

CHILD ABUSE AND NEGLECT IN PEDIATRIC DENTISTRY

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ABSTRACT

Dentists are in a strategic position to recognize mistreated children. While the detection of dental care neglect is an obvious responsibility for dentists, other types of child abuse and neglect also may present themselves in the dental office. The characteristics and diagnostic findings of physical abuse (nonaccidental trauma), sexual abuse, failure to thrive (nutritional neglect), intentional drugging or poisoning, Munchausen's syndrome by proxy, health care neglect, safety neglect, emotional abuse, and physical neglect all should be familiar to the dentist. Once this information is known to the dentist, he Health care providers (including dentists) are mandated to report suspected cases of abuse and neglect to social service or law enforcement agencies. Oral health issues can also be associated with bullying and are commonly seen in human trafficking victims. Some medical providers may receive less education pertaining to oral health and dental injury and disease and may not detect the mouth and gum findings that are related to abuse or neglect as readily as they detect those involving other areas of the body. Therefore, pediatric care providers and dental providers are encouraged to collaborate to increase the prevention, detection, and treatment of these conditions in children.

Key words: child abuse, neglect, injuries, sexual abuse.

INTRODUCTION

Child abuse and neglect represent a grave global concern, intersecting health, social, and legal domains. In pediatric dentistry, clinicians are often in a unique position to detect signs of abuse, as the orofacial region is frequently involved in cases of physical assault. According to the World Health Organization (WHO), child abuse encompasses all forms of physical, emotional ill-treatment, sexual abuse, neglect, and exploitation that result in actual or potential harm to the child's health, survival, development, or dignity. In India, studies conducted by the Ministry of Women and Child Development (2007) revealed that more than 50% of children have faced some form of abuse. This underlines the urgent need for awareness, vigilance, and action among pediatric dentists.

DEFINITIONS AND CONCEPTS

The American Academy of Pediatric Dentistry (AAPD) defines child abuse as any non-accidental injury, sexual abuse, or emotional harm inflicted upon a child. Child neglect, in contrast, refers to a failure by caregivers to provide for a child's basic needs, including medical and dental care. Dental neglect, as defined by the AAPD, is the willful failure of a parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain.

HISTORICAL BACKGROUND

The recognition of child abuse as a medical and social issue was highlighted in the seminal paper by Kempe et al. (1962), who coined the term 'Battered Child Syndrome.' Since then,

awareness has grown regarding the critical role of healthcare professionals, particularly dentists, in identifying and reporting abuse. The orofacial manifestations of abuse, including bruises, lacerations, and fractured teeth, provide key diagnostic clues.

EPIDEMIOLOGY

Globally, child abuse remains widespread, though underreported. The WHO estimates that up to 1 billion children aged 2–17 years experienced physical, sexual, or emotional violence or neglect in 2017. In India, the MWCD's 2007 national study revealed that two out of every three children faced physical abuse, and 53% reported sexual abuse. Despite legal protections such as the POCSO Act (2012), sociocultural barriers often limit disclosure and reporting.

TYPES OF CHILD ABUSE AND NEGLECT

1. Physical Abuse – Bruises, burns, lacerations, dental trauma.
2. Sexual Abuse – Oro-genital trauma, sexually transmitted infections, unexplained oral injuries.
3. Emotional Abuse – Developmental delays, fear, withdrawal, psychosomatic complaints.
4. Neglect – Poor hygiene, rampant caries, untreated infections, failure to thrive.
5. Dental Neglect – Chronic untreated dental disease despite awareness and availability of care.

TYPES OF ABUSE AND OROFACIAL MANIFESTATIONS

Type of Abuse	Orofacial Manifestations
Physical Abuse	Bruises, burns, torn labial frenum,
Sexual Abuse	Oro-genital lesions, STIs, palatal petechiae, unexplained oral injuries
Emotional Abuse	Bruxism, self-inflicted injuries, psychosomatic oral complaints
Neglect	Rampant caries, untreated infections, poor oral hygiene
Dental Neglect	Failure to seek care for pain, infection, malocclusion, trauma

CLINICAL INDICATORS IN PEDIATRIC DENTISTRY

Dentists should be alert for red flags such as inconsistent explanations for injuries, delay in seeking treatment, multiple injuries at different stages of healing, and injuries inconsistent with the child's developmental capabilities. Orofacial manifestations include bruised lips, torn labial frenulum, fractured or avulsed teeth, burns from heated objects, and patterned injuries suggestive of implements.

ROLE OF PEDIATRIC DENTIST

The pediatric dentist plays a multifaceted role:

- Identification: Careful history-taking and examination.
- Documentation: Detailed written records, photographs, radiographs.
- Reporting: Following mandatory reporting laws.
- Management: Providing emergency dental care and psychosocial support.

Dentists must be trained to differentiate accidental injuries from abuse, use behavior observation, and interact with children empathetically to build trust. Interdisciplinary collaboration with pediatricians, psychologists, and social workers is vital.

ROLE OF PEDIATRIC DENTIST IN SUSPECTED ABUSE

1. Suspicion of abuse based on clinical/behavioral signs
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2. Detailed history and examination
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3. Documentation (clinical notes, photos, radiographs)
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4. Discussion with multidisciplinary team (pediatrician, psychologist, social worker)

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5. Reporting to child protection services/legal authorities

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6. Provide emergency dental care and emotional support

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7. Follow-up and preventive counseling

LEGAL AND ETHICAL ASPECTS

In India, several legislations address child protection:

- The Protection of Children from Sexual Offences (POCSO) Act, 2012.
- The Juvenile Justice (Care and Protection of Children) Act, 2015.
- Relevant sections of the Indian Penal Code (IPC).

Mandatory reporting is a legal obligation. Failure to report can result in penalties. Ethical responsibility also mandates that dentists act in the best interest of the child.

BARRIERS TO REPORTING

Barriers include lack of awareness, fear of legal consequences, reluctance to get involved in family matters, and inadequate training. Continuous professional education is essential to overcome these barriers.

PREVENTION AND MULTIDISCIPLINARY APPROACH

Prevention of child abuse requires community-wide strategies: parental education, strengthening child protection systems, collaboration between schools, healthcare providers, NGOs, and law enforcement. Pediatric dentists must integrate abuse recognition into routine practice and actively contribute to public health campaigns.

CONCLUSION

Child abuse and neglect remain pressing challenges with far-reaching health and social consequences. Pediatric dentists hold a critical role in early detection, intervention, and advocacy. Vigilance, empathy, and adherence to medico-legal responsibilities are indispensable for safeguarding children's well-being.

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