

Editorial

Forensic Odontology in Child Abuse

Forensic is derived from a Latin word “forensis” which means “before the forum,” a place where legal matters are discussed. According to Federation Dentaire Internationale, Forensic Dentistry is defined as a branch of dentistry which, in the interest of justice, deals with the proper handling and examination of dental evidence, and with proper evaluation and representation of dental findings.

Child abuse is defined as those acts or oversights of care that divest a child from the opportunity to fully develop his or her unique potentials as a person physically, socially, or emotionally. Kenney and Spencer 1995; Misawa 2001 defined child abuse as any nonaccidental trauma, failure to meet basic needs, or abuse inflicted upon a child by the caretaker that is beyond the acceptable norm of childcare in our culture.

BACKGROUND

Forensic odontology utilizes dentistry to identify human remains and bite marks, using both physical and biological dental evidence. Dental trauma is a common finding in children which may be caused due to sports, accidents, or abuse which can be intentional or unintentional. Thus, proper knowledge and its application is of utmost important. Forensic odontologists can help in the investigations of legal officers by implementing his expertise in recognition of signs and symptoms of child abuse and identification of such victims. As a child undergoes continuous physiological changes, every finding should be recorded in detail. The dental record is a legal document owned by a dentist. Dental records include various clinical tests, laboratory tests, study casts, prosthesis, photographs, and radiographs.

Maltreatment or ill-treatment of infants and children has been traced far back in history, and, unfortunately, it is still prevalent in our modern world. In recent decades efforts have been made in the areas of child abuse recognition and prevention. Many dedicated people today work diligently and tirelessly to educate the general public. Abuse may cause serious injury to the child both physically and mentally and may even cause death. The statistical data regarding the incidence of child abuse is not really clear. There are so many unreported cases that the actual rate at which child abuse occurs is difficult to find out. Forensic dentists and oral physicians are in a strategic position to recognize and report children being abused because they often see the child and parents interacting during multiple visits and over a long period of time.

Child abuse, child maltreatment, non-accidental injury, and child homicide: all terms that are hard to believe exist in the 21st civilized century, but non-accidental injury of children is a major problem, crossing all socioeconomic, ethnic, and educational groups, and is happening all over the world. This editorial aims to increase understanding of child abuse issues and encourage the dental team to be alert to the possibility of abuse, recognize the physical injuries, and make referrals to the appropriate agency if necessary. In child abuse cases physical injuries to the head and facial area are common

while other types of abuse are less visible but are damaging to a vulnerable child in other ways. Keeping children safe is a shared responsibility and a top priority for all of us.

TYPES OF ABUSE

SEXUAL NEGLECT

This involves enticing or forcing a child to take part in sexual activities (and prostitution) whether or not the child is aware of what is happening. It may include bodily contacts, such as touching, fondling, and penetration, and non-contact activities such as involvement with pornography or encouraging a child to act in a sexually inappropriate way. Detecting sexual abuse requires a high index of suspicion and familiarity with physical, behavioral, and verbal indicators of abuse. Shame and guilt may make discussion difficult.

EMOTIONAL ABUSE

Emotional abuse is the persistent emotional maltreatment of a child to cause severe and persistent adverse effects on the child’s emotional development and well-being. It may involve making the child feel worthless, ignoring, isolating, humiliating, frightening, or shouting at the child.

NEGLECT

This is described as the persistent failure to meet a child’s basic physical and/or emotional needs that may result in the serious impairment of the child’s health and development. This might include depriving the child of food, shelter, clothing, adequate supervision or education, and failing to protect the child from harm or danger. Interestingly, it may also apply to the failure to seek and access appropriate medical and dental care/treatment.

FABRICATED OR INDUCED/IMPOSED ILLNESS

Formerly referred to as Münchhausen syndrome by proxy, this is considered to be a psychological disorder of the perpetrator. This person (often the mother) deliberately fabricates, induces, or exaggerates illness (or another health problem) often in a child. It is often attributed to the need of the perpetrator to gain attention, but as a result, the child may be subjected to essentially unnecessary examinations, investigations, and surgery.

The actions of a mother (substance abuse, trauma, etc.), or acts of violence inflicted on the pregnant woman, may put an unborn child at risk. A significant number of assaults on women by their male partners begin during the first pregnancy.

Oral and dental structure findings that have been noted in child abuse cases (hard and soft tissue).

- Bruising and laceration of lips
- Mucosal bruising/laceration
- Tooth trauma (fractures, intrusion avulsion of teeth)
- Missing teeth (not explainable by decay or periodontal status)
- Single or multiple apical lesions, or fractured teeth in the absence of decay or unclear history

- Tongue injuries
- Frenal laceration
- Bone fractures to the maxillofacial complex.

CONCLUSION

All types of abuse cause suffering to small and vulnerable children and young adults and it is important that as members of the dental team we remain vigilant. Children depend on adults and need to be protected. Early involvement of support agencies and recognition, intervention, and education for struggling parents/families may make a difference, but requires funding at both government and local levels; focus is often on the signs, symptoms, and consequences and not on the cause.

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