

Child Abuse : Abusing the Innocence

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Introduction

Child abuse has occurred since the dawn of history. Child abuse and neglect occurs in a range of situations, for a range of reasons. Child abuse starts even before birth; feticide or more appropriately female feticide is still being followed religiously in many parts of India.

In abusive homes, children rarely subject to one form of abuse. They often endure multiple forms of abuse at once. The most severe effects of child abuse often do not become apparent until the abused child grows to adulthood, at which point the adult may experience a range of psychological, emotional and social problems related to childhood abuse. In this section, we outline the definitions, different forms of child abuse, clinical assessment and examination of child abuse and neglect and role of a dental practitioner in child abuse/neglect cases.

Definitions

Child Abuse: Child abuse is defined as the non-accidental physical injury, minimal or fatal, inflicted upon children by persons caring for them (Selwyn et al, 1985). It is an overt act of commission of a caretaker physical, emotional or sexual.

Neglected Child is one who shows evidence of physical or mental ill-health primarily due to failure on the part of the parent or caretakers to provide adequately for the child's needs.

Different Forms of Child Abuse

Physical Abuse: 31.8%

Physical assaults if committed by parent or caretaker on the child for instance hitting, slapping or striking with an object are considered as physical abuse.

Characteristics of physical child abusers include emotional impairment,

substance abuse, lack of social support, presence of domestic violence and a history of childhood abuse.

Children are forced to bear loads at an early age, a child who could tomorrow become a successful doctor or an engineer is forced to work in hotels, mines, homes etc. thereby changing his career at a middle age.

Emotional Abuse: 23.3%

Emotional abuse refers to the psychological and social aspects of child abuse. Many parents/caretakers are emotionally abusive without being violent or sexually abusive. However, emotional abuse invariably accompanies physical and sexual abuse.

Emotional abuse does not only occur in home. Children can be emotionally abused by teachers and other adults in a position of power over the child.

Educational Abuse: 26.3%

Education aims at covering the developmental domains of children which includes the development of their motor skills, social interactions, self confidence, language skills and development, cognitive skills, imagination and memory development.

Thereby keeping the child away from his/her basic need of education again is an abuse which we refer to as educational child abuse.

Sexual Abuse: 6.8%

Child sexual abuse or child molestation is a form of child abuse in which an adult or adolescent uses a child for sexual stimulation.

Child sexual abuse can occur in a variety of settings, including home, school, work (in places where child labor is common).

Child marriage is one of the common forms of child sexual abuse.

UNICEF has stated that child marriage "represents perhaps the most

prevalent form of sexual abuse and exploitation of girls."

Sexual abuse can result in serious and long term psychological trauma especially when the child is abused by his/her parent or relative itself.

Failure to Thrive: 4.0%

Failure to thrive or weight faltering is defined as significant interruption in the expected rate of growth compared with other children of similar age and sex during early childhood.

The factors responsible could be loss of emotional bond between parent and child, parents do not understand the appropriate diet needs, improper feeding habits etc. it could be multifactorial.

International drugging or poisoning: not specified

Different Forms of Child Neglect

Neglect is an act of omission or the failure to provide food, shelter, health care, safety need, dental care and supervision. These may be broadly categorized into the following types-

Emotional Neglect: 27.8%

Emotional neglect is failing to provide emotional support such as emotional security and encouragement. There could be many reasons to it like unstable abusive relationships, domestic violence, large families, young mothers etc.

Health Care Neglect Including Dental Neglect: 8.7%

Here the caregivers do not meet children's basic health care needs like proper and regular vaccination, regular check ups with the physician and dentist, proper treatment for any ailment etc.

It could be due to a number of causes namely poverty, parental health problems, lack of knowledge etc.

Physical Neglect: 7.8%

This type of neglect refers to the failure to provide a child with basic



necessities of life such as food and clothing. Again there could be varied number of causes including unemployment, poverty, illiteracy, poor socioeconomic circumstances etc.

Clinical Assessment and Examination of Child Abuse/Neglect

The dentist is in a strategic position to recognize abused and neglected children. The dentist should be able to recognize the presenting features of child abuse and neglect and also to differentiate them from other bruises or marks which may be a result of a fall during play or a playful fight between siblings.

The dental practitioner should develop an examination protocol aid in the screening and reporting of suspected cases of child abuse and neglect.

History Taking plays an important role in diagnosing any ailment. Hence, taking a proper and detailed history in suspected cases of child abuse and neglect becomes a necessity.

The dentist should overall examine the child as he/she walks into the clinic, how the parent is taking the child. Also, while conversing with the child the should ask about the environment of his/her home, parent's behavior towards the child, any history of unusual touch by

the parent, relative, older sibling, or teacher. Any sports activity the child is engaged into. Also the dentist should be able to judge the level of self-confidence of the child.

Physical Examination of an abused/neglected child shows signs of malnutrition that include posture of fatigue with rounded shoulders, flat chest, a protuberant abdomen, and thinning of hair. The face is pale and lacks luster. Any unexplained injury namely burns or bruises in the shape of objects.

Face and neck should be examined for periorbital echymosis, scleral hemorrhage, ptosis, hand slap marks.

Hands, legs and back should be examined for belt marks, lash marks, tree branch marks, loop marks, burns, bruises, bite marks, circumferential cuts due to narrow rope or cord.

The dental practitioner should also note the clothing of the child. Usually to hide physical signs of abuse parents/caretakers make children wear long sleeved and high neck clothing during hot weather.

Intraoral Examination

Oral injuries may be inflicted with instruments such as eating utensils or a bottle during forced feedings or caustic

substances. The abuse may result in contusions, burns or lacerations of tongue, lips, buccal mucosa, palate, gingiva.

A fractured anterior teeth or a torn frenum, which may be a result of forceful feeding practices. The teeth may become discolored indicating repeated trauma.

Gags applied to the mouth may result in bruises, or scarring at the corners of the mouth.

Also untreated dental caries and periodontal conditions could be a result of neglect.

Role of a Dental Practitioner in Child Abuse/Neglect Cases

He/she should be able to recognize child abuse cases and differentiate between them and other injuries.

He/she should

- Be aware of the responsibilities with respect to child protection
- Understand the role within current multi-agency child protection procedures.
- Be motivated and enabled to follow local child protection procedures correctly.
- Know where to find additional sources of support and advice.

In the end I would like to ask you to "Let's join hands & safeguard children"



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