

CHILD ABUSE AND NEGLECT: A REVIEW

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Abstract

Child abuse and neglect are serious global problems and can be in the form of physical, sexual, emotional or just neglect in providing for the child's needs. Health-care professionals are uniquely positioned to identify victims of child abuse and offer potentially assistance. The multifactorial and socially complex etiology of child abuse makes its eradication at source very difficult. This review discusses the various types of child abuse.

Key words: – Child abuse, Dental injury, Neglect.

Introduction

A child is defined as a young human being below the age of full physical development. Every child deserves a loving environment where they are not afraid of parental or elderly figures. However for many children this is only a dream, not reality. A child is dependent on his parents or caretakers for the entire physical and mental well-being. Any aberrations in the parent's attitudes towards the child results in abuse and neglect of the child.¹ Child abuse and neglect threatens a child's safety by placing him/her at the risk of physical and emotional injuries and even death.

It's is prevalent in every segment of the society and is witnessed in all social, ethnic, religious and professional strata. Formally called "battered child syndrome", child abuse and neglect has recently been termed as "non-accidental injury (NAI)".

Historic Background

The view of the child as an important member of the family is a modern concept. Throughout history, children were often treated as parental property. Child abuse has existed and flourished throughout history, in all cultures and ethnic backgrounds, in all its forms.^{2,3}

Reports of infanticide, mutilation, abandonment and other forms of violence against children date back to ancient civilizations. In ancient Greece and Rome, the law allowed deformed children and unwanted female infants to be exposed and left to die.^{4,5} When children were suspected to be developmentally delayed, they were often thrown off cliffs.

In 1874, a 9 year old child named Mary Ellen was removed from her home where she was abused, with the help of Henry Bergh, the founder of the American Society for the Prevention of Cruelty to Animals (ASPCA) on the grounds she was a member of the animal kingdom who deserves to be protected. This led to the formation of the first Society for the Prevention of Cruelty to Children in United States.⁶ The Children's Aid Society was formed in 1891, with Kelso as founding president. He was instrumental in getting the government in 1893 to pass the first bill in Canada to protect children.^{2,5,7}

The medical profession's first involvement in child abuse historically began in 1946 with Dr. John Caffey, who gave the article "Multiple Fractures in the Long Bones of Infants Suffering from Chronic Subdural Hematoma" in the August 1946 issue of the American Journal of Roentgenology. Here he described six cases of infants whose principal disease was chronic subdural hematoma and who "exhibited 23 fractures and four contusions of the long bones. Caffey gently suggested "that the question of intentional ill-treatment" must be raised.⁸ In 1955, Wooley⁶ showed that long bone trauma was inflicted wilfully by parents or siblings.

In 1962, Kempe coined the term "Battered Child Syndrome", a clinical condition in which fracture of any bone, subdural hematoma, failure to thrive, swellings, bruises and/or sudden death was at variance with the reported history. Kempe published an article which outlined the major components of this heinous syndrome. Its essential element was "a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent." Here he described four infants suffering from the parent-inflicted battered-child syndrome.²

Child Abuse Prevention and Treatment Act (CAPTA), enacted in 1974, is the key federal legislation addressing child abuse and neglect. Prevent Abuse and Neglect through Dental Awareness (PANDA) Coalition an educational program organized by Lynn Douglas Mouden, which began with the model program in Missouri in 1992, and is now in 34 states in the United States and has 2 coalitions in Romania.⁵

Definition

In 1999, the WHO Consultation on Child Abuse Prevention drafted the following definition of child abuse "Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or 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."

Signs of child abuse & neglect

1. Child's appearance

- a) Unexplained or unusual bruises, welts, burns, cuts, bite marks or fracture.
- b) Frequent injuries, even if explained or accidental.
- c) Often dirty, tired, no energy or hungry.
- d) Clothes are dirty or not appropriate for weather conditions.
- e) Wear concealing clothing's (long sleeves, high neck) to hide injuries.
- f) Needs glasses, dental care or has other obvious medical needs.
- g) Comes to school without breakfast, often doesn't have lunch or lunch money.

2. Child's behaviour

- a) Reports injury inflicted by parents.
- b) Child's story about how the injury occurred isn't believable.
- c) Wary of physical contact, avoids other people, including kids.
- d) Appears to be anxious to please, allowing other people to say & do things to him/her without any protest.
- e) Hard to get along with, demanding, often doesn't obey.
- f) Frequently causes trouble, breaks or damages things.
- g) Shows no enjoyment in other children or toys. Cries often with little or no expectations of being comforted.
- h) Avoids physical contact with adults – is shy, frightened of parents.
- i) Seeks affection from at other adult.
- j) Frequently late or absent from school.
- k) Engages in delinquent acts or runs away.
- l) Beggars or steals foods.
- m) Notably destructive or aggressive

3. The Abuser

Father, mother or caregiver may be the abuser. The indicators of abusive behaviour are: -

- a) Poor self-esteem and coping skills.
- b) Violent tempers and tantrums.
- c) Unrealistic expectation of child's behaviour.
- d) Inappropriate response to the seriousness of the child's condition.
- e) Shows little concern for the child.
- f) Denies the existence of/or blames the child for – the child's problems in school or at home.
- g) Asks teachers or other caregiver to use harsh physical discipline if the child misbehaves.
- h) Sees the child as entirely bad, burdensome or worthless.
- i) Demands a level of physical or academic performance the child cannot achieve.

- j) Looks primarily to the child for care, attention and satisfaction of emotional needs.
- k) Having a history of childhood abuse.
- l) Being involved in substance abuse.
- m) Stress and disintegration within the family.
- n) Lack of support systems.

Physical abuse

WHO defines physical abuse as “an incident resulting in actual & potential physical harm from an interaction or lack of interaction, which is reasonably within the control of a parent or a person in position of responsibility, power or trust. There may be single or repeated incidences.” (Krug et al, 2002).

- Various types of injuries are seen in a physically abused child:

1. bruising
2. abrasions and lacerations
3. burns
4. bite marks
5. eye injuries
6. bone fractures
7. intra-oral injuries

- Dating of the injuries can be done according to the bruise colour:-

1. Red-blue-purple = 0-1 days
2. Blue-black = 1-3 days
3. Green-blue = 3-6 days
4. Brown-yellow-green = 6-10 days
5. Tan-yellow = 14 days (except in bruises in calves, where it appears around 48 hrs., (McCauseland & Dougherty 1978)
6. Faded = >14 days

It is assumed that the child is fully dressed during a dental examination. Nevertheless, areas like the side of the face, ears, neck, top of shoulders and forearms, should be explored during a dental check-up when there is a suspicion of abuse. The detection and identification of skin lesions constitutes a basic step to be performed before they lose their medico-legal value or significance.

Oral injuries may be inflicted with: -⁹

1. instruments such as eating utensils or a bottle during forced feedings
2. hands
3. fingers
4. scalding liquids
5. caustic substances

Often injuries to the mouth are not immediately diagnosed as abuse. This is why it is so important to look beyond the oral cavity for additional signs which may support suspicions of abuse.

Shaken baby syndrome

Shaken baby syndrome or Intentional traumatic brain syndrome is a form of abusive head trauma. It results from

violently shaking an infant by the shoulders, arms or legs. This syndrome may occur from both shaking alone or from impact (with or without shaking). This is generally, but not exclusively, diagnosed in infants less than 1 year of age, the peak age being 10–16 weeks, may be seen upto 5 years age.¹⁰⁻¹³

It happens because the parents & caregivers do not recognize the severity of jarring an infant. Less frequently, shaken baby syndrome occurs when the parent or caregiver throws a small child into the air vigorously, plays too rough or hits an infant too hard on the back, not realizing the seriousness of this behaviour & the harm it may cause.

The diagnosis is characterized by the triad of retinal haemorrhage (RH), thin-film bilateral or multifocal subdural haemorrhage (SDH) & encephalopathy.¹⁴

Infants are more susceptible to whiplash shaking injuries than older children. Relatively large heads supported by weak neck muscles increase the head movement during shaking. Their un-myelinated brain, soft sutures, open fontanelles and relatively increased CSF, results in a brain that is more susceptible to injury because is easily compressed and distorted from shaking. The resulting whiplash effect can cause bleeding from the eyes or a subdural intracranial haemorrhage (swelling and bleeding of the brain).

Sexual abuse

According to World Health Organization, child sexual abuse is defined as “the involvement of the child in sexual activity that he or she does not fully comprehend; is unable to give informed consent to; or that violates the laws or the social taboos of society.”

Other terms for child sexual abuse include - child sexual assault, child sexual victimization, child exploitation, child sexual misuse, child molestation, child sexual maltreatment & child rape.¹⁵

- Oral findings of sexual abuse in a child:-

Although the oral cavity is a frequent site of sexual abuse in children, visible oral injuries or infections are rare. The following findings that have been noted: -^{15, 16}

1. Injury to the palate
2. Oral and Pharyngeal gonorrhoea
3. Condylomata Acuminata (venereal warts)
4. Syphilis
5. Herpes simplex virus - type 2

Emotional abuse

Emotional abuse includes acts or failures to act by parents or caretakers that could have caused or could cause serious behavioural, cognitive, emotional or mental trauma. It is also referred to as verbal abuse, mental abuse & psychological maltreatment. It includes: -

1. Ignoring.
2. Rejecting
3. Isolating.

4. Exploiting or corrupting.
5. Verbally assaulting
6. Terrorizing.
7. Neglecting the child

Child neglect

According to Polansky, child neglect is defined as, “a condition in which a caretaker responsible for the child, either deliberately or by extraordinary inattentiveness, permits the child to experience avoidable present suffering &/or fails to provide one or more of the ingredients generally deemed essential for developing a person’s physical, intellectual & emotional capacities.¹⁷

Types of child neglect

1. Physical neglect
2. Unsupervised or Latchkey children
3. Educational neglect
4. Emotional neglect
5. Healthcare neglect (medical or dental)
6. Failure to thrive

Munchausen syndrome by proxy

In 1977, the term Munchausen syndrome by proxy (MSBP) was first coined by paediatrician Sir Roy Meadow, where a parent or caretaker attempts to bring medical attention to themselves by injuring or inducing illness in their children. It also called fabricated illness, factitious disorder, hospital addiction syndrome, illness induction syndrome & paediatric symptom falsification^{18, 19}. Latest term coined is fabricated or induced illness by caregivers (FIIC).

The most clinically useful definition is provided by Bools et al (1992) “Illness in a child which is fabricated by a parent or someone in loco parentis. The child is presented for medical assessment & care, usually persistently, often resulting in multiple medical procedures. The perpetrator denies knowledge of the etiology of the child’s illness. Acute symptoms & signs of the illness decrease when the child is separated from the perpetrator.”

Based on the frequency and intensity of behaviour, Schreier & Libow described different subtypes of MSBP: -²⁰

1. Chronic Munchausen by proxy
2. Episodic Munchausen

Various methods of inducing illness in Munchausen syndrome by proxy are: -

1. Poisoning - Ipecac, salt, insulin, laxatives, lorazepam, corrosives, diphenhydramine, amitriptyline, lamotrigine, clonidine.^{21,22}
2. Bleeding - Hematuria, gastrointestinal bleeding, bruising.^{23,24}
3. Infections - Applying fecal matter to wounds, rubbing dirt and coffee grounds into orthopaedic pin sites, injecting urine into the child, spitting or introducing faeces into intravenous catheters.^{25,26}

4. Injuries - Suffocation, foreign bodies, osteomyelitis, non-healing wounds, recurrent conjunctivitis, fractures that fail to heal.²⁶⁻²⁷

It is very difficult to diagnose MSBP because of the dishonesty that is involved. A thorough review of the child's medical history, as well as a review of the family history and the mother's medical history (many have Munchausen syndrome themselves) might provide clues to suggest MSBP. In attempting to diagnose Munchausen syndrome by proxy, it is helpful to separate the mother (or suspected perpetrator) from the child (or other victim) and evaluate for symptom continuation. This separation may also prove to be an important first step in protecting the victim from further injury, which is of primary importance.

Domestic violence

Domestic violence is a pattern of assault or coercive behaviours including physical, sexual & emotional abuse, as well as economic coercion that adults use against their intimate partners to gain power or control in that relationship.²⁸

The presence of domestic violence is a risk factor for children. Domestic violence is present in all cultures, socioeconomic, classes & communities of faith. It generally increases in intensity, severity and frequency.²⁸ The impact of witnessing domestic abuse is detrimental to the emotional, developmental & physical well-being of these children.

Role of the dental surgeon

Dentists are in a unique position of seeing patients that are victims of abuse & neglect. More than 50% of the abuse occurs in the head & facial region. Often the first medical professional to see these children routinely is a dentist. It is important to realize, that all dentists have a unique opportunity and ethical obligation to assist in the struggle against child abuse and that's because a high proportion of abused children suffer injuries to the face and head, including the oral and perioral regions.

These injuries may be observed during the course of dental treatment and in some cases even before the child is seated in the dental chair. According to the American Dental Association, the responsibility of the dentist is:²⁹

1. To observe and examine any suspicious evidence that can be ascertained in the office.
2. To record, per legal and court rules, any evidence that maybe helpful in the case, including physical evidence and any comments from questioning or interviews.
3. To treat any dental or orofacial injuries within the treatment expertise of the dentist, referring more extensive treatment needs to a hospital or dental/medical specialist.
4. To establish/maintain a professional therapeutic relationship with the family. To become more familiar with the perioral signs of child abuse and

neglect and to report suspected cases to the proper authorities, consistent with state law.

Examination and diagnosis

It includes obtaining a general impression as to the child's overall cleanliness, size & stature, interactions with the parent or caretaker & gait. Careful examination of the scalp & cranium can reveal battering lesions. Findings include traumatic alopecia, lice, ear abnormalities, periorbital ecchymosis, scleral haemorrhage, ptosis, deviated gaze or uneven pupils, nasal blood clots or presence of DNS (deviated nasal septum).

Whenever suspicions of abuse arise, a routine protocol should be followed, which includes questions about patient history, how the accident occurred, and all relevant information should be documented with radiographs, photographs and impressions when necessary.³⁰

The evidence of physical abuse is easily recognised. There are types & sites of injuries so common to child abuse that merely finding them is diagnostic. However, injuries to the buttock, lower back, genitals, inner thighs etc. raise serious questions of non-accidental trauma. In addition, injuries to the cheek, ear, upper lip, frenum, chest or abdomen should always be questioned.

Dentists must become more aware of their moral, legal and ethical responsibilities in recognizing and reporting child abuse and neglect. All dental professionals need to understand the seriousness of the problems of child maltreatment and realize that children do not just get hurt in abuse and neglect – they often die as a direct result of their maltreatment.

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