

Short Communication

Child Abuse: An Oro dental Perspective

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ABSTRACT

Violence against children can be physical, mental or sexual in nature and is reported to be rampant in the modern world. The orodental region forms an important target of child abuse, and the dentist must be in a position to diagnose and report signs of child abuse and bring the perpetrators of the crime to justice. This short communication attempts to highlight some of the oro dental aspects of child abuse.

KEY WORDS: Child abuse, dental neglect, oro dental

According to the UNICEF, violence against children can be “physical and mental abuse and injury, neglect or negligent treatment, exploitation and sexual abuse. Violence may take place in homes, schools, orphanages, residential care facilities, on the streets, in the workplace, in prisons and in places of detention.”

It is indeed the responsibility of the dentist to be well educated in the aspects of child abuse and be in a position to recognize and report the suspected cases. More than half of the cases of child abuse occur in the head and neck region.^[1] Therefore, careful intra- and peri-oral examination is important when child abuse is suspected. Signs such as contusion, laceration of tongue, buccal mucosa, frenum, gingival, fractured, or avulsed teeth are telltale signs to look for.^[2]

Oral cavity is also a frequent site for sexual abuse in children.^[3] Pathognomonic signs are oral and perioral gonorrhoea or syphilis in prepubertal children and unexplained injury or petechiae of the palate, especially in the junction of hard and soft palate may be evidence of forced oral sex. The dentist must also use cotton swabs to swab the buccal mucosa and tongue if forced oral sex is suspected as semen in the oral cavity can be detected several days after exposure.

The dentist must also be able to recognize bite marks where ecchymosis, abrasion, or lacerations are found in an elliptical or ovoid pattern. Human bites differ from animal bites in that they tend to compress the flesh and cause contusion, abrasion, or laceration whereas the latter tends to tear the flesh. Blood group substances and DNA from epithelium may be deposited in bites and should be carefully swabbed and examined.

Many a times, the abuse remains hidden because of social acceptance factors, fear of the perpetrator, and also a lack of

trust or access to authorities.^[4] Dental neglect is also another aspect in child abuse. The American Academy of Pediatric Dentistry defines dental neglect as “the willful failure of a parent or the 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.” Failure to seek proper dental care may be due to factors such as family isolation, poverty, ignorance, or lack of perceived value of oral health.^[5]

To summarize, it must be recognized by the medical and dental community at large that pediatric dentists and trained forensic odontologists can provide valuable information and assistance to physicians about the orodental aspects of child abuse. The induction of a dentist into the multidisciplinary child abuse team definitely ups the ante in the fight against child abuse.

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