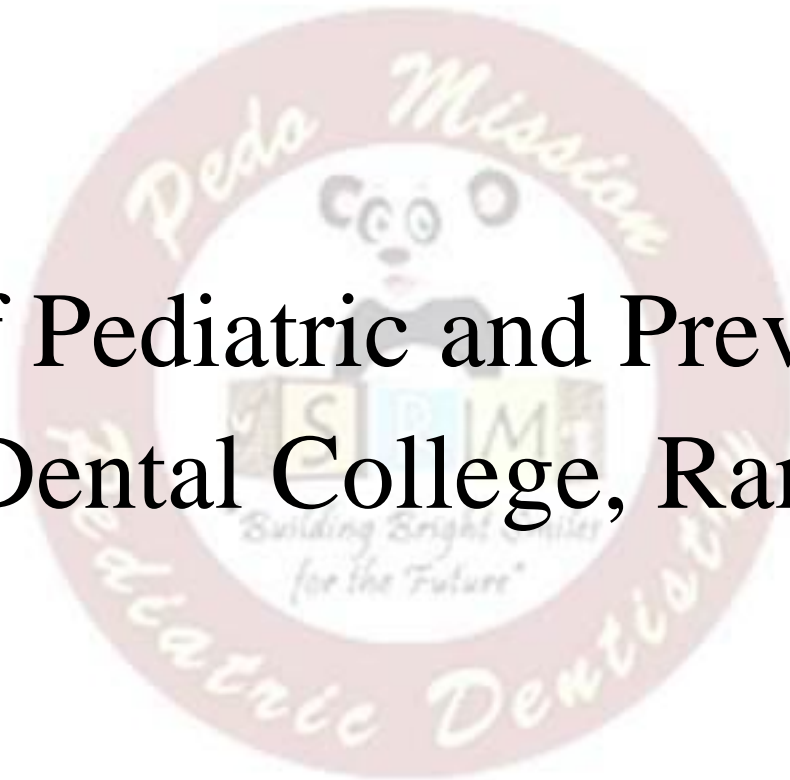




CHILD ABUSE AND NEGLECT

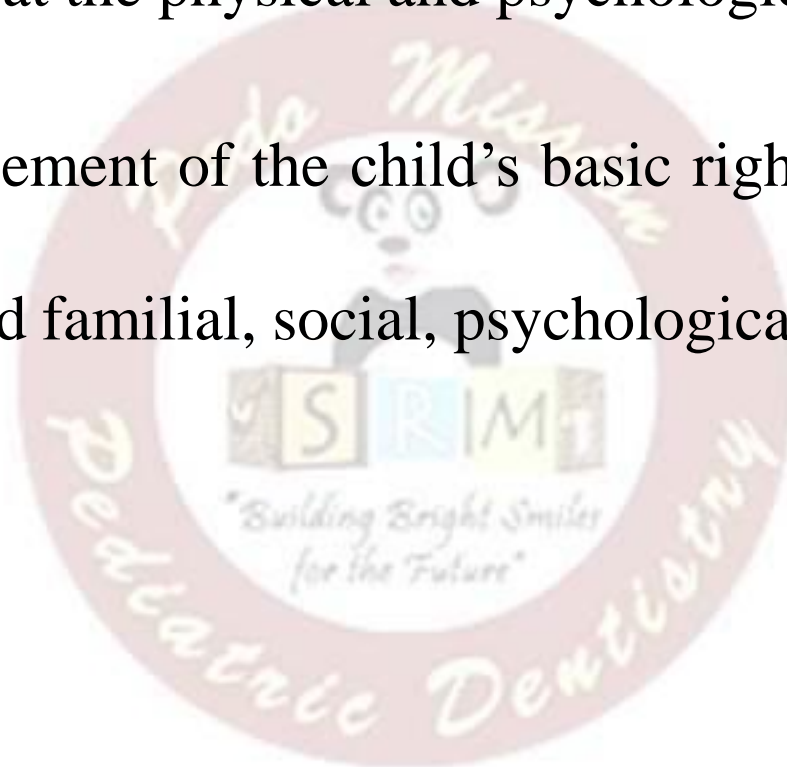
Department of Pediatric and Preventive Dentistry
SRM Dental College, Ramapuram





Introduction

- Child abuse and neglect (CAN) is a social peril engendering massive negative impacts on the victim at the physical and psychological levels.
- CAN involves infringement of the child's basic rights and is the denouement of several inter-tangled familial, social, psychological and economic dynamics



"Building Bright Smiles
for the Future"



History



Federal involvement

- Social security act, 1935
- Protection and care of homeless, dependent and neglected children

Publication in medical literature

- John Caffey – classic paper on abusive childhood injuries
- **THE BATTERED CHILD SYNDROME** – Henry Kemp

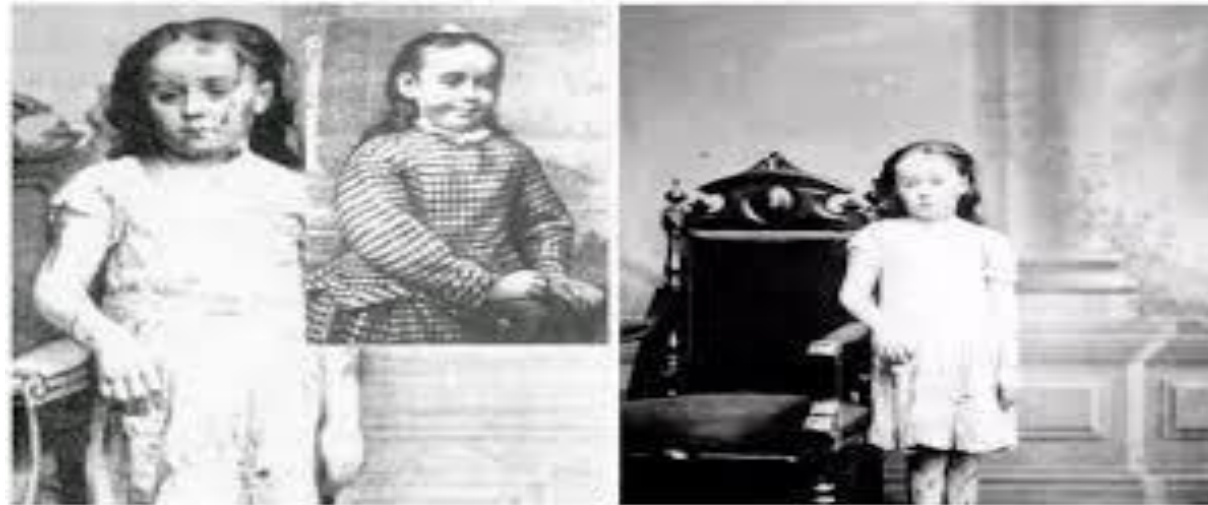
Child protective services

- Vincent De Francis and Henry Kemp – brought out the law for health professionals to report CAN
- They also made the government to start protection services



- Remus and Romulus – emergence of Rome
- Children as parental property
- Greece and Rome – sanctioned infanticide

Mary Ellen in 1871





Definitions



- **Child abuse:** According to Gill 1968, it is defined as the ‘nonaccidental physical injury, minimal or fatal, inflicted upon children by persons caring for them’. It is an overt act of commission of a caretaker—physical, emotional or sexual.
- **(PITS) (Caffey) or Parent–Infant Traumatic Stress Syndrome** that are frequently multiple and involve mainly the head, soft tissues, long bones and the thoracic cage, and that cannot be unequivocally explained (Selwyn, 1985).
- **Neglected child:** It is one who shows evidence of physical or mental health primarily due to failure on the part of the parent or caretakers to provide adequately for child’s needs.



- **Battered baby:** A child who shows clinical or radiographic evidence of lesions.
- **Sexual abuse:** Child sexual abuse to include contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person.
- **Dental neglect:** The failure by a parent or guardian to seek treatment for visually untreated caries, oral infections and/ or oral pain, or, failure of the parent or guardian to follow through with treatment once informed that the above condition(s) exists. **(AAPD)**



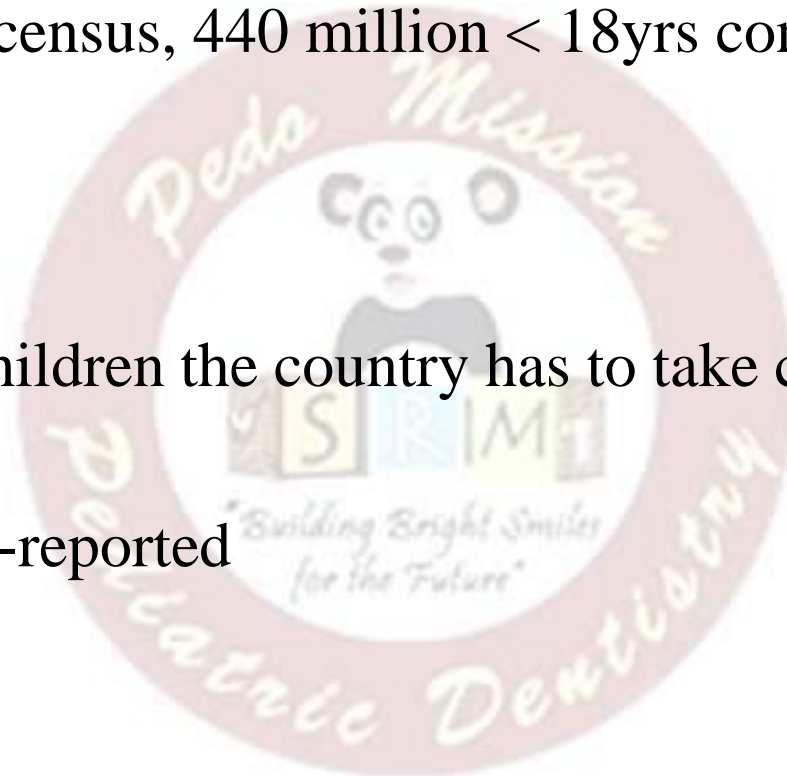
Child abuse across globe

- WHO estimates 53,000 child deaths in 2002 were due to child homicide
- 20% - 65% school going children are physically or verbally bullied
- About 150 million girls and 75 million boys have undergone sexual abuse
- UNICEF – 3million girls subjected to FGM
- ILO – 218 million – child labor and 1.2 million – trafficking
- Only 2.4% of world's children are legally protected from corporal punishment



Child abuse in India

- 19% of world's children live in India
- According to 2001 census, 440 million < 18yrs constitute to 42% of total population
- That is enormous children the country has to take care of
- CAN are still under-reported





Type of Child abuse

Type	percentage
Physical abuse	31.8%
Educational abuse	26.3%
Emotional abuse	23.3%
Sexual abuse	6.8%
Failure to thrive	4.0%
International drugging or poisoning	Not specified
Munchausen syndrome	Not specified





Factors responsible in child abuse

STRESSES

- Youthful parenthood
- Unwanted parenthood
- Partner discord
- Infantile colic
- Low socio-economic status
- Long parenthood

EGO WEAKNESS

- Impulsive – aggressive
- Rigid exacting
- Immaturity
- Depressive
- Alcoholism
- Low self esteem
- Inability to trust

VECTORS

- Stress created by child
- Specific psychodynamics
- Culture bound beliefs
- Social isolation



Evaluating non-accidental trauma

Eye witness history

Unexplained theory

Implausible history

Alleged self-inflicted history

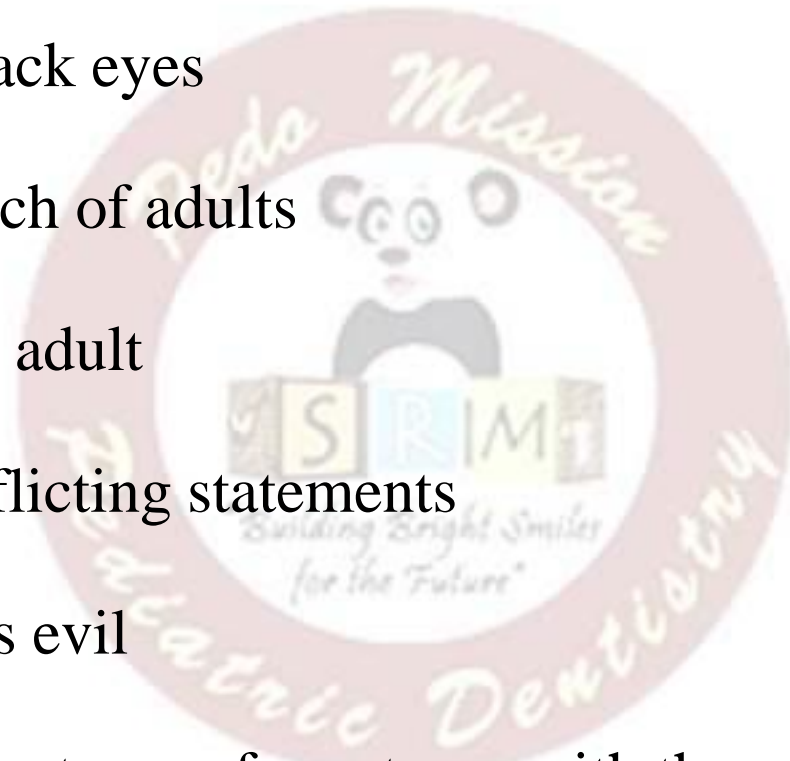
Delay in seeking medical care



Signs – Physical abuse



- Battered child syndrome
- Shaken baby syndrome - <1yr
- Unexplained burns, bites and bruises
- Broken bones, black eyes
- Shrinks at approach of adults
- Reports injury by adult
- Parent offers conflicting statements
- Describes child as evil
- Frightened of parents or refuses to go with them





Points to remember



DO NOT

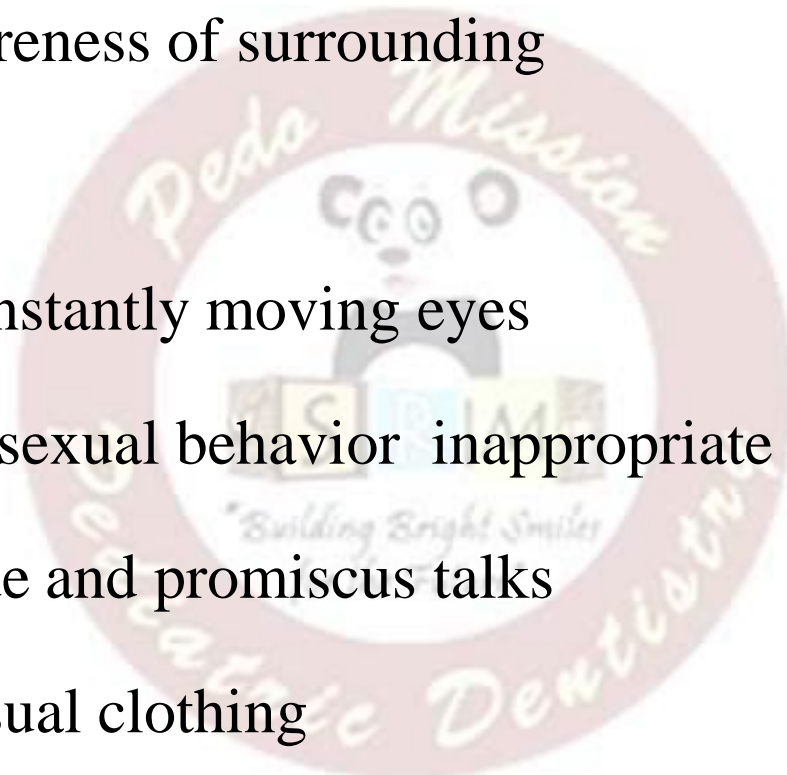
- Ignore any child which makes a statement on abuse
- Promise a child that you wont tell anyone
- Ask the parents directly
- Attempt to examine body parts covered normally by clothes
- Try to investigate the complaint
- Wait for few weeks for the situation to improve
- Discuss your suspicions with anybody except your staff
- Let anyone influence you regarding whether to file a report or not



Points to remember



- Watchful frozenness, sad mood, avoidance of eye contact
- Aggressive behavior
- Flinching from touch
- Apparent unawareness of surrounding
- Wary of parents
- Watchful and constantly moving eyes
- Strange unusual sexual behavior inappropriate for the age
- Seductive attitude and promiscuous talks
- Presence of unusual clothing







5 key observations

Nature of relation between child and parent/caregiver

Child reaction and behavior towards other people

Childs reaction to medical or dental examination

General demeanour of child and parent

Any comments made by the child



What should be done?



- DIAGNOSE CAN
- All members of the dental team should have awareness
- Dentist should be vigilant
- Adequate knowledge to recognize child mistreatment
- Educating Dentists on CAN is only winning half the battle
- Reporting such incident should be encouraged

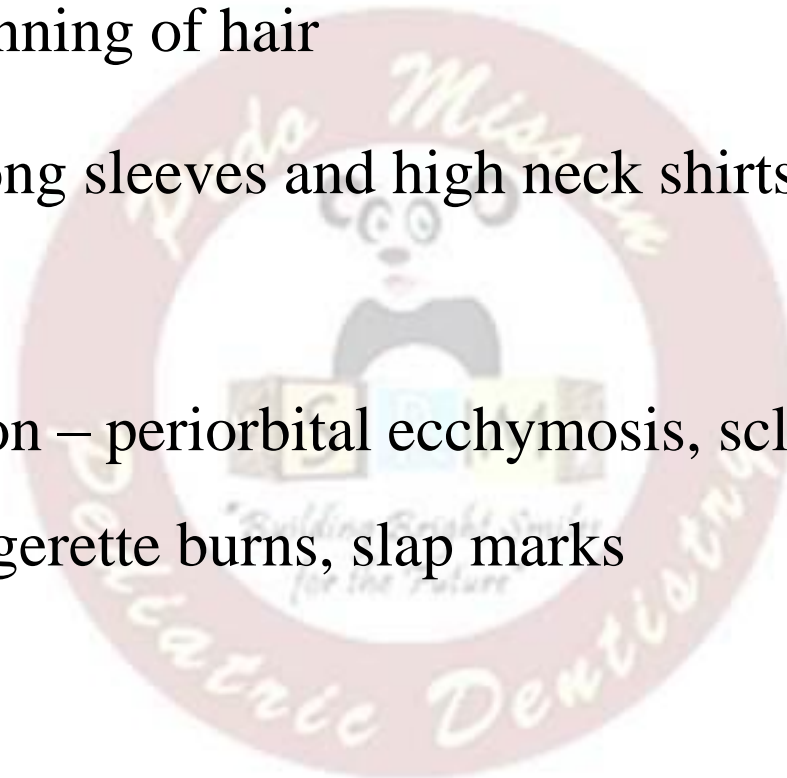




Common sites to be observed

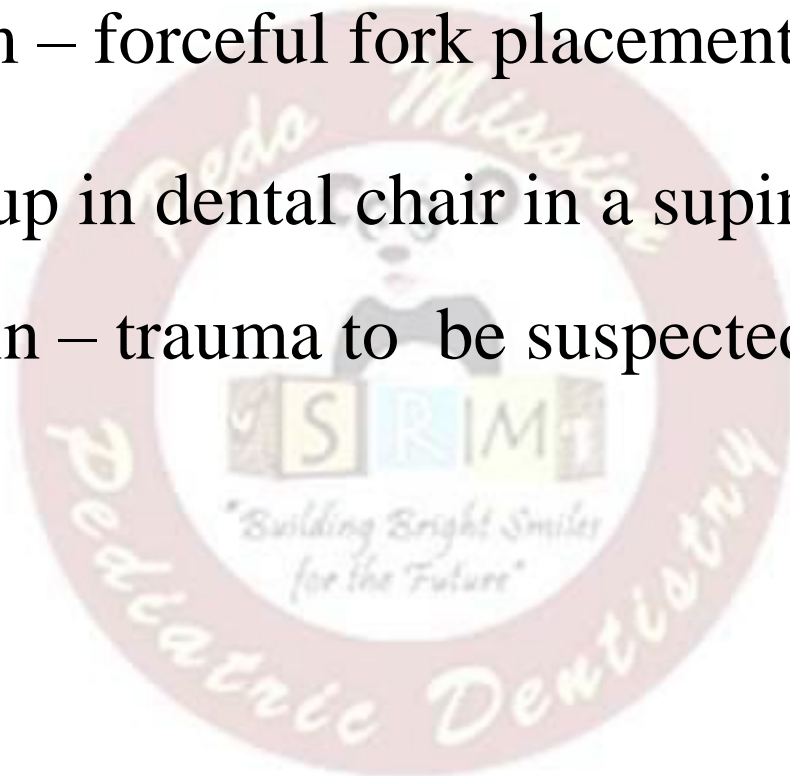


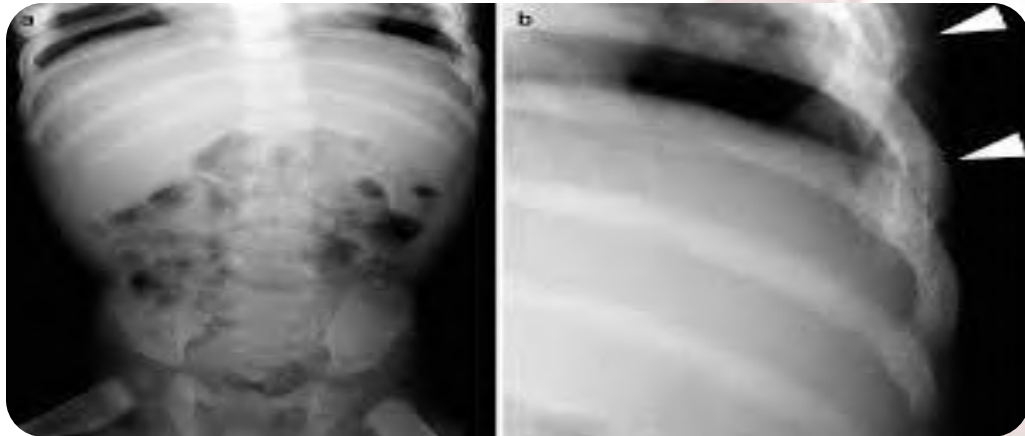
- Victim – FROZEN WATCHFULNESS
- Lack of cleanliness, evidence of malnutrition – fatigue, round shoulders, flat chest, protuberant abdomen, thinning of hair
- Overdressed children – long sleeves and high neck shirts in summer to cover signs of physical abuse
- Face and neck examination – periorbital ecchymosis, scleral hemorrhage, ptosis, deviated nasal septum, cigarette burns, slap marks





- Corner of mouth – gag marks
- Anterior torn frenum – forceful fork placement
- If moving the child up in dental chair in a supine position or lifting up motion results in pain – trauma to be suspected

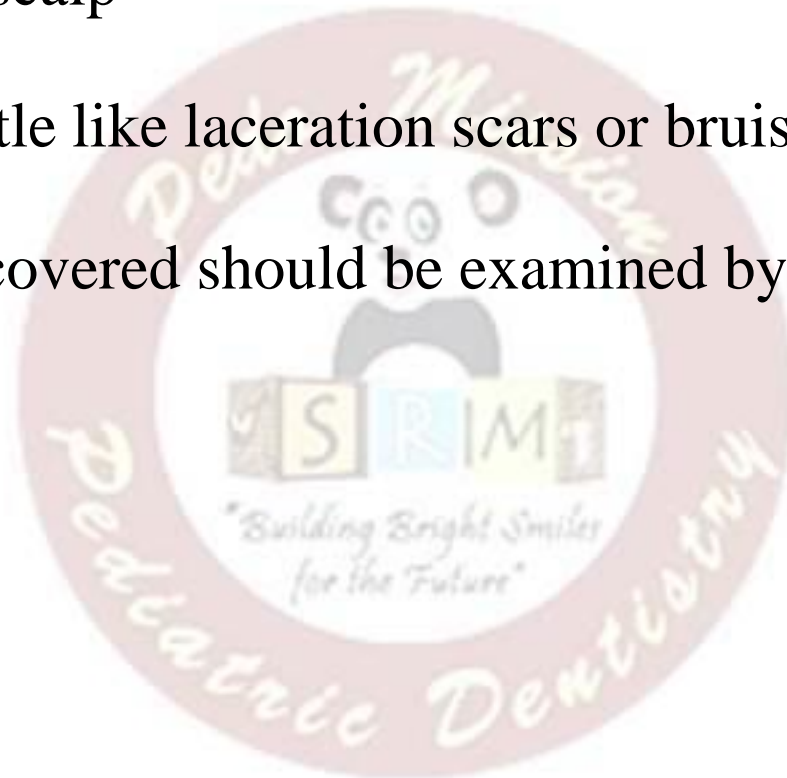






Definitive examination

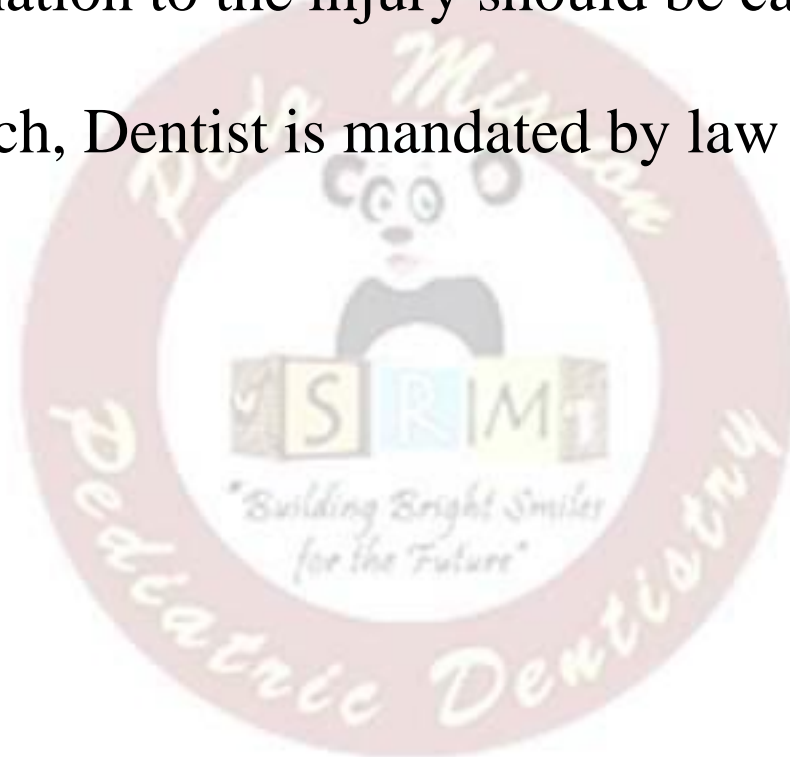
- Palpation of skull – subgaleal hematomas and cephalatomas – soft tender circumscribed areas of scalp
- Positive sign of any battle like laceration scars or bruises
- Body surfaces that are covered should be examined by lifting clothes to the limit they allow.





Parent consultation

- Once suspicion is confirmed, parent has to be informed
- The parental explanation to the injury should be carefully documented
- If there is a mismatch, Dentist is mandated by law to contact appropriate CAN authority





Inflicted bruises

- Color changes in bruise during healing

Time	Sign
0 – 2 days	Swollen, tender
0 – 5 days	Red, blue, purple
5 – 7 days	Green
7 – 10 days	Yellow
10 – 14 days	Brown
2 – 4 weeks	Cleared



hemoglobin → biliverdin → bilirubin



bruise

healing



Bruise Age By Color

Bruise Color	Bruise Age
Red (Swollen, Tender)	0 to 2 Days
Blue, Purple	2 to 5 Days
Green	5 to 7 Days
Yellow	7 to 10 Days
Brown	10 to 14 Days
No further evidence of Bruising	2 to 4 Weeks



Human hand marks

- Grab marks or finger tip bruises – oval shaped in seen in shoulder or upper arm
- Linear grab marks – pressure of entire finger when capillaries at the edge of the injury are stretched enough to rupture
- Slap marks – 2 or 3 parallel line bruises at finger width spacing
- Crescent shaped bruising – pinch with finger nail

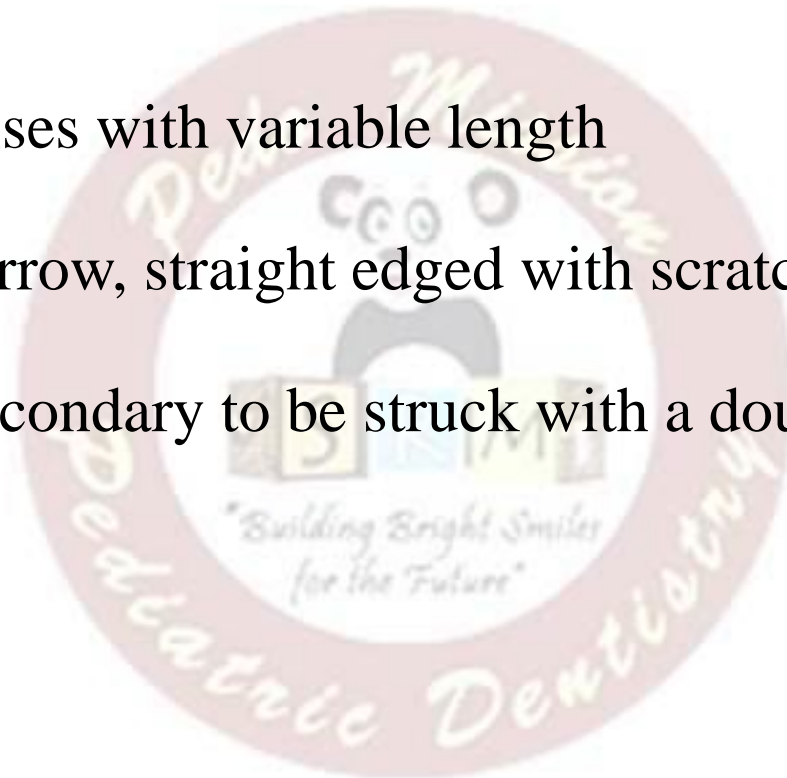






Strap marks

- 1- 2 inches wide
- Sharp borders
- Rectangular bruises with variable length
- Lash marks – narrow, straight edged with scratches
- Loop marks – secondary to be struck with a doubled over lamp cord or rope

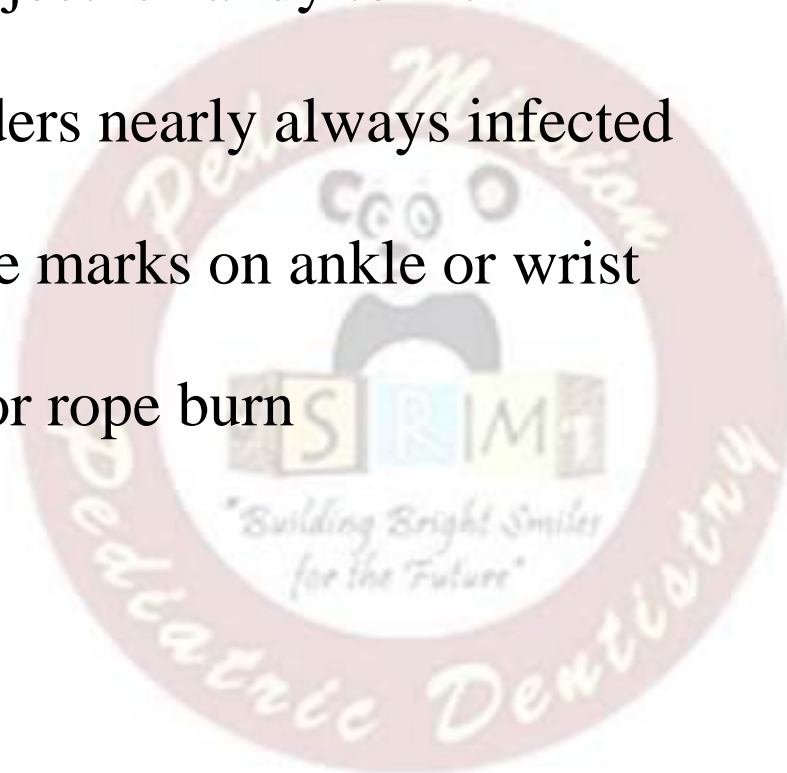






Bizarre marks

- Bizzare shaped bruises indicate the offender loses temper easily and grabs whatever object is handy to hit
- Wounds with borders nearly always infected
- Circumferential tie marks on ankle or wrist
- A frictional burn or rope burn
- Gagging abrasion





Building 2
for the
pediatric Dent

Dent



Facial and Dental injuries

Site	Percentage
Scalp	79
Neck	59
Forehead	52
Cheek	49
Lower jaw	48
Upper lip	45

Site	Percentage
Fractured teeth	32
Oral ulceration	14
Fracture of maxilla/mandible	11

Facial injuries and prevalence in physical abuse – cameron et al 1986

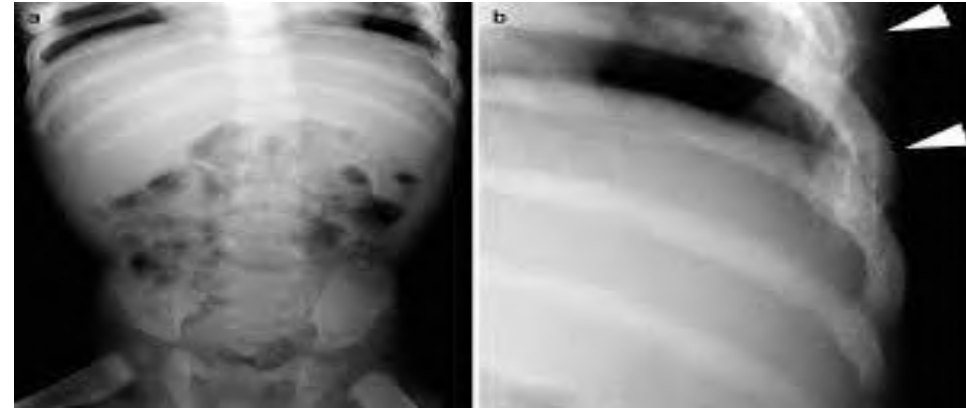
Dental injuries prevalence in physical abuse – Malcez, 1979



Note on Battered child syndrome

- Dr. C Henry Kempe
- Work in 1962
- Journal of American Medical Association
- **THE BATTERED CHILD SYNDROME**
- Led to implication of laws in all states requiring health professionals to report to welfare departments and police departments





The Shaken Baby Syndrome triad

Retinal hemorrhaging

Brain swelling

Subdural hematoma



Pale or blue skin

Lethargic eyes



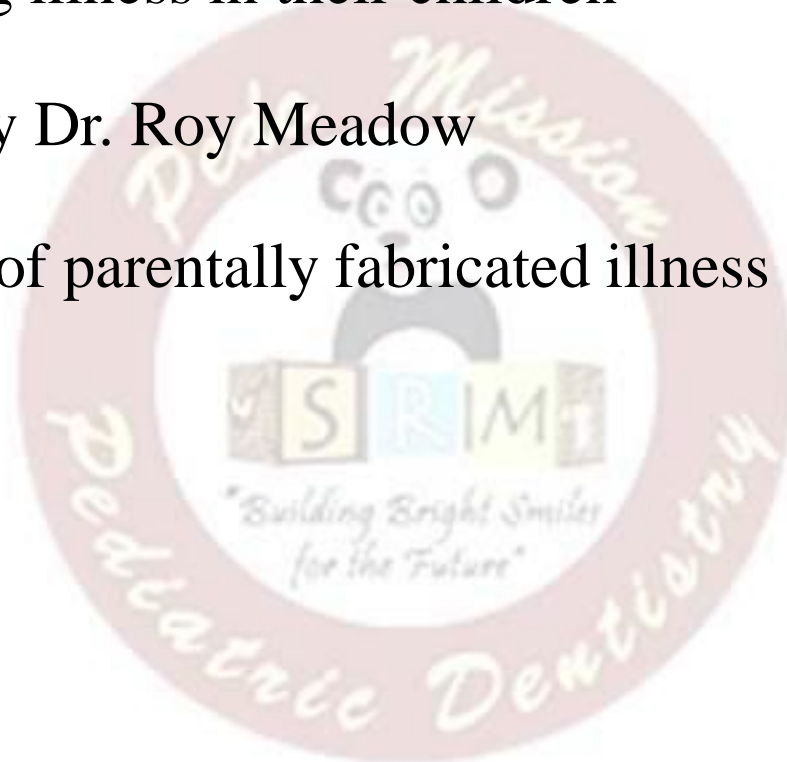
ADAM



Note on Munchausen by proxy

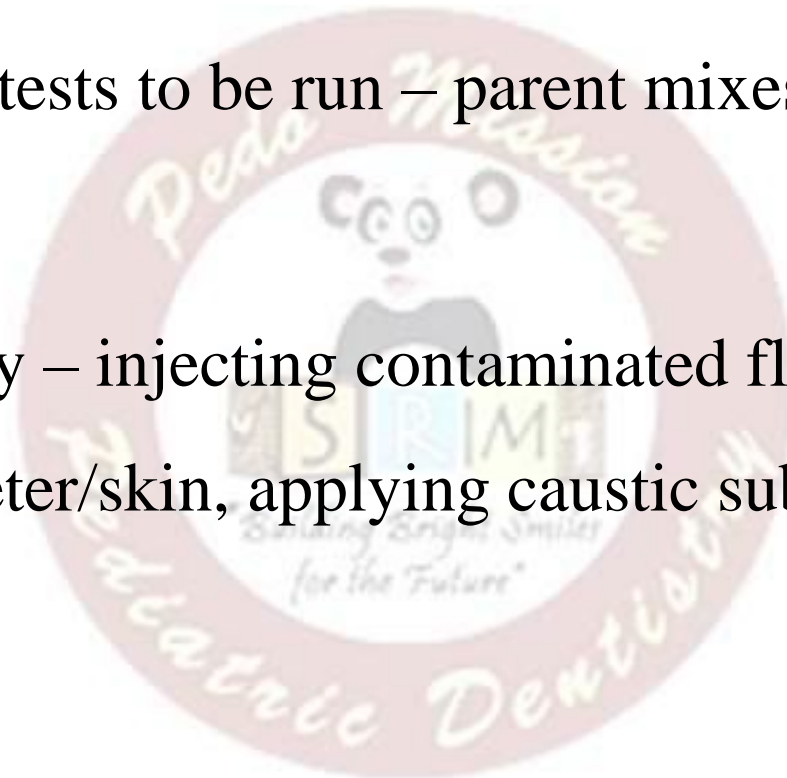


- Described by Richard Asher in 1951
- A parent or caregiver attempts to bring medical attention to themselves by injuring or inducing illness in their children
- Term was coined by Dr. Roy Meadow
- Children – victims of parentally fabricated illness





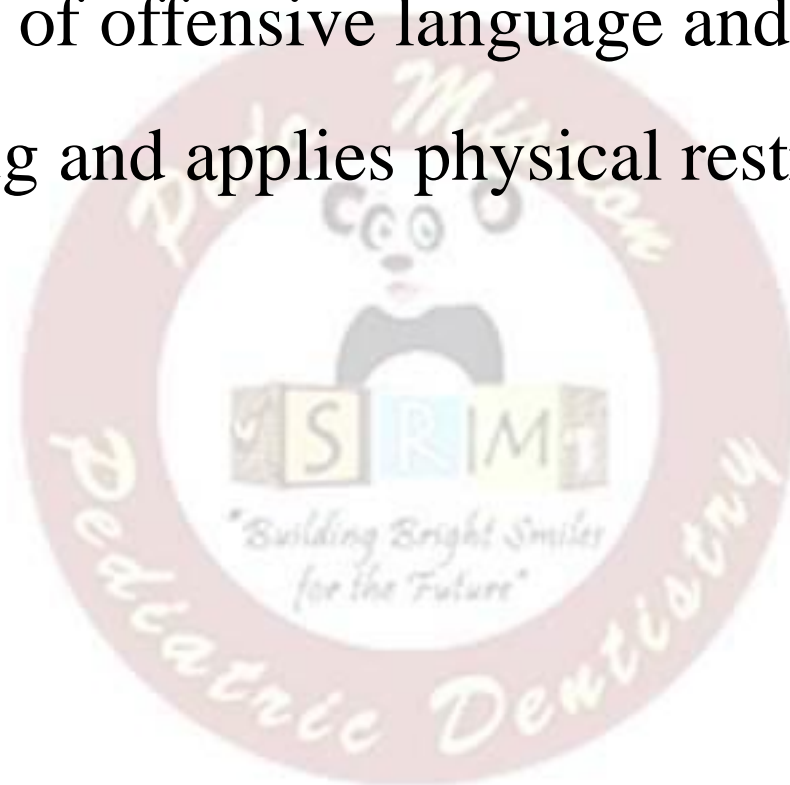
- Mother – is often a nurse or has similar illness herself
- Symptoms include bleeding from various tests
- In case of any lab tests to be run – parent mixes their own blood in the sample
- Signs fabricated by – injecting contaminated fluid, using laxative, rubbing thermometer/skin, applying caustic substance, etc





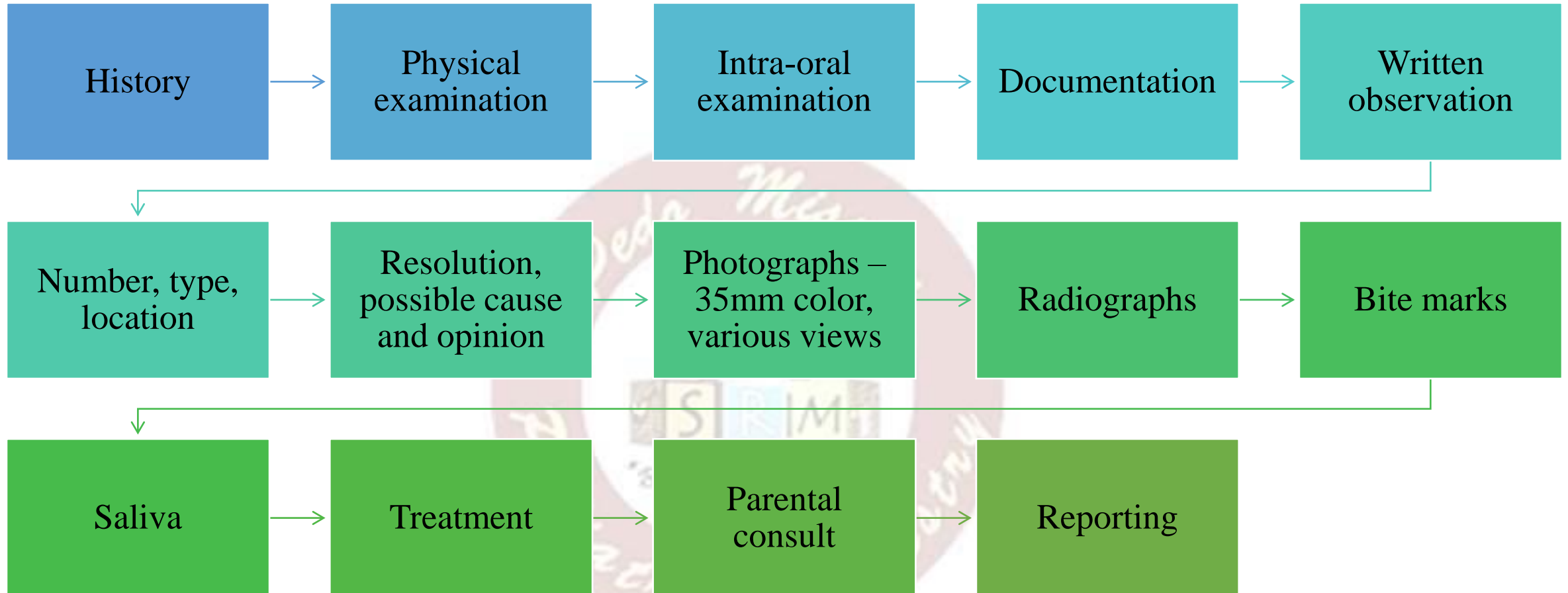
Dentist as child abuser

- Dentist himself/herself can be labeled as an abuser if he/she resorts to hitting/slapping, use of offensive language and inappropriate gestures, misuses/overuse drug and applies physical restraint without parental consent





Recording of Child Abuse





Signs – sexual abuse

Has difficulty in walking, sitting

Refuses to participate in physical activities

Reports nightmare, bed wetting

Sudden change in appetite

Bizzare sexual knowledge

Pregnant, venereal disease

Runs away

Secretive isolated

Jealous or controlling family members



Signs – emotional maltreatment

Extreme behavior
– overly compliant
or demanding

Inappropriately
adult or infantile

Delayed physical
and emotional
development

Has attempted
suicide

Lack of attachment
to parent

Constantly blames
belittles or berates
the child

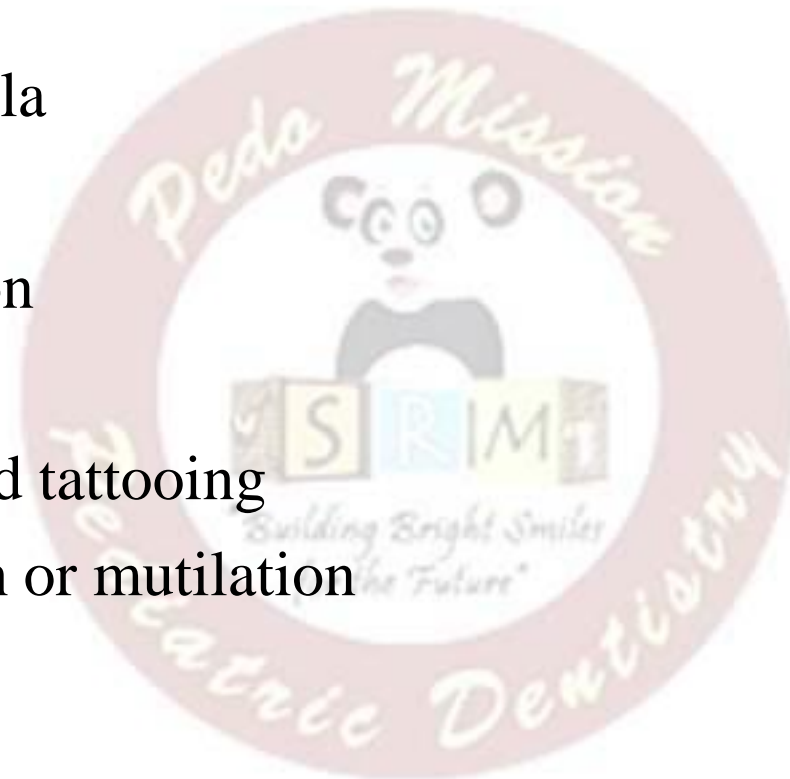
Unconcerned
about child

Overtly concerned
about the child



Cultural practices

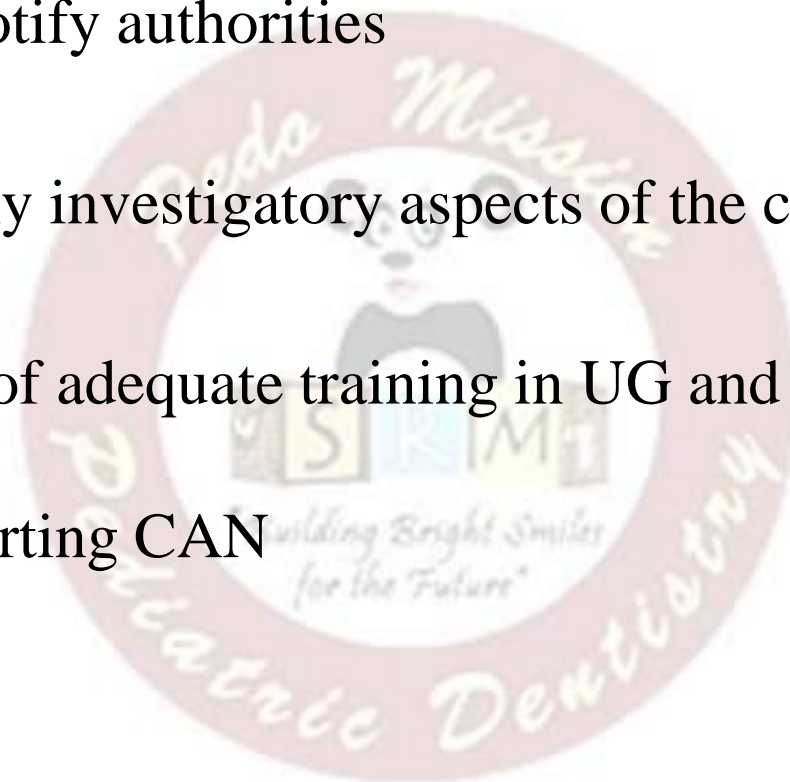
- Dry cupping
- Mollera caida
- Cao gio
- Removal of uvula
- Foot binding
- Cranial alteration
- Skin piercing
- Scarification and tattooing
- Tooth extraction or mutilation





Role of Dentists

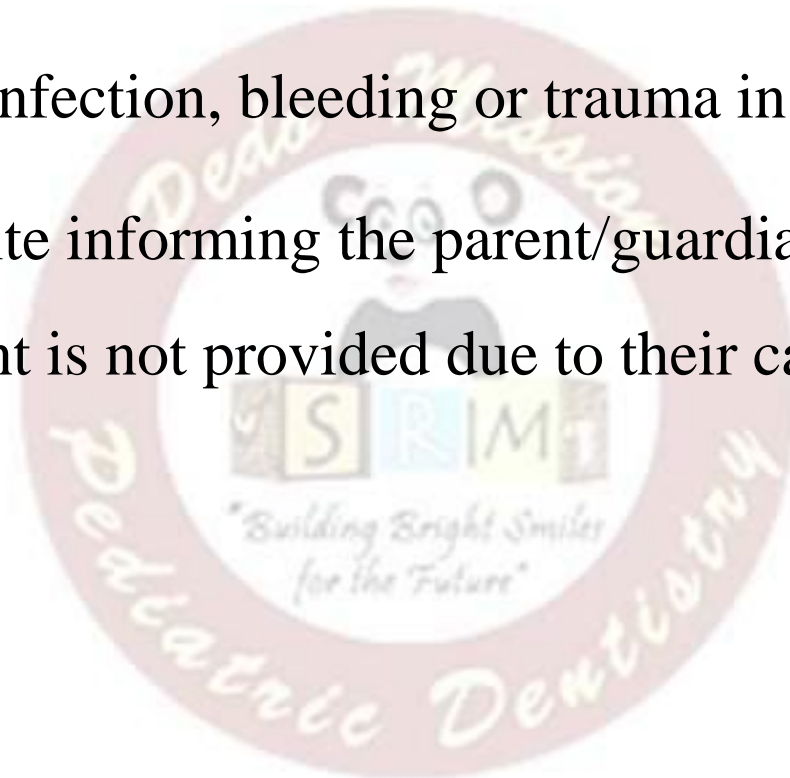
- Dentists are in a strategic position to recognize CAN
- Only required to notify authorities
- Need not follow any investigatory aspects of the case
- Studies show lack of adequate training in UG and PG curricula as reason to dentists not reporting CAN





Dental Neglect

- Present at high rates, but little importance is given
- Untreated rampant caries
- Untreated pain, infection, bleeding or trauma in oro-facial region
- Sometimes despite informing the parent/guardian about the dental health – treatment is not provided due to their callous attitude





Types of child neglect



Emotional 27.8%

Health care neglect 8.7%

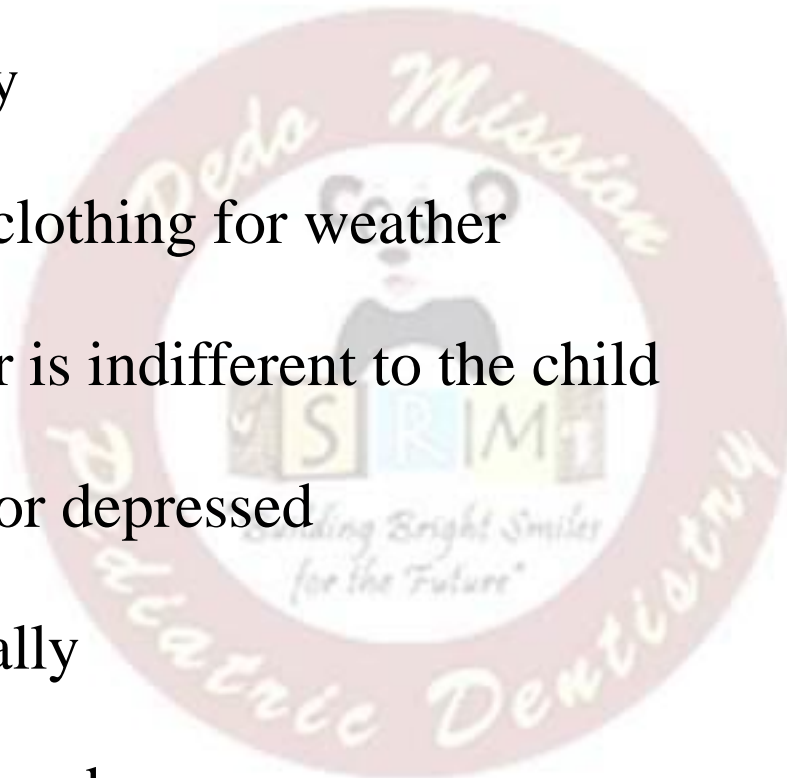
Physical neglect 7.8%



Signs - Neglect



- Frequently absent at schools
- Begs or steals food or money
- Lacks needed medical or dental care
- Consistently dirty
- Lacks sufficient clothing for weather
- Parent/ care giver is indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally
- Abusing alcohol or drugs





Impact of Neglect



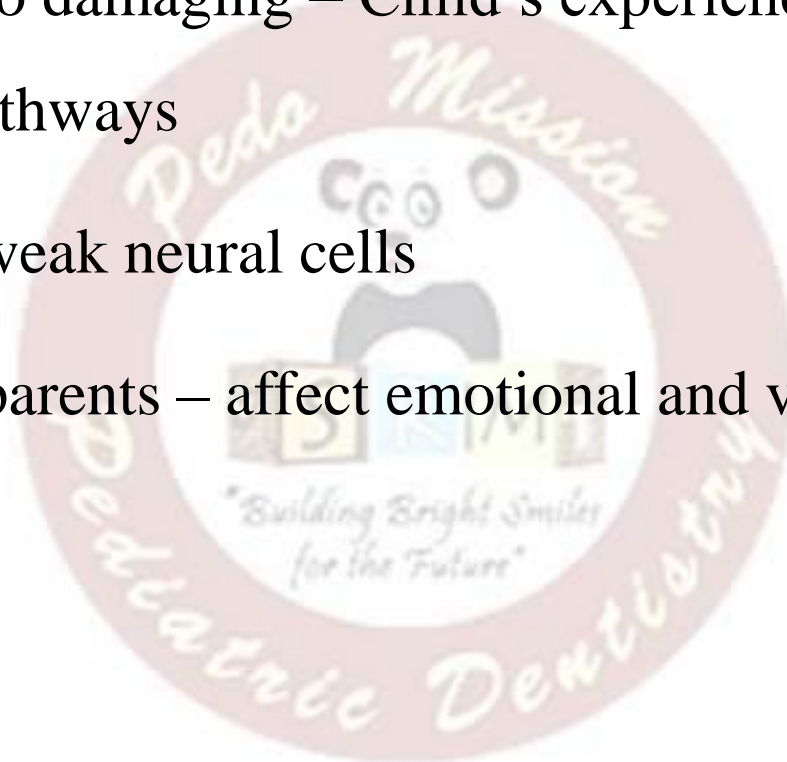
	infant	Pre-school	School child	Young person
Physical	FTT Dirty infect skin Nappy rash	Short/thin Dirty, unkempt thin hair	Short/thin Dirty, unkempt thin hair	Short/thin/obese Dirty, unkempt delayed puberty
Developmental	Generalized delay quiet	Language delay Poor attention Immature	Learning difficulties	School failure
behavioral	Anxious Avoidant unresponsive	Overactive aggressive	No peers Bed wetting	Smoking, drinking, sex precocity, stealing, lying





Effects on Brain development

- First year of life – have big impact on how brain develops
- That is why neglect is so damaging – Child's experiences can change the thought processes and neural pathways
- Badly malnourished – weak neural cells
- Poor relationship with parents – affect emotional and verbal pathway development
- PTSD and ADHD





GOs and NGOs



UNICEF



CHILDLINE
org



UMMID
SANSTHA



IFSHA



SHAKTHI,
KOLKATA



NHRC



SPARSH SEVA
SANSTHA



ASHA
SEVABHAI
SANSTHA



Indian laws



- India has no law on/for child abuse per se
- No law for emotional and educational abuse

Physical abuse

- **Violence in home**
- **IPC 323/324**

Sexual abuse

- **Girls : statutory rape IPC 376**
- **Boys : unnatural sexual offense IPC 377**



Indian scenario



- Child is considered as god's gift
- However CAN is seen in tribal and remote areas
- 50% of the cases are not reported
- Majority of girls – sexual abuse and boys – physical abuse
- Media has helped in creating

awareness and

support systems –

#METOO movement

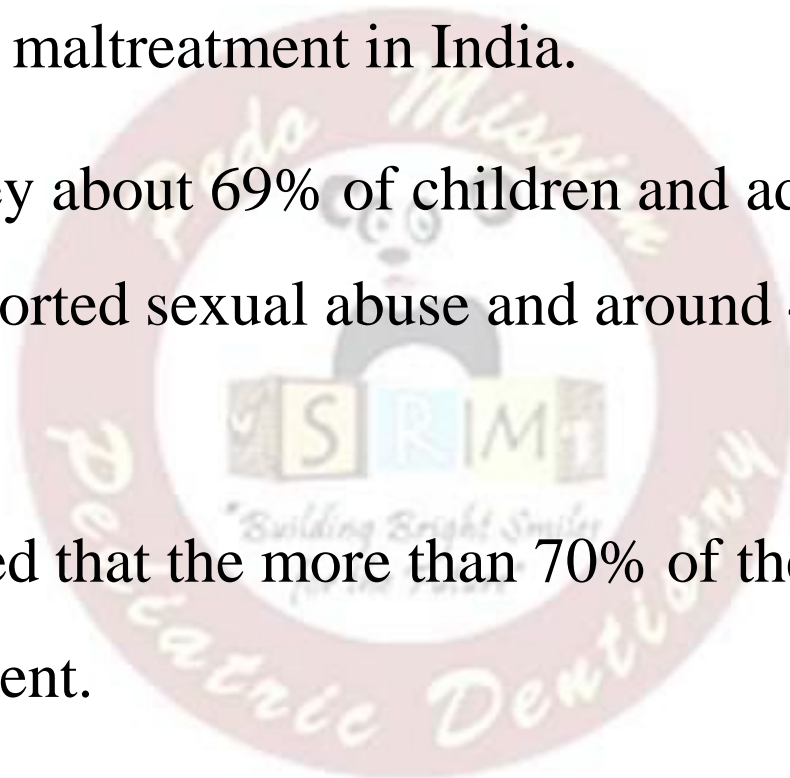




Indian study



- Until 2007, there were no data on CAN in India.
- The Ministry of Women and Child Development (MWCD) conducted a national survey in 2007 on child maltreatment in India.
- According to this survey about 69% of children and adolescents reported physical abuse, 53% of them reported sexual abuse and around 49% were subjected to emotional abuse.
- Also, the survey reported that the more than 70% of the girl children faced neglect within family environment.





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J Indian Soc Pedod Prev Dent. 2016 Oct-Dec;34(4):364-9. doi: [10.4103/0970-4388.191420](https://doi.org/10.4103/0970-4388.191420).

Dental neglect among children in Chennai.

[Gurunathan D](#)¹, [Shanmugaavel AK](#)¹.

[⊕ Author information](#)

Abstract

BACKGROUND: Child dental neglect is the failure of a parent or guardian to meet the child's basic oral health needs such that the child enjoys adequate function and freedom from pain and infection, where reasonable resources are available to family or caregiver.

AIM: The aim of the study is to evaluate the phenomenon of dental neglect among children in Chennai and to associate dental neglect with oral health status of children aged 3-12 years.

MATERIALS AND METHODS: This is a cross-sectional study involving 478 pairs of parents and children. Dental neglect scale and a questionnaire were used to assess the dental neglect score among parents of the children involved in the study. Oral health status of children was clinically assessed using oral hygiene index, decayed, extracted, filled teeth (def(t)), pulp, ulcers, fistula, abscess (pufa), decayed, missing, filled teeth (DMFT), PUFA as per the World Health Organization criteria and pufa/PUFA index. Student's t-test and one-way ANOVA were used appropriately for statistical analysis using SPSS software version 20.0.

RESULTS: A significant higher dental neglect score was reported among the parents who reside in the suburban location ($P < 0.001$), whose educational qualification was secondary ($P < 0.001$) and who have not availed any dental service for >3 years ($P = 0.001$). A significant higher DMFT ($P = 0.003$), def(t) ($P = 0 < 0.001$), pufa ($P = 0.011$), and debris index ($P = 0.002$) scores were seen in the higher dental neglect group.

CONCLUSION: Child dental neglect is seen among the parents whose educational qualification was secondary, who reside in the suburban location, and who have not utilized the dental services for more than 3 years in Chennai. This dental neglect results in poorer oral health of children.

PMID: [27681401](#) DOI: [10.4103/0970-4388.191420](https://doi.org/10.4103/0970-4388.191420)

[Indexed for MEDLINE] [Free full text](#)





Attempt to prevent child abuse in India

CHILD LABOR LAW

- February 1996 – working conditions regulated
- October 1993 – Prohibition act
- In 1986 – children under 14yrs age should not be employed in hazardous occupation

CHILD LABOR REGULATION

- With emphasis on working hours, wages, safety and health standards

CHILD LABOR PROHIBITION

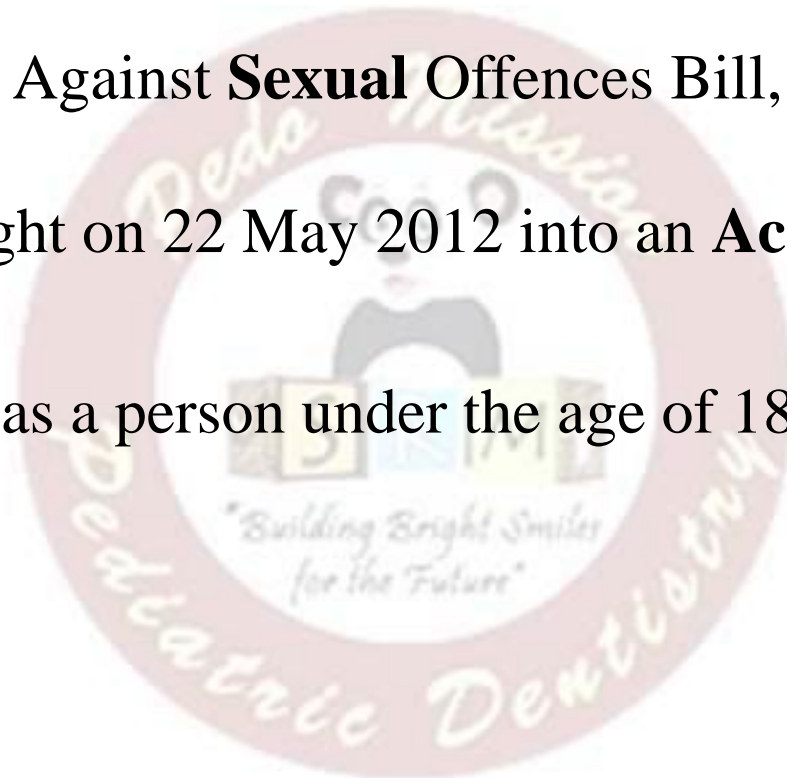
- Slaughter houses, printing, cashew nut descaling, soldering, etc



Recent law passed by the Indian constitution



- **POCSO ACT 2012**
- 'Protection of **Children** Against **Sexual** Offences Bill, 2011' regarding **child sexual abuse** was brought on 22 May 2012 into an **Act**.
- The Act defines a child as a person under the age of 18 years





Prevention of child abuse

Strengthening families

Public awareness

Research on KAP among professional

Developing and sustaining prevention programs

Evidence based practice



Prevention at individual level

Screen caregivers
– police
background check

Good touch vs
bad touch

Learn healthy
ways to manage
stress

Get help if you've
ever been a
victim

counseling



Child help hotline

**CHILDLINE Call
- 1098**

**CHILD HELP
HOTLINE -
18004224453**





Reporting and documentation

Healing of injury - status

Notes on behavioral indicators

Photographs

radiographs

Record of the date of consultation



Note on bite marks and lip prints

- Documenting the bite marks and lip prints if any are imperative in providing evidence in case of CAN
- Bite Marks – Webster's Classification (Type 1, 2 and 3)
- Cheiloscopy – lip prints – Tsuchihashi classification (5 types) and Santos classification
- Visual examination, photography, saliva swab, impressions, evidence collection from the suspect





Conclusion

- Under-reporting of child abuse is still a significant problem in the dental profession
- Children witnessing violence are at an increased risk of growing up to be abusers themselves. Hence, we as health professionals can play proactive role in breaking intergenerational vicious cycle of violence
- Continued efforts by educational and government institutions should be brought to bear on this significant social and health-care problem, whether through dental school curricula or continuing education courses.



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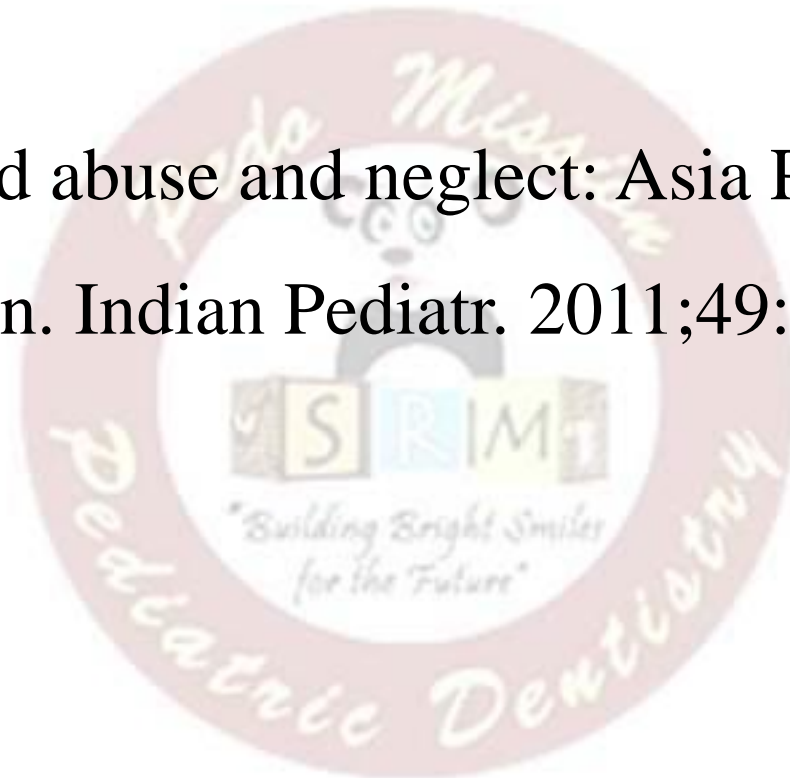
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THANK YOU

