

PEDODONTIST'S PERSPECTIVE ON CHILD ABUSE IN INDIA – A REVIEW

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ABSTRACT

Child abuse is a very crucial yet ignored topic of discussion in our country. Vast number of children in our country are abused either physically, sexually, emotionally or economically. Dentists and especially pedodontists are in a strategic position to diagnose and report cases of abuse and neglect to the rightful authorities as the oral cavity shows many signs of abuse. As knowledge and awareness among dentists of all specialities regarding abuse and neglect of children is poor, we often fail to fulfil our role by reporting such cases and in punishing the offenders. Increasing the knowledge and training of dentists in this arena will help in protecting children from wrong at the earliest possible stage and thus securing their future.

KEY WORDS

Child Abuse, India, Role of Pedodontists, Child Rights

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INTRODUCTION

A Child is not just a young adult but a total individual who requires tender love and care as well as a protected environment to grow. Child abuse is a fairly common but unrecognized phenomenon in our country. WHO has defined Child abuse as “ a violation of basic human rights of a child, constituting all forms of physical, emotional ill treatment, sexual harm, neglect or negligent treatment, commercial or other exploitation, resulting in actual harm or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.” 19% of the world's children population resides in India, where one-third of India's population i.e. 440 million are children, whose basic rights need recognition and acceptance by one and all. ⁽¹⁾ The United Nations and United Nations Convention on the Rights of the Child (UNCRC) has laid down four basic rights for children namely Right to Survive, Right to Protection, Right to Participation and Right to Development to ensure their bright future. ⁽²⁾ The National Commission for Protection of Child Rights (NCPCR) was set up in March 2007_ by the Indian Government to make sure that child rights are protected at state, district and block level. ⁽²⁾ As most of the abuse injuries are seen on the head and neck region, dentists specially pedodontists are the first among health-care professionals to diagnose and report a case of abuse. Dentists and pedodontists should have enough knowledge regarding diagnosis, reporting and management of child abuse. It was in 1993 that American Dental Association included recognizing and reporting of oral signs of abuse in its Principles of Conduct and Code of Ethics so that dentists all over understand their responsibility and act according to it. ⁽³⁾

TYPES OF CHILD ABUSE

- 1) Physical Abuse
- 2) Sexual Abuse
- 3) Emotional/Psychological Abuse
- 4) Economic Abuse
- 5) Munchausen Syndrome By Proxy
- 6) Intentional Drugging or Poisoning
- 7) Shaken Baby Syndrome

PHYSICAL ABUSE

Physical Abuse or non-accidental trauma are injuries which are inflicted by a caretaker. It means force or action which exceeds the force considered reasonable for disciplining children. According to a study carried out under the Ministry of Women and Child Development in 2007, children between the ages of 5-12 were found to be at highest risk for abuse and exploitation with two out of every three children being physically abused.⁽⁴⁾ Physical abuse are mostly sustained in the head, neck and facial region and includes beatings, shaking, suffocating, scalding and biting with some forms of corporal punishment levied by either parents or caretakers. The injuries commonly inflicted are blunt trauma with an instrument, utensils, hands or fingers or by hot liquids or caustic articles.

Physical punishments are very common in our society so pedodontists should be careful to differentiate accidental trauma and physical abuse and whether the history given by the patients family and the child symptoms coincide or not.⁵ Special attention should be paid to injuries to the "safe zones" as these are bound to raise concerns of abuse namely a) Facial region (eyes, cheeks and ears), b) side of face and neck with the ear on top with a horizontal line which runs through the highest point of the shoulder also known as ' triangle of safety' c) injuries to internal aspect of thighs, arms and forearms. Parents should be encouraged to use alternatives to physical punishments such as scoldings, removing privileges etc.⁶

"Battered child syndrome" as described by Silverman in 1953 and Kempe in 1962 states a condition where a child exhibits bone fracture, subdural hematoma, soft tissue swellings, failure to live and bruising.⁷

SEXUAL ABUSE

Sexual abuse is the involvement of child in sexual activities with an adult, aimed at satisfying the latter one, taking advantage of physical inferiority conditions of the under-age child, not allowed to understand the meaning of the action. According to AAPD guidelines, Child sexual abuse includes child pornography, prostitution of child, sodomy, oro-genital contact, fondling, exhibitionism, and a host of other acts against children. Kissing may also be considered a part of sexual abuse with pregnancy and venereal diseases following as a sequelae.⁵ Most often the abuser are either family members or acquaintances so the matter remains unreported and concealed with the abused child being withdrawn, scared, refusing to co-operate even during dental treatment as they avoid being touched.⁸ Most victims of Child sex abuse fail to lead a normal life often ending up with eating disorders, depression, suicidal thoughts, unsocial behaviors such as alcohol and drug abuse.⁵ Oral cavity is a frequent site of sexual abuse and once a pedodontist confirms oro-genital

contact, proper universal precaution for STD's should be implemented and child should be sent to proper authorities.⁹

EMOTIONAL/ PSYCHOLOGICAL ABUSE

Emotional abuse is the constant scapegoating, rejection, criticism, isolation and terrorizing of children by their parents or caretakers which results in eroding their self-esteem. This form of abuse can be cruel to a child's psyche, positive emotional development and self confidence. Children who live in an environment where there is violence between parents, lack of attachment or attention from parents also come under this form of abuse. Teachers may often be responsible for this abuse. Common manifestation of this abuse is poor academic performance, nutritional deficiencies, failure to thrive, serious behavioral and mental problems and delayed tooth eruption.^{10,11,12} These children are often seen as uncooperative during dental treatments with a negative attitude.¹³

ECONOMIC ABUSE

Economic abuse is forcing a child to work in a way that jeopardizes their normal growth and development, accompanied by educational and medical neglect. Across the world, around 21 million children were involved in child labor in 2004, around 1104 lakh in India, with India having the world's highest number of working children.¹⁴ Poverty, Privatization of basic resources, lack of equal education to all have increased the gap between the rich and the poor and forced many children to leave their homes and work in hazardous industries where they are also physically and sexually abused. They are often made to work for long hours in unclean environment without food and proper wages. Mostly girl child are exploited.¹⁵

MUNCHAUSEN SYNDROME BY PROXY

This syndrome includes children who fall prey to injuries or illnesses fabricated by their parents and thus its also known as factitious syndrome or pediatric condition falsification.¹⁵ Factitious symptoms are often a result of the caretaker purposely harming the child by causing recurrent sepsis from injecting contaminated fluids, chronic diarrhea from consumption of laxatives, fever from rubbing thermometers, showing that the child is bleeding from different sites by adding their blood or rashes or by applying caustic substances or hard rubbing of skin. Most often the caretaker has an illness and uses the child as an excuse for medical attention.⁸ We pedodontists often rely on parents/caretaker for history, so suspecting this form of abuse is often difficult for us but when the signs and symptoms do not co-relate with the bizarre

history we could suspect this syndrome.¹⁵

INTENTIONAL DRUGGING OR POISONING

This involves the administration of various prescriptive or non-prescriptive drugs to the child by the parent which were not intended for the child in an attempt to harm the child. Sedatives, Hallucinogens and various other recreational drugs may be given to the child and the pedodontist maybe called upon to treat the oral injuries of the child caused due to uncoordination following consumption of the drug. This form of abuse can be fatal.^{8,14,15}

SHAKEN BABY SYNDROME

It is a form of abuse where a child's head is vigorously shaken in a forward and backward direction thus hitting and injuring his chest and shoulders. The classic symptoms include retinal hemorrhage, subarachnoid/subdural hematomas, breathing difficulties, seizures and unconsciousness, brain injury, leading to appearance of neurological abnormalities, fractures of ribs, humerus and femur.¹⁴

RISK FACTORS FOR CHILD ABUSE

- 1) Child Risk Factors - Younger than three years of age, orphans, children of single parents, children having mental and physical disorders, special child etc
- 2) Parental Risk Factors - lack of education, parental violence, alcoholic/drug abusing parent, parents with physical/mental disorders.
- 3) Social Factors - Poverty, unemployment, dangerous neighborhoods etc.^{8,15}

PARAMETERS FOR DETECTION OF CHILD ABUSE IN DENTAL CLINIC

- 1) Observation of Child and parent for warning signs - if child displays scared/withdrawal behavior, refuses to let the dentist touch, has multiple unexplained injuries, is over-anxious, wears inappropriate clothing etc and if the parent is seen abusing child, gives vague history, shows lack of concern towards child, denies existence of injury or blames child for it, threatens child, one can suspect child abuse in these scenarios.^{6,11}
- 2) History - Pedodontist should take both child and parent into confidence and take a proper detailed history on the cause and pattern of injury and correlate both their answers.
- 3) General Physical Examination - The general nutritional and growth status, all swellings and bruises should be examined and noted.¹²
- 4) Bite-marks - Whether acute or healed they indicate abuse. A central area of ecchymosis or

hemorrhage maybe seen indicating sucking and thrusting pressure from tongue and teeth. Human bites cause abrasions, contusions and lacerations rather than tearing of skin as seen in animal bites. Photographs of bite marks with a scale placed near it, in the same plane should be taken and kept for records. Swabs or impressions of the bite mark may also be taken.⁷

5) Oral signs - i) physical abuse : Tearing of frenum, Loosened/fractured/avulsed teeth, trauma to lip, gingiva, tongue or other soft tissues, fractures of jaws, general neglect of oral cavity and other facial lesions.¹⁶

ii) Sexual abuse - ulcers, erythema, vesicles due to gonorrheal infections, condyloma acuminata (HPV), Genital herpes (HSV2), Syphilitic infections and other oral lesions such as petechiae are seen.¹⁷

LAWS FOR CHILD PROTECTION AND CHILD RIGHTS IN INDIA

- 1) The Juvenile Justice for Care and Protection Act 2000 (amended in 2006) has established a framework for both children in need of care and protection.
- 2) Protection of Children from Sexual Offences Act (POCSO Act) 2012 was formulated in order to effectively address sexual abuse and sexual exploitation of children.
- 3) Pilot Project to Combat the Trafficking of women and Children for Commercial Sexual Exploitation¹⁸
- 4) Child Welfare Committee: Under the Juvenile Justice Act, the Child Welfare Committee can declare any parent or guardian, who grossly abuses a child or fails to protect a child from being abused.¹²
- 4) Child labor in India is addressed by the Child labor Act, 1986 and National Child labor Project.¹
- 5) The Integrated Child Protection Scheme (ICPS) is a centrally sponsored scheme to address the issue of child protection and build a protective environment for children
- 6) Childline: This service was launched by the Government of India. It is a 24-hour free phone service, which can be accessed by a child in distress or an adult on his behalf by dialing the number 1098 on telephone.¹²

ROLE OF DENTIST IN RECOGNISING AND REPORTING CHILD ABUSE

Every member of the dental office team should be aware of the signs and symptoms of child maltreatment and should be committed to recognize and report instance of abuse and neglect. The role of Prevent Abuse and Neglect Through Dental Awareness (PANDA) involving various dental personnel including pedodontists in the country of

INDIA was elaborated.

observe and examine any suspicious hint that can be ascertained in the dental office as abuse.

To record as per legal norms and court rules, any evidence that maybe helpful in providing clues against abuse of child.

To treat the dental or facial injuries within the expertise of the dentist, and referring more extensive needs to a hospital or specialist.

To Maintain a professional and therapeutic relation with the family.

To become familiar with the perioral signs of child abuse and to report suspected cases to the concerned authorities.⁸

Careful documentation of all the dental findings in the form of history, x-rays, lab test results, clinical findings, bite-mark impressions, hair samples, photographs etc and a detailed note including the location, appearance, morphology, severity, shape and distribution of the lesion must be carefully documented and preserved by the pedodontist and produced before court or other legal authorities when needed. All suspected cases should be reported to the police or social protection centers and co-operation be given to them when investigation is going on.¹⁹

Sometimes, we fail to report cases due to lack of knowledge of signs and symptoms of abuse, fear of legal hassles and chances of ruining relations with child's family. But it is our moral responsibility to come forward and help the child from attaining fulfillment of their rights.⁴

DISCUSSION

As reported by Suruchi Malpani et al, the statistics, in 2014 showed 172 cases of child sexual abuse reported by Pune Police between January and October compared with 126 cases recorded in 2013 in the same period, showing a steep rise of 35%. During 2011, a total of 33,098 cases of sexual crimes against children were reported all across the nation as compared with 26,694 cases during 2010, suggesting a recent increase in 24%.²⁰

According to B Ghosh, 2009, India has the world's largest labor trafficking problem. An estimation of 1.2 million children are trafficked each year into exploitative work according to the International Labor Organization²⁰

The National Crimes Record Bureau (NCRB) reported the number of child abuse cases registered under POSCO Act rose from 8,904 in 2014 to 14,913 in 2015.

69% of Indian children are victims of physical, emotional, or sexual abuse. New Delhi, has over 83% of abuse rate. Out of the total, about 89% of the crimes are caused by family members as seen in

Indian Child Abuse Statistics 2007¹⁵

According to National Study On Child Abuse 2005, Every second child reported facing emotional abuse. The Emotional abuse of children begins at about 5 years, increases at 10 years, peaks at 12 years (14.12%) and after 14 years it starts steadily declining. 48.37% children reported emotional abuse of one form or the other wherein 83% of the cases parents were the abusers.⁴

When it comes to the knowledge and attitude of dentists regarding child abuse and neglect very few studies are documented in Indian literature with high rates of ignorance seen. In a study done by Suruchi Malpani et al in 2017 on 762 dentists in Pune, Maharashtra regarding their knowledge, professional responsibilities, and behavior concerning child abuse. 647 participants agreed that detecting and reporting childhood physical abuse is important, and 250 strongly agreed that dentists have an important role in detecting and reporting child abuse cases but only 7.2% of them were confident to detect child abuse cases.²⁰

As seen by Kirankumar S V In 2011, 200 medical professional in Bagalkot, Karnataka were analysed on their perception about child abuse and neglect. It was seen that 92% of medical professional agreed that protection of child's health is their duty as stated in the code of conduct and law. Only 47.5% of them have received information, instruction, and training in diagnosing the suspected cases. Of them 68.5% did not know the most common part of the body that is involved in Child Abuse and Neglect.²¹

CONCLUSION

Child abuse in any form is present in our society in all religious, ethnic and cultural walks of life. Children are gifts of god to the world, who cannot stand up and fight for their rights. Thus it should be the duty of all elders to not encroach upon their rights, instead help them protect it and build wonderful future. Abuse in any form can cause physical as well as emotional damages to the child and it should be prevented. We as pedodontists are in the forefront to diagnose and report cases of abuse as most of them have oral implications. By not worrying about the consequences of reporting abuse and taking it upon ourselves to learn about the signs and symptoms of abuse we can protect a child and shape their future.

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