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Review Article

Child Abuse and Neglect in Dentistry

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Abstract

Child abuse and neglect is defined as attitudes and behaviours performed by caregivers or other adults that cause physical or psychological harm; emotional, sexual or mental developmental delay to the child. Child abuse is an important social issue whose significance is increasing day by day from both medical and social aspects. In addition, protective and preventive attempts should be individually, socially and universally be planned, organized and urgently applied. Doctors and dentists should especially be educated in order to diagnose this devastating problem and all health professionals, and parents should be informed about this medicolegal issue. The awareness, experience, and motivation of the physician are extremely significant for diagnosis. Medicine, law and like social workers must work cooperatively for the evaluation of child abuse.

Keywords: Child abuse; child neglect.

INTRODUCTION

The United Nations Convention on the Rights of the Child, adopted by the United Nations on November 20, 1989, recognizes any person under the age of 18 as a child [1].

World Health Organization (WHO) identifies abuse and neglect as any physical, sexual, emotional abuse, neglect or negligent behaviors and all other exploitations damaging the child's health, life, development or dignity actually or potentially [2]. In addition; child abuse is seen as a public health problem as it is a problem affecting the future of societies [3, 4].

In child abuse; Forensic physicians, pediatricians, pediatric psychiatrists and dentists have important responsibilities in terms of showing many findings in oral cavity [5, 6].

Child abuse and neglect are examined under 4 headings [1, 3, 7-9]:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

PHYSICAL ABUSE

Physical abuse can be defined as non-accidental injury of the child. Physical abuse is a major health problem that can begin with simple injuries and then extend to fatal injuries. It is the most common type of abuse and the easiest one to identify [3, 10, 11].

Physical abuse constitutes 18% of abuse cases. Aral stated that 65.72% of the children have been physically abused by their parents [12]. In 2004, 152,250 children and young people were reported to have been physically abused in the United States [13]. Despite these statistics, it is thought that the actual number of abused is higher. It is thought that 1.3-15% of childhood injuries reported in the emergency department in the USA are caused by abuse [14]. In the United States, the Report Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) concluded that 58% of children suffered physical abuse at some point in their lives (15). In studies with different age groups in Turkey, it has been reported that the incidence of physical abuse vary between 30-54% [16]. According to the data published by WHO, in 2014, 23% of children around the world had been physically abused [17]. The younger the child, the more likely the abuse is. One third of the cases are children under six months, one third between 6 months and 3 years and one third older than three years [18-20]. The likelihood of abuse is significantly reduced after 12 years of age [21].

In a study, it was reported that the most common oral injuries after physical abuse were lips

(54%), followed by the oral mucosa, teeth, gingiva and tongue, respectively [22].

A delay in bringing the child to treatment that the parent cannot explain, the contradictory story told about the incident, the narrative story incompatible with the physical findings, the repetitive suspicious injuries, the parent holding the child or someone responsible for the damage, the parent's accusation of the -child, the parent's history of abuse, situations where the parent appears to be irrelevant or extremely anxious about the damage on the child should be considered as physical abuse [7].

Shaken Baby Syndrome

It is the most severe form of abuse. It is most commonly seen in children under 2 years of age. It occurs when children are tossed to a place by their mother, father or baby-sitters during crying. The brain is damaged in the skull and fatal injuries may occur [3, 4, 23, 24-30].

Munchausen Syndrome By Proxy

It is for people who are caring for the child to make up unrealistic diseases and to be happy and delighted that the child receives medical diagnosis and treatment. Children are unnecessarily exposed to many interventional examinations, radiation and medication incorrect treatment [3, 4, 23, 24-30].

Oral Findings of Physical Abuse

We can confront labial and lingual frenum tears, separation of oral mucosa from gingiva, loose (subluxated), fractured and avulsed teeth, discolored and / or devital teeth, previously lost teeth, lip injury, tongue injury, other soft tissue injuries, and fractures of the jaw and related structures [1].

SEXUAL ABUSE

It means the use of the child by force or persuasion for sexual satisfaction by an individual at least 6 years older than him/her, or allowing another person to use the child for this purpose [10]. If the contact and relationship between the child and the adult are used for sexual stimulation of that adult or someone else, the child is considered to have been sexually abused [10]. Sexual abuse is the most difficult to detect among the types of child abuse. The most important step in uncovering child abuse is the child's clear and precise expression. In cases where this expression is insufficient, the physical findings seen in the detailed examination to be performed are of great importance [31]. The rate of abuse in the world is 52% for girls and 48% for boys [21, 32]; sexual abuse rate is reported to be 3 times higher in girls than in boys [33]. According to the data published by WHO; one in five women and in 13 men reported sexual abuse as a child [2].

Forensic specialists, pediatricians, child and adolescent psychiatrists and dentists can diagnose child abuse together with a multidisciplinary study [1, 5].

Oral Findings of Sexual Abuse

When oral manifestations of sexually transmitted diseases are seen in children under 2 years of age, the possibility of transmission during intrauterine or perinatal period should be considered. When these findings are seen between the ages of 2-10, sexual abuse should be considered first [34]. The presence of gonorrhea, herpex simplex, treponema pallidum or syphilis lesions is determinant for sexual abuse in a prepubertal child [18, 21, 35]. Hair or semen remnants in the oral cavity should always be suspected of sexual abuse. In this case, a swap sample should be taken from the oral cavity. Firstly, the swap sample is used to clean the area with a sterile cotton-tipped swab moistened with distilled water, then the area is dried and the taken sample is put in a tube. For the second control example; a sterile cotton-tipped swab is applied to the buccal mucosa and DNA samples are collected [36].

At the same time, ecchymosis seen at the back of the palate or under the tongue may be a sign of oral penetration of the penis [34]. Ecchymosis and hematoma may occur in the perioral region due to forced kissing. Injury to the lips and teeth due to force may be seen [37].

Bite Marks

People have been using their teeth for attack and defense since ancient times. In murder and sexual assaults, the victim is often bitten. Bite marks in the oral area can occur during sexual abuse or fight. The bite should be suspected if elliptic or oval ecchymoses, abrasions or lacerations are present. Bite marks may have a central ecchymosis area caused by two possible conditions. It is the positive pressure caused by the closing of the teeth or the negative pressure due to the suction force and the thrust of the tongue. Animal bites tear the tissue; human bites compress the tissue; cause friction, contractions and lacerations. If the intercanine distance in a bite is less than 3 cm, a child probably carried out this bite. Adult bites are often seen clearly in the arc [38, 39].

If less than 24 hours have passed since the bite, the correct photograph will contribute to the finding of the perpetrator. American Forensic Odontology (ABFO) has developed a photographic scale that helps document injuries [40]. At the same time; saliva is a biological evidence.

EMOTIONAL ABUSE

Emotional abuse can be defined as the desires and expectations of the mother, father or other adults near the child on the child's abilities and behave aggressively [41]. Emotional abuse can be classified as:

Rejection - Ignore,
Not leave alone - isolate,
Scare-intimidate,
Redirection to crime [42-46].

Emotional abuse has a negative effect since the early infancy of the child [47, 48]. It has been shown that children with emotional abuse experience severe psychological, social and behavioral difficulties in adulthood. Emotional abuse is more complex, difficult, but the most common type of abuse than other types of abuse [7, 42, 49].

Oral Findings of Emotional Abuse

Bruxism and Temporomandibular joint problems due to stress and violence may be seen in the child. Lack of interest may result in habits such as finger sucking, nail-eating or tooth grinding [5].

NEGLECT

It is defined as the neglect of the child physically or emotionally, such as failure to fulfill these responsibilities by the caregivers of the child, lack of attention to nutrition, clothing, health, social and emotional needs and living conditions. The main point that separates neglect and abuse is that neglect is passive and abuse is an active behavior [18, 21, 31, 41, 50, 51].

Dental Neglect

Dental neglect is defined as the presence of common bruises visible to parents or carers but untreated, hemorrhages and traumas neglected in the orofacial region; lack of necessary follow-up and maintenance of pathological conditions previously determined by the physician [40, 52]. The American Academy of Pediatric Dentistry (Dental Pediatric Dentristry), on the other hand, considers the dental neglect as the lack of the treatment of visible caries, infected and painful teeth by the parents [53].

The dentist should inform the parent about the condition, treatment and access to the child after the intervention. The stages, risks and benefits of the treatment should be explained. When there are obstacles to necessary care; should provide public financial and transportation services to the family [52]. In many countries, if the parent interferes with the treatment process despite all this, legal sanctions come into play [54, 55].

Economic problems in the family, low education level of parents, domestic violence, presence of physical or mental illness in family members, parents being under 18 years of age, unwanted pregnancy, unmarried child, single parent, fragmented family, presence of step parent, death of one of the parents, the presence of bad habits such as drug, alcohol dependence in the family, abuse of the parents as a child, having very frequent and high number of children, and presence of children with psychological or physical illnesses are the family characteristics which are considered as risky in terms of abuse [56].

Over-matched child according to his/her child, the child's self-answers to the questions by the consent of the parents, the extremely sensitive child, being insensitive-introvert or vice versa, the child's low emotional intensity, establishing relationships involving intense anger and being insensitive to painful stimuli, not making eye contact, giving short answers only when questions are asked, children having difficulty in establishing close relationships with people are among the behavioral findings that can be seen in abused children [1].

What Can a Dentist Do About This

Short, clear and understandable questions should be asked during the anamnesis. What happened? Any more? What happened then? Did something else happen? To understand the cause of the trauma, the dentist should interrogate the child and, if possible, the child separately, and in case of doubt, there should be a person as a witness from the department the dentist works. The answers to open-ended questions are important to control each other. Incompatible answers and suspicious points in the patient's history should be archived. The harmony between injury type and trauma should be examined. Physical abuse should be suspected when old wounds are found as well as the new wounds [1].

In some cases; although parents do not want to harm the child, they can have some different practices the child because of cultural habits. Therefore, it is very important that some cultural habits are taken into consideration when examining the child. (As Cup habit held in Turkey) [3, 4, 8, 28, 29].

The dentist should document the findings in depth when suspected child abuse. Documentation may include written notes, photographs and radiographs. In some cases, video recordings or audio recordings may help. The notes should include the location, appearance, severity and distribution of the injury. It is important that clinical photographs of the wounds be taken with a ruler or scale kept in the same plane as the area adjacent to the wound. Photo shooting must be at least 3 stages. A general or full-size photograph of the child should be taken, the second photograph being a general photograph of the relevant region and the third photograph containing a close-up of the region concerned [3, 4, 8, 9, 24, 57].

For the benefit of the child, the principle of confidentiality of patient information should be stretched in cases of child abuse. If there is a situation of victimization, the first duty of the physician is to protect the patient. Regardless of the type of abuse, a

formal report should be prepared for the competent authorities [58].

The more wrong that it is to skip an abused child, the more wrong that it is to blame the parents for the abuse of the child's illness or accidental lesions. This can harm both the family and the child and the professional career of the dentist [59, 60]. In case of doubt, medical consultation (pediatrics, pediatric surgery, pediatric psychiatry, forensic medicine, forensic dentist, etc.) and social services specialists should be consulted [1, 58].

Training programs on child abuse and neglect should be added to the educational curriculum of dentists. In 2010, in a survey aiming to evaluate the knowledge and approaches of child and general practitioners about child abuse and neglect in Ankara city center, the level of knowledge about child abuse and neglect was found to be around 13%. Especially those who did not receive education about child abuse and neglect had lower level of knowledge. As a result of this study, continuous education programs should be organized in order to increase the level of knowledge on the subject [61].

Dentists and medical doctors have special responsibilities in reporting abuse. Although the proportion of dentists claiming to have seen and suspected such cases is high, the rate of reporting is quite low. It was seen that dentists receiving training on this subject had reported the cases more. In Denmark, a survey study aimed at comparing abuse reporting data between 2008 and 2013 found that the rate of abuse cases increased slightly (38.3% to 40.8%). In many cases, the clinical records were found to be missing. This small increase is thought to be the role of physicians receiving training on the subject [62].

Documentation, Reporting and Reporting of Abuse

Dentists and medical doctors have the responsibility to report any injuries caused by abuse. Medical doctors have less experience in oral diseases and dental injuries than dentists. Therefore, physicians should follow a multidisciplinary approach to prevent, detect and treat patients.

A child who has been sexually abused must be notified in accordance with the provisions of Article 6 of the Turkish Penal Code of 103, 104, 226, 227, 278, 279, 280 and 5395 [63, 64]. According to Article 278 of the Turkish Penal Code; A person who fails to report an offense to the competent authorities shall be sentenced to imprisonment of up to 1 year. According to Article 279 of the Turkish Penal Code; A public official who does not report the offense is punished with a prison sentence of six months to two years. According to Article 280 of the Turkish Penal Code; A healthcare professional who does not report the offense is punished with imprisonment of up to one year [64].

Abuse Reporting Centers

In cases related to abuse, it is provided to the police or gendarmerie units to intervene in a short time. Abuse incidents can also be reported with the criminal complaint made to the prosecution units of the province or district. In our country, the Ministry of Family and Social Policies has the line of ALO 183. It is ensured that the emergency response team evaluates the situation and law enforcement units are sent to the relevant scene when necessary [1].

CONCLUSION

It is an important problem in the dental profession that child abuse is low and not reported to the relevant units. Pediatric dentists should receive a training program involving a child abuse curriculum, and seminars and conferences on this subject should be organized. This training will provide more information and experience on abuse. Surveys should be conducted before and after these trainings and the level of knowledge should be measured. It should not be ignored that children who witness violence are at high risk of being abused when they grow up. Therefore; solutions to these important social and health problems should be provided with education.

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