

Review Article

Child Abuse and NeglectGarima Singh¹, Anil Kohli², Ankit Mehrotra³, Kriti Garg⁴, Sukriti Gupta⁵, Shipra Srivastava⁶¹Reader, Department of Pedodontics, Rama Dental College Hospital and Research Centre, Kanpur.²Professor and HOD, Department of Pedodontics, Rama Dental College Hospital and Research Centre, Kanpur.³Reader, Department of Prosthodontics, Maharana Pratap Dental College, Kanpur.⁴Reader, Department of Oral Medicine & radiology, Rama Dental College Hospital and Research Centre, Kanpur.^{5,6}P.G Student, Department of Pedodontics, Rama Dental College Hospital and Research Centre, Kanpur.**Abstract**

A child is the future of our society. But still one of the biggest social stigmas of our society in old times as well as in new times is child abuse and neglect. Child abuse has existed since the dawn of history. Religious sacrifices and abandonment of children are frequently referred to as in various mythologies. Infanticide has been practiced as a form of birth control and there is a lot more to add.

Keywords: Child abuse, Dental neglect, CAN, Battered child syndrome, Munchausen syndrome, law.

Introduction

Child abuse and neglect is defined by the WHO as “Every kind of, physical, sexual, emotional abuse, neglect or negligent treatment, commercial or other exploitation resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility trust or power” [1]. Dental neglect, as defined by the American Academy of Pediatric Dentistry [2], is the “willful failure of 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 and infection.” Dental caries, perio-dontal diseases, and other oral conditions, if left untreated, can lead to pain, infection, and loss of function. These undesirable outcomes can adversely affect learning, communication, nutrition, and other activities necessary for normal growth and development [3].

Various types of child abuse and Neglect [4] (figure 1):

- A. Physical Abuse
- B. Sexual Abuse
- C. Failure to thrive
- D. Intentional drugging or poisoning
- E. Munchausen Syndrome by proxy
- F. Health (Medical) care neglect
- G. Health (Dental) care neglect
- H. Safety Neglect
- I. Emotional Abuse and Neglect
- J. Physical Neglect

Typical sites for inflicting abuse [4]:

- A. Buttocks and lower back (Patting)
- B. Genitals and inner thighs
- C. Cheek(Slap marks)
- D. Earlobe (Pinch marks)
- E. Upper lip, corners of the mouth and labial frenum (Forced feeding)
- F. Neck (Choke marks)

Alarming signs and symptoms of the child, for us:

1. A very introvert or a very aggressive behaviour of the child.
2. The child starts to cry on a small raise of voice.
3. Child shows flinching from touch.
4. Apparent unawareness from his/her surroundings [1].
5. Unduly afraid or passive child [4].
6. Evidence of repeated injuries in every appointment [4].
7. Malnourished child.
8. Child wearing typical clothes which hide body parts and injuries /bruises too.
e. g. Wearing full sleeves and full pants in summers.]
9. Safety Neglect
10. Emotional Abuse and Neglect
11. Physical Neglect

Alarming signs given by parent/ Care giver, for us:

1. They are unpredictable, that is can show intense violent temper and/or be very passive showing a low self esteem.

2. Get embarrassed when we talk about child's injury (s).
3. Do not leave the child alone with us even if he/she is co-operative for treatment or even if we ask them to sit at the waiting area.
4. The parent/care giver shows avoidance of looking at or touching the child [4].
5. Stammering voice once asked about the health or any other aspect pertaining to child or his/her environment.

What we, as dentist must know and do

How to detect a case of child abuse or neglect:

1. Child is not being accompanied by his/her own parents.
2. Child is presenting with unexplained trauma & injuries.
3. There is a delayed or no medical assistance provided to the child by the parent or the care giver.
4. If the injuries are severe but are attributed towards a sibling(s).
5. Verbal and non-verbal clues that we may get while taking a patient history, like changing comments for similar questions.
6. Stammering of Parent / Guardian voice.
7. Munchausen Syndrome by Proxy: which was first described by Dr. Richard Asher in 1951 who reported that adults fabricate symptoms about themselves and produce signs of illness in the child mainly by mother putting her own blood in specimen of the child, chronic diarrhea from laxatives, fever from rubbing thermometers, rashes from rubbing the skin or by applying caustic substances.
8. Battered Child Syndrome [2]: It was Dr. C. Henry Kempe monumental work in 1962 and coined this word to define maltreated and physically abused children.
9. We must record the case according to the law and collect all evidence and report the case appropriately to the effective Indian Law as discussed later in the article. Along with which we must professionally maintain the integrity of the permanent dentition and also transfer the child to a physician or hospital for further assistance under supervision until the Law Personnels don't come into picture.

What we can observe during Extra-oral examination [5]

1. Examine the head and neck for asymmetry, swelling and bruising; inspect the scalp for signs

of hair pulling; check the ears for scars, tears and abnormalities.

2. Look for bruises and abrasions of varying colour, which indicate different stages of healing. Check for distinctive pattern marks on skin left by objects such as belts, cords, hangers or cigarettes.
3. Examine the middle third of the face for bilateral bruising around the eyes, petechiae (small red or purple spots containing blood) in the sclera of the eye, ptosis of the eyelids, or deviated gaze, a bruised nose, deviated septum or blood lot in the nose.
4. Check for bite marks, which may be the result of uncontrollable anger by the adult or another child. Bite marks in areas that cannot be the result of self-inflicted wounds are never accidental.

What we can observe during Intra-oral examination:

1. Burns or bruises near the corn missures of the mouth may indicate gagging with a cloth or rope. Scars on the lips, tongue, palate or lingual frenum may indicate
2. Forced feeding. Oral Manifestations of sexually transmitted diseases may indicate sexual abuse.
3. A torn labial frenum is an intraoral finding that may indicate abuse. Remember that a child's age is an important consideration since a frenum tear in a young child who is learning to walk is not unusual.
4. The cause of hard tissue injuries due to trauma, such as fractured or missing teeth or jaw fractures, should be investigated.

Discussion

In accordance with the Government of India's commitment to women and children's issues, the Ministry of Women and Child Development was created in early 2006. This move, along with increased allocations for children in the budget of 2007-08, is reflective of our government's commitment towards children. India's children are India's future as the strength of the nation lies in a healthy, protected, educated and well-developed child population that will grow up to be productive citizens of the country [6].

The Government of India is focusing on child issues and created a new Ministry of Women and Child Development. MWCD has taken significant steps to address the issue of child protection by setting up a National Commission for the Protection of Child Rights, amending the Juvenile Justice (Care and protection of Children) Act 2000 and the Child

Marriage Restraint Act 1929, launching the Integrated Child Protection Scheme (ICPS) and the proposed amendments to the ITPA and the draft Offences against Children (Prevention) Bill [6].

Nineteen percent of the world's children live in India.

According to the 2001 Census, some 440 million people in the country today are aged below eighteen years and constitute 42 percent of India's total population i.e., four out of every ten persons. This is an enormous number of children that the country has to take care of. While articulating its vision of progress, development and equity, India has expressed its recognition of the fact that when its children are educated, healthy, happy and have access to opportunities, they are the country's greatest human resource [6]. 2016 is the first year that National Crime Records Bureau has spoken on the relationship of victim and accused in rape cases. With the demonstrated high volume of workplace sexual abuse, the data is a proof of the unsafe nature of child labour of any kind. The latest data add to this, finding that 25% of rapes of children in the year 2015 were committed by their employers and co-workers. This fact has been extracted from the National Crime Records Bureau (NCRB) 2015 data on the 8,800 child rape cases registered using the Protection of Children Against Sexual Offences Act (POCSO).

State wise cases - Uttar Pradesh led the highest number of child abuse cases (3,078) followed by Madhya Pradesh (1,687 cases), Tamil Nadu (1,544 cases), Karnataka (1,480 cases) and Gujarat (1,416 cases) [7].

National Policies formulated by Indian Constitution [8]:

Policies formulated by Indian constitution [8]:

- National Policy for Children, 1974
- National Policy on Education, 1986
- National Policy on Child Labour, 1987
- National Nutrition Policy, 1993
- Report of the Committee on Prostitution, Child Prostitutes and Children of Prostitutes and Plan of Action to Combat.
- Trafficking and Commercial Sexual Exploitation of Women and Children, 1998
- National Health Policy, 2002.
- National Charter for Children, 2004.
- National Plan of Action for Children, 2005.

Statutes dealing with the Protection of Children in Indian Penal Code, 1860:

- Foeticide (Sections 315 and 316).
- Infanticide (Section 315) Abatement of Suicide: Abatement to commit suicide of minor (Section 305)
- Exposure and Abandonment: Crime against children by parents or others to expose or to leave them with the intention of abandonment (Section 317).
- Buying of girls for prostitution (Section 373)
- Rape (Section 376)
- Unnatural Sex (Section 377)
- Kidnapping and Abduction (Section 360 to Section 369)
- Procurement of minor girls by inducement or by force to seduce or have illicit intercourse (Section 366-A)
- Selling of girls for prostitution (Section 372).

Where to make a complaint:

1. A complaint alleging the commission of any act amounting to abuse of a child can be made to the police. The Police helpline number is 100.
2. In case the police fail to register a FIR or do not investigate the case, then the aggrieved party can write an application to the Superintendent of Police under Section 154(3) of CrPC.
3. Even if there is failure on the part of the Superintendent of police to take action, or that even after registering it no proper investigation is held, the aggrieved party can file an application under Section 156(3) of CrPC before the learned Magistrate concerned. The Magistrate can also under the same provision monitor the investigation to ensure a proper investigation.
4. An online complaint can be made at the website of the National Commission for Protection of Children's Rights by clicking on the following link: <http://ncpcronline.info/OnlineForm/onlineform.aspx>
5. A complaint can also be addressed to: Chairperson: National Commission for Protection of Child Rights, 5th Floor, Chanderlok Building, 36, Janpath, New Delhi - 110 001 (E-Mail: complaintn.ncpcr@gmail.com)
6. Online complaint can also be made at the website of the National Commission of Human

7. Rights by clicking on following; link <http://nhrc.nic.in/>

8. A call can be made to Child line at 24 hours free telephone helpline service at the number 1098.

Addresses of State Commissions for Protection of Child Rights: [8]

Sl. No.	State	Address & Other Contact Information
1.	Assam	Jayanagar, Sixmile, Guwahati (Assam), P.O. Khanapara, Guwahati-32. Ph:0361-2638654, Fax: 2733892, Email: ascpcr@rediffmail.com
2.	Bihar	22/B, Harding Road, Patna-800001 (Bihar) Email: socwel_bihar@hotmail.com , bcrpc@g.mail.com Tel: 0612-2211718, Fax: 0612-2535900
3.	Chhattishgarh	A-34, Shankar Nagar, Sector- I, Nagarpalika Nigam, Zone No. 3, Shankar Nagar, Raipur, Chhattisgarh Phone: 0771-4245601, Fax: 0771-4245600
4.	Delhi	5th Floor, ISBT Building, Kashmiri Gate, New Delhi Ph .011-23862685/92 / 93, Fax:01 1-23862684, Email: dcpcr@hotmail.com
5.	Goa	3rd Floor, Sakhardande Apartment, Dr. Dada Vaidya Road, Panaji, GOA Ph.: 0832-2421870, Email: gscfpocr@yahoo.in Fax: 0832-2221353
6.	Karnataka	4th Floor, Krishi Bhawan, Rani Channamma Circle (Hudson Circle) Nrupthunga Road, Bangalore-560002, Post Box No. 5555, Bangalore G.P.O. 560001 Ph: 2211529 1/92, 944008333, Email: kscpcr@gmail.com
7.	Madhya Pradesh	59, Narmada Bhavan, Jail Road, Arera Hills, Bhopal-462002, Madhya Pradesh, Email: mcpccr@gmail.com , Fax: 0755-2559900
8.	Maharashtra	3rd Floor, Govt. Transport Service Building, Sir Pochkhanwadi Road Worli, Mumbai-400032 Ph.: 022-24920879, Fax: 022-22014880, Email: mscpcr@gmail.com
9.	Orissa	Qrs No.-A-1, Unit-V, Bhubaneswar Tel: 23223080, Fax: 0674-2396142
10.	Rajasthan	2, Jal Path, Gandhi Nagar, Jaipur-302015, Rajasthan Ph: 0141-2713602, Fax: 0141-2709319, Email: rscpcr.jaipur@gmail.com
11.	Sikkim	Lower Secretariat, 31-A National Highway, Gangtok- 737101, Sikkim Ph. 03592-203217, Fax: 03592-201325, Email: yousa.lachenpa@gmail.com
12.	Uttarakhand	Directorate of ICDS(DWCD), Suddhowala, Vikash Nagar Road (near Nanda ki chowki), Dehradun, Uttarakhand, Ph: 0135-2775813-16

Conclusion

At last we would like to conclude by saying that every single child is an integral part for success and future of a Nation. We as Paediatric Dental surgeons should consider it our lawful duty to not only to treat them for dental ailments but also consider their

physical and mental wellbeing important for us and if at all we find something wrong going on in their lives, we must react and raise voice and plead justice until it is done.

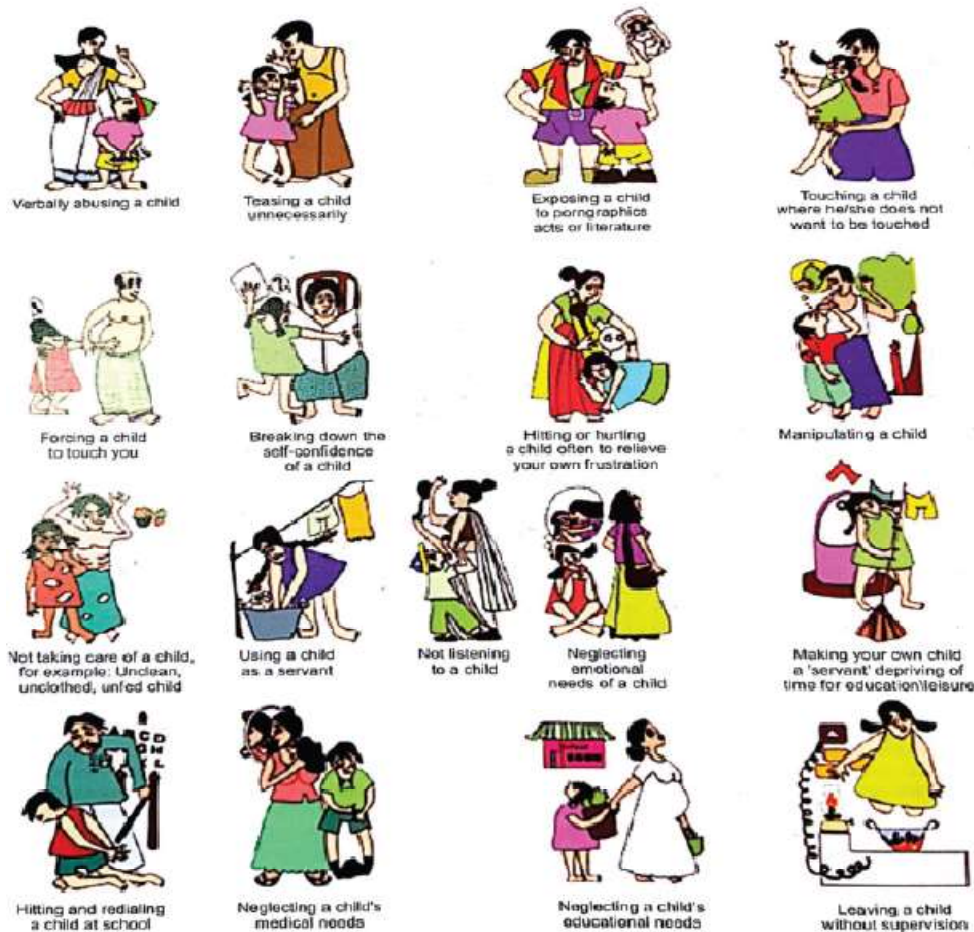


Figure 1: Various Type of Child Abuse/Neglect

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