



Child Abuse

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Abstract –Despite the high frequency and incidence of CA, the specific number of instances is unclear, and there are no standardized reporting or diagnostic procedures for such situations, making the issue of child abuse difficult to handle. All countries and social spheres are affected by the social problem of child abuse, which goes generally unreported. The most frequent type of trauma in situations of abuse of infants and young children is orofacial trauma. Since cases of child abuse (CA) include the head and neck region, (traumatism of the mouth, head, and face) dental professionals are in a dominant position for identifying and diagnosing the physical and emotional symptoms of CA and reporting it to the proper authorities. The present case reports such a case of child abuse identification in dental set-up.

KEYWORDS – Child abuse, child maltreatment, Battered child.

Introduction -Adverse childhood experiences is another term for child abuse and neglect (ACEs). Child maltreatment includes both abuse and neglect of minors. The first person to discuss child sexual abuse in a scientific setting was Sigmund Freud. C. Henry Kempe wrote The Battered Child Syndrome. ^[1] A person under the age of 18 who is being harmed emotionally, sexually, physically, or neglected by an adult acting in a position of authority is being abused as a child. Any form of action or inaction that puts children in danger or puts them at risk is referred to as such. A parent, sibling, or other caregiver like a teacher or sports coach could be the adult. ^[2] The harmful effects of child maltreatment can endure a lifetime and are a common problem. However, research conducted worldwide reveal that 1 in 5 women and 1 in 13 men report having suffered childhood sexual abuse, and that 3

in 4 children between the ages of 2-4 years regularly encounter physical punishment and/or psychological violence at the hands of their parents and caregivers. Every year, homicides involving children under the age of 18 are thought to result in the deaths of 40 to 150 kids, some of whom were likely victims of child abuse. ^[3]

Child abuse has long-term negative repercussions on the body, the mind, and deportment. It also costs society money. These outcomes could occur independently of one another or they might be linked. For instance, abuse or neglect can hinder a child's capacity to learn and result in intellectual problems like low self-regard, which can lead to high-risk deportment like substance use in the future. ^[4] Childhood maltreatment is linked to several illnesses. Depression or a higher chance of getting it is one. Additionally, it was found that 30% of children with a history of severe

maltreatment meet the indicative criteria for attention-deficit/hyperactivity disorder, while being less frenzied than children with typical ADHD (ADHD). [1]

TYPES OF CHILD ABUSE

There are several ways to harm children:

Physical: Slapping, pushing, punching, kicking, shaking, burning, or denying a youngster the opportunity to eat, drink, or relieve themselves.

Emotional: Often verbal, involving insults, aggressive demands, continuous criticism, threats, and yelling.

Rape, incest, fondling, indecent exposure, exploiting children in pornography, and exposing children to porn are all sexual offences.

Medical: Making a child intentionally ill or failing to treat a medical condition. [5]

Medical and dental practitioners especially paediatricians and pediatric dentists are in a position to identify such cases of child abuse as they are in first line of reporting. Any deviation from usual etiology shall raise a suspicion. The present paper reports such a case where dentist identified the case.

CASE REPORT

A 13-year-old child presented to the Santosh Dental College and Hospital in Ghaziabad's Pediatric and Preventive Dentistry department with the primary complaint of pain in the top front region of the jaw and the upper right rear end region of the jaw. She had given a history of fall from bicycle on the road 5 days back. She visited a rural practitioner where she was given Tetanus injection. No treatment was carried out at that time as there were no symptoms of pain. Pain started suddenly after 4 days of trauma and the pain was sharp, continuous, non-radiating and there

were no aggravating and relieving factors. The patient has given a history of trauma 1 year back in the same region of the jaw in which endodontic treatment was carried out in 11,21 and restored with composite.

On general examination the patient was in good general health and on extraoral examination the patient has bruises over right malar region, nose and lips. On intraoral examination the patient had fair oral hygiene and revealed torn upper labial frenum. Class I molar relation on both sides and Ellis III# in 22 and Ellis IV# in 21 (Figure 1).



FIG – 1 Intraoral examination reveals torn labial frenum and Ellis III# in 22 and Ellis IV

Torn labial frenum and facial bruises raised the suspicion of child abuse and careful questioning in presence of mother revealed that the girl was physically abused by her father who is a chronic alcoholic.

Investigations included - IOPA irt 21,22 region and detailed history and clinical evaluation.

Diagnosis - Battered Adolescent causing Ellis type type III fracture with 21 and 22.

Management - Psychological management of the child, followed by endodontic treatment with 22 and extraction of the mobile coronal fragment.

Mobile coronal fragment was removed and endodontic treatment was carried on 22 and fiber post was placed. Core build was done and crown was given on 22. 21 was restored with composite (Figure 2).

Psychological counseling was provided after referral to Department of Psychiatry. She was advised to change her living place and shift to grandparents if feasible. Psychological counselling is indicated to relieve from stressful condition and deaddiction of father as he was chronic alcoholic. The father was also referred to Department of Psychiatry for deaddiction where his treatment was started.



Figure 2a: Fiber Post placement in 22



Figure 2b: Crown placement in 22 and composite build up in 21

Discussion – Physical child abuse is now acknowledged on a global scale and in many nations. Physical abuse is the willful application of force to a child's body, regardless of where it occurs. [6] The above is a case of Battered child which comes in physical abuse. The term battered child syndrome was coined by Henryr Kemp in 1962 which was further elaborated by Kempe and Helfer in 1972. The Child

Abuse Prevention and Treatment Act was officially validated in 1974. It created the National Center on Child Abuse within the federal government for the first time. The dentists' contribution to the recognition of CA/CN developed in the late 1960s. Dentistry used to concentrate on the forensic implications of homicide and battered child syndrome. The dental profession has only recently given CA/CN detection and reporting substantial thought. [7] Child abuse falls into four main types according to the most widely used system, the Expanded Hierarchical Classification System (EHCS): sexual abuse, physical abuse, emotional abuse, and neglect [8]

Bruises on the face and trauma to the dental structure that results in the fracturing of dental hard tissues are among the analytical indicators of CA or neglect that pinpoint in the current investigation and evidence of repeated injuries in same region are also considered. The orofacial region is where the majority of abuse-related wounds are found. As a result, dentists are crucial in the CA diagnosis process. [9,10]

The main adverse effects of child maltreatment includes significant emotional or behavioral problems. [11] In this case the main treatment protocol followed was psychological counselling of the child as to relieve stressful condition. She was rejoined in school to keep herself busy in studies and change of place.

Dental treatment included was carried which includes removal of mobile coronal fragment and endodontic procedure was carried out on 22, fiber post was placed and corebuild was done to reinforce the tooth. The success and clinical longevity of the final restoration depend heavily on the preservation of dentin during access opening, contouring the canal, preparing

the root for a post, and restoration with an onlay or full coverage preparation. In this instance, a fibre post is recommended because it has a high flexural strength, an elastic modulus that closely resembles dentin (18.6 Gigapascals -GPa), and is not sensitive to galvanic or corrosion activity.^[12,13] Considering esthetic point of view as the child is too young crown was placed in 22 and composite restoration in 21. Previous endodontic treatment was carried in 21 so it was kept was under observation as it was asymptomatic.

Conclusion –The therapy of instantaneous difficulties and allusion of the kid to the appropriate child welfare authorities for measures are all steps in the stewardship of child abuse, which can be challenging and frequently calls for a interdisciplinary approach. The management regime should include counselling services for the youngster and the caretakers. In this instance, the goals were achieved and the patient received all the advantages of this method.

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