compulsory to communicate cases of child sexual abuse to the law enforcement jurisdiction. This applies to everyone including parents, medical professionals, and school authorities. The accountability to report exists regardless of whether the clue was acquired through the discharge of professional duties or within a confidential relationship of information. It should be made clear, on failing to report a suspicion of child abuse to the concerned authorities will be an offence under this act. [37]

Unempathetic attitude or Ignorant about abuse and its consequences? Be more responsible morally and ethically:

Lastly but quite commonly observed is the dentist's feigning ignorance about child abuse. Because of so many complications associated and legal implications, some dentist does not want to get involved. They may often assume it is permissive to overlook it or avoid reasoning about the likelihood a child may have been abused. Children generally require support to get help, and their parents may be too ashamed, distraught or not know how to seek help. Failure to report may be a significant mistake on the dentist's part. The child will be vulnerable and endure abuse if we, as a responsible dentist, don't report child abuse. If we overcome our apprehensions and report abuse, the child will always remain grateful for this gesture. [25] We must remember that any kind of abuse during the growing years hinders the development of the cerebral cortex and limbic system leading to a multitude of cognitive, academic, psychological and relationship issues that may carry through into adulthood. [38]

Anxious about abuse while dealing with an Uncooperative Pediatric patient? Be cautious with Aversive behaviour management techniques

The dentist should use techniques such as physical restraints, hand-over-mouth, and other applications of force very carefully and as a last resort. Limited physical force is permissible only in special situations, for example as self-defence and consider improving techniques for reassuring children. In all such situations, before the start of treatment.

the dentist should obtain a written consent appropriate to their developmental age. Preventing inappropriate procedures by colleagues, and acting against the various forms of sexual or physical abuse, as well as physical and emotional neglect are among the ways that Paediatric dentists can act within dentistry and more broadly as advocates for children. [39]

Advocacy of child's protection and Abuse prevention[40]

Anybody single-handed cannot bring about all the changes to prevent child abuse and neglect. Children are often suppressed at various levels, right from family to the community. By doing effective advocacy for children's rights, a dentist can bring about crucial changes in policy, legislation and practice that will have a lasting impact on their lives.

Increased awareness can child abuse and neglect amongst dental patients:

Dental organizations can promote public awareness of child abuse and neglect in several ways. Pamphlets on abuse and resource materials from community agencies can be displayed in the waiting room of hospitals and clinics. These modes of publicity not only provide valuable information about this issue and where to receive help; they also send a message to all patients that the dental community is alert about child maltreatment.[40] If we have young children fully aware of their rights, then we can hope for a safe and well-protected era ahead.

Improved training and education for professionals:

Several studies worldwide have reported that health professionals lack sufficient knowledge and/or training in handling child abuse. [35] A person dealing with health and education have a distinctive role in the community. Anyone associated with medicine and public health must be proficient in planning and conducting investigations of abuse. Researchers in various countries have highlighted the need for the continuing education of health care professionals on the detection and reporting of early signs and symptoms of child abuse and neglect. [41] The government bodies should make it mandatory for all healthcare professionals to undergo training that will guide them in recognizing the ill-treatment in children, documentation and rehabilitation programs once they encounter an abuse case. [12]

India is a vast country with a diversity of cultures and taboos; hence the challenges faces are many and unending. However, various efforts are being taken by the Indian govt, ranging from starting various helpline numbers in different states to creating increasing awareness about child abuse and labour. [42] Another resource for physicians seeking information on this issue is the PANDA programme (Prevent Abuse and Neglect Through Dental Awareness). It has been one of the most effective programmes in getting dentists involved in child abuse awareness. It has successfully trained numerous health care workers, school teachers, dental professionals. [5] Our goal today should be to recognize the many forms of child abuse at the earliest stages possible, before any permanent damage can occur, and to refer these families for needed services

Documentation and intervention: What to report and how to document a case with suspected abuse:

Preparing and maintaining meticulous and comprehensive dental records is a medico-legal obligation and indicates great practice and patient care. The management and documentation of the case should be impeccable to avoid professional litigation later. Whenever a pediatric dentist encounter with a suspected case of child abuse, it is important not to jump to the diagnosis of abuse. The dentist should approach people who know the child well, like friends, relatives, school teachers etc., apart from parents. It is also recommended to consult the child's Paediatrician or family doctor for the child's developmental history, and other information especially if parent's mental or emotional health looks to be unclear. [35]

If suspicion of a physical abuse occurs, the concerned dentist should follow a standard protocol, which includes questions about patient history and how the accident occurred. All valid information must be documented with radiographs, photographs and impressions. A comprehensive report should be made in the dental chart concerning the presence, site, severity and distribution of the injuries. The details should be precise about the nature and magnitude of the abuse, including any signs of previous trauma. Description of the

lesion should start with the size, shape, colour, location, and radiographic description (if applicable) of the injury. The report should also indicate the number of injuries present at each site, and if necessary, mark the injury and the body part where it is present. Any disclosures of abuse should be noted in the child's own words. The dentist should be aware of the fact that frequently injuries from an accidental fall are uniplanar (i.e., located on the front surface of the body). This is much different from the typical injuries of physical abuse, which are multiplanar. In case of an adolescent patient, the dentist can record the psychosocial history known by the acronym HEEADDSS (details of home, education, eating behaviour, activities and peers, drugs, depression, suicide, sexual history and sleep pattern), directly from the patient. [26,35,36,39]

Observe and mention the child's behaviour alone as well as when they interact with their parent or the accompanied person. Any abnormal pattern or deviation in a child's attitude or if the child's behaviour is not consistent with that of other children at the same maturity level should be noted down. Any other information that we believe may help establish the cause of the abuse to the child should be highlighted. Document all aspects of the interviews conducted separately with the child and parent. The likelihood of disclosure is lower when the perpetrator and the child are closely related and when the abuse has been occurring over an extended period of time. Open-ended questions should be asked to avoid accusatory implications. Document accurately and word -for- word statements given by the child and parent explaining the specific injury. The dentist should evaluate whether the accounts of the injuries given by the child and the parent are the same? Are they reasonable and consistent with the type of injury observed? Injuries that are inconsistent with the described history should be treated as suspicious and documented in the patient's chart. Additional Dental staff should be present to act as a witness and be a part of the documentation. In case of any doubt, the dentist can consult another colleague, patient's family doctor, a social worker or local authorities and its record should be maintained. [26,35,37,38,39]

Differential diagnosis of Munchausen Syndrome by proxy:

Sometimes, the parents concoct, overemphasizes, and/or; induces physical, psychological, behavioural and/or; mental health problems in the child just for their gains and attention. This condition is referred to as *Munchausen Syndrome by proxy*, represents a modern paediatric challenge. The culprit frequently is a mother with mental disorders. The child visits a clinic with frequent signs and symptoms of unusual and peculiar illnesses. Most of the time, these cannot be explained medically or make sense clinically. It is very difficult to identify and manage this form of complex child maltreatment. The dentist can get crucial clues, hinting at this condition, - if he or she takes proper family history. The parents will appear very cooperative and over-affectionate. The family will reveal a particular set-up where one parent is actively involved, while the other is missing, either physically or emotionally. Another hint may be that the parent may have a psychological problem or may have a professional background in the medical field. The parents will appear to be very much anxious about their child's health. They may try to manipulate the child's symptoms and, may, misguide the dentist about the chief complaint, fabricate an illness that may require additional medical and clinical examinations. The confirmation of the diagnosis is beyond the scope of the dentist, and demands, experts in forensic and behavioural science. [43-45]

Call the national child relief helpline, 1098:

Apart from reporting to police, the concerned dentist should also approach Child Welfare Committee (CWC) and Child Helpline (Phone No.1098) or local NGOs if the parents appear to be hostile or an immediate threat to the safety of other siblings. *Child Helpline*, launched by the Government of India, is a 24-hours free phone facility with volunteers present in various parts of the country. A child in distress or any responsible adult can assist him or her by calling on the number 1098, present anywhere in India. Coming across a case of abuse in hospitals or clinics, the health professionals can also contact child rescue organisations or centres, such as Save The Child, present in almost every state and city. Besides, there's Bosco in Bengaluru, Rahi in Delhi, El-Shaddai in Goa, Tulir in Chennai, amongst many others. Mumbai-based Arpan works on Child sexual abuse cases. These rescue centres will assist the child and the family. [46]

Meanwhile, the dentists should be aware of the new legislation, Protection of Children from Sexual Offences (POCSO) Act, 2012, which requires mandatory reporting of cases of child sexual abuse, failing which they can be penalized. [47] Nothing relieves a dentist from his/her responsibility to report unless assured that mandatory reporting has already been done.

Consent from the child before reporting:

Generally, a health professional doesn't need to delay the process of reporting while awaiting concrete evidence of abuse. But it is necessary to get consent. Although the POCSO Act prescribes mandatory reporting, doctors and clinical psychologists are ethically bound to maintain client privacy and confidentiality. Mumbai-based NGO Arpan evaluated the motivations and deterrents of reporting child abuse cases. In their published article Mandatory Reporting. [48], abuse victims felt betrayed when the person they confided had filed the report without their consent. The published document states: "The decision to report is contextual and almost entirely based on the environment, both immediate and social, of the survivor. [48]"

Lastly, counselling of the child and family acts as the foundation of the management. The immediate counselling should involve the assurance to the child. The dentist can refer the patient and the parents to appropriate specialties according to the requirements of the case.

Conclusion:

Ideally, the parents should be responsible for the good care and protection of their child. However, the child must not endure when the parents are unable to provide care and protection. Multidisciplinary child professionals should work together and monitor government efforts in the protection of child rights. Besides, health care professionals with knowledge or expertise in child abuse and neglect can make themselves available to dentists as consultants and educators. Such efforts will strengthen our ability to prevent and detect child abuse and neglect and enhance pedodontists ability in managing such cases better.

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