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RESEARCH ARTICLE

CHILD ABUSE AND NEGLECT.

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Abstract

Introduction:-

Human beings in everyday life faces various atrocities caused by them and the society. From time immemorial we have been facing multitudes of issues which have been mostly neglected but has been very sensitive in its own way for us. As medical professionals it is imperative for us to gain the knowledge relating to such issues like mental depression, sexual harassment, marital abuse, etc recognizing them and treating them. Child abuse is one such social evil which has its fangs spread all around us and slowly choking us to death.

Abuse can happen to children and adults alike. Adult abuse generally refers to mistreatment of an older person by someone who has a special relationship with the elder such as a spouse, sibling, child, friend, or caregiver. Abuse may take the form of one or all of the following: physical, financial or emotional abuse, neglect or abandonment. Abuse includes the wilful infliction of serious pain or injury, unreasonable confinement, intimidation or forced sexual contact.

Child abuse and neglect encompass a variety of experiences that are threatening or harmful to the child and are the result of acts of commission or omission on the part of a responsible caretaker. This includes physical or mental injury, sexual abuse, and negligent treatment or maltreatment of a child less than 18 years of age by a person responsible for the child's welfare. The American Academy of Paediatric Dentistry defines dental neglect as the wilful failure of a parent or guardian to seek and follow through with necessary treatment to ensure a level of oral health essential for adequate function and freedom from pain and infection.[1]

Abuse can be separated into two broad categories; emotional abuse and neglect, and physical abuse and neglect. Some signs of physical abuse are dramatic, some signs of emotional abuse are subtle, but the results are uniformly devastating.[2]

Unfortunately child maltreatment including abuse and neglect remain a tragic reality in our society. Neglect is the most common type of maltreatment and is recorded in 44% of all children in child protection plans in the UK and 78.3% in the USA.[3]Child abuse in India is often a hidden phenomenon, especially if it happens at home or by family members. The union ministry of women and child development (MWCD) released a study report in which assessed the incidence of child abuse nationwide. Recently released data by the National Crime Records Bureau (NCRB) highlights the fact that there is a 70% rise in rape and abduction of minors whereas it has increased to 40% in case of dissertation.[4]

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Children from all walks of life may be victims of child abuse or neglect—no age, race, gender, or socioeconomic level is spared. Statistics on child abuse reflect only those cases known or suspected, and all studies struggle with the component of the unknown. Results of these studies corroborate much that clinicians, adult survivors and feminists-in literature that goes back more than a century andbecame abundant after 197l-have written about the damaging and persistent effects of childhood sexual assaults. In the light of current knowledge regarding the prevalence and injurious impact of childhood abuse, it is important to examine how earlier discoveries of this abuse were suppressed. [5]

The dental profession appears less aware than other medical professionals in the detection and treatment of suspected cases of child abuse. There are very few reports about child abuse in the dental literature, yet trauma to the head and face appear to be commonly associated with child abuse. In the limited number of case studies that document the location of the injury, the frequency of injuries of the head and face ranges from approximately 30% to50%.

Physical abuse of children has been the subject of much dental and medical literature in recent years. This complex system raises medical, legal, moral, cultural and psychological issues all of which must be addressed by the health professional responsible for the medical welfare of the child. Thus dental professionals are in a unique position to identify and report suspicious findings which may give evidence of physical abuse of children. Many cases of battered child syndrome involve injury to the oro-facial structures or head and neck region in general.

Thus a thorough knowledge of the protocols for detecting and reporting child abuse can help us for delivering the best care possible in an efficient way. In view of above knowledge, an humble attempt has been made to pen down the curses of the social evil child abuse‘, its complications in our life and ways to prevent it.

Review OfLitreature

KempeH.C, Silverman N.F, Steele F.B, Droegemueller W, Silver K.H(1962)[2] gave a case report on the battered-child syndrome. The reported case was that of a 3years aged child examined with bilateral subdural hematomas whiletheparents version of the child sustaining traumas was un-convincing. After several interviews it was derived that the patient was their first child from an unwanted pregnancy which happened just after marriage. It was concluded that psychiatric factors are probably of prime importance in the causation of the issue. Thus the physician‘s duty and responsibility to the child requires a full evaluation of the problem and a guarantee that the expected repetition of trauma will not be permitted tooccur.

R. J. Tate(1972)[6] reported six case reports on facial injuries associated with the battered child syndrome. The reports suggested that in view of the relative frequency of facial trauma in battered children, dental surgeons are advised to view with suspicion case histories of young children where the explanation for the facial injury does not coincide with the clinical findings.If there is any doubt about causation of the injury a radiographic skeletal survey should be undertaken, for this may reveal multiple fractures at varying stages of repair. It is certain that many cases escape undetected, and it is hoped that as many of these as possible, among them those presenting with facial injuries, will bedetected.

McDowell P H, Fielding W D (1984)[7] did a case report on traumatic perforation of the hypopharynx-an unusual form of abuse. Two case reports had been discussedwhere no plausible explanation for the injurywasgiven. Thus it was concluded that although rare but thesewere also unusual forms of child abuse. Soawareness of theclinicalfeatures,may lead to prompt recognition andtreatment of a potentially fatal condition, avoidingthe need for either surgical intervention or ventilator support, orboth.

Finkelhor D, Browne A (1985)[8] reviewed on the traumatic impact of child sexual abuse. In the review four traumatic factors or traumagenic dynamics has been discussed as traumatic sexualisation, betrayal, powerlessness and stigmatization. These dynamics alter children‘s cognitive and emotional orientation to the world and create trauma by distorting children‘s self-concept, world view and affective capacities. Hence it was concluded that developing a conceptualization of these links may serve as a step in advancing our understanding of sexual abuse and mitigating the effects of these experiences on itsvictims.

Schmitt D. B (1986)[9] reviewed an article on types of child abuse and neglect. It depicted that the dentists are in a position to recognize mistreated children. The various types of child abuse that may present themselves in the dental

office are cases of physical abuse (non accidental trauma),sexual abuse, nutritional neglect, intentional drugging or poisoning, Munchausen's syndrome by proxy, health care neglect, safety neglect, emotional abuse and physical neglect. Thus the dentist should have a good knowledge of understanding and should join physicians and report to the legal system to protect the children from further harm.

Wagner N. G (1986)[10] reviewed bitemark identification in child abuse cases. It is stated that bitemarks are rarely accidental and are good indicators of genuine child abuse. Bites in infancy tend to be punitive in nature and are generally located anatomically differently from bitemarks inflicted in later life as older children reflect bitemarks representing assault or sexual abuse. Computer enhancement of bitemark photographs increases a favourable comparison by further delineating unique characteristics of the arch and individual teeth. Hence it was concluded that these _tool marks' often can be separated on the basis of appearance as well as location to identify bitemarks.

Fontana J V (1986)[11] reviewed an article on a physician's view of responsibility in reporting child abuse. Fatalitystudies showed that many of thechildren who have died because ofabuse were seen by health care and educationprofessionals, and in manychild care centers.Therefore, it is imperative to recognize that child protection is theresponsibility of several groups- teachers, who seechildren for longer hours than mostparents; health and hospital facilities, paediatric clinics, obstetrical units, mentalhygiene units; and the familycourts. Thus it is concluded that to solve the problemof child abuse isthroughprevention,and treatment by amultidisciplinary team effort asnotoneperson can do it alone. It has to be done by a team of social workers, physicians,dentists, nurses, and local childprotectiveagencies.

NeedlemanL.H(1986)[12] reviewed an article on orofacial trauma in child abuse: types, prevalence, management, and the dental profession's involvement. It stated that trauma to the head and associated areas occured in approximately 50% of the cases of physical abuse to children, soft tissue injuriesmost frequently bruises were the most common injury sustained to the head and face and were the single most common injury sustained in child abuse cases. It was henceforth concluded that dentists need to be alert to the possibility that oro-facial trauma may be the result of child abuse. By heightening the dental profession's awareness of this issue, child abuse detection would increase & would help to insure that the troubled families receive the appropriate social services, thus preventing further physical and psychological trauma to the child.

McLeersv, Deblinger E, Atkins MS, FoaEB, RalpheDL(1988)[13] did a survey on the post-traumatic stress disorder in sexually abused children. Thirty-one sexually abused children were studied using structured interviews and standardizedinstruments to determine the frequency of post-traumatic stress disorder (PTSD) and associated symptoms. The results showed that 75% of children were abused bynatural fathers and 25% ofthose were abused by trusted adults as opposed to none ofthe children abused by an olderchild. Thus it was concluded that sexually abused children who develop PTSD may not onlysuffer from the direct trauma associated with the abuse itselfbut may in fact have a chronic course, with symptom persistence resulting in direct discomfort and interference with thechild'sdevelopment.

Dubowitz H (1990)[14] did a review article on the paediatrician's role in preventing child maltreatment. It stated that during the last decade there had been a steady increase in attention to the need for prevention of child maltreatment as the field of paediatrics had a broad view that was concerned with the total health and well-being of children, which resulted in a mandate that included mental and social health together with the more traditional biomedical focus. Hence it was concluded that although a paucity of information existed on effective interventions but still the needs and hurt of children and families demanded a response and thus efforts should be guided by the best available knowledge and theory in thefield.

Olfason E, Corwin L. D, Summit C.R (1991)[5] reviewed on modern history of child sexual abuse awareness. The path of emergence of child sexual abuse had been depicted from the mid 80's and it's link to Freudianism, sexual modernism, & gender politics. It stated the recent awareness of sexual abuse which differs from awareness in the past because of the significant amount of current research attesting to sexual abuse and its injurious impact on human development. The review thus concluded that child sexual victimization is as common and as noxious as current research suggests and would necessitate costly efforts to protect children from sexualassault.

FinkelhorD(1992)[15] surveyed on the international epidemiology of child sexual abuse. Surveys of child sexual abuse in large nonclinical populations of adults have been conducted in at least 19 countries. Results showed that

females were found to be abused 1.5-3 times the rate of males. It was therefore concluded that scope of the work remains for those who wish to understand the hidden sufferings of children in cultures all around the world as well as for those who wish to changeit.

Daro D, Gelles J. R (1992)[16] surveyed on the public attitudes and behaviours with respect to child abuse prevention. The data was collected from a nationally representative sample of 1250 adults each year between 1987 and 1992. The results stated that majority of public view physical punishment and repeated swearing at children as harmful. More than half of the samples reported of spanking and hitting their children. But over the years these reports have got reduced to a large extent. Thus they concluded that the public has a strong commitment to prevent child abuse. Public sees domestic violence as the major cause of elevated rates of childabuse.

Kolko J. D(1992)[17] reviewed on the characteristics of child victims of physical violence. In the article the current status of research examining the impact of physical child maltreatment on children's development eg cognitive, medical and psychosocial functioning eg. Psychiatric disorders, behavioural, interpersonal, academic is reviewed. Hence it was concluded that developments and future directions pertaining to the areas of conceptualization,assessment/methodology and intervention to encourage clinical research advances is required in thisarea.

Olds L. D (1997)[18] surveyed on the long-term effects of home visitation on maternal life courseand child abuse and neglect. 400 consecutive pregnant women with no previous live births were enrolled, 324 participated in a follow-up study when their children were 15 years old. Women's use of welfare and number of subsequent children were based on self-report; their arrests and convictions werebased on self-report and archived data from New York State. Verified reports of childabuse and neglect were abstracted from state records.The results showed that women who were visited by nurses during pregnancy and infancy were identified as perpetrators of child abuse andneglect. Therefore it was concluded that prenatal and early childhood home visitation bynurses can reduce the number of subsequent pregnancies, the use of welfare, childabuse and neglect, and criminal behaviour on the part of low-income can be reducedtoo.

Adair SM, Wray IA, Hanes CM, Sams DR, Yasrebi S, Russell CM(1997)[19] did a study to examine perceptions associated with dentists' decisions to report hypothetical cases of child maltreatment. In the study surveys were mailed to 500 general dentists and 200 paediatric dentists in Georgia. The results stated that a majority of dentists believed that they were required to report the neglect and the abuse. A major percentage of dentists were likely reporters of such cases. Thus it was concluded that the dentists would be likely to report hypothetical cases suggestive of, but not conclusive for child abuse and neglect and the likelihood of reporting such cases was associated with perceptions that the incident was serious, should be defined as maltreatment and that the reporting is required bylaw.

Jackson S, Thompson RA, Christiansen EH, Colman RA, Wyatt J, BuckendahlCW, Wilcox BL, Peterson R(1997)[20] surveyed on the predicting abuse-prone parental attitudes and discipline practices in a nationally representative sample. According to sociological and ecological models of abuse, typically non abusive parents could behave abusively towards their children under certain circumstances. The aim of the study was to examine factors that place parents at risk of abusing their children. A telephonic interview was conducted to 1000 parents. The results confirmed the importance of examining elements of parenteral attitudes, history, personality characteristics, as well as religion and ideology in predicting abuse proneness. Hence it was concluded that though many important theoretical predictors were confirmed still the findings raise questions about the diversity of discipline practices that parents use, and the relevance of social isolation and child'sage.

English J.D (1998)[21] reviewed on the extent and consequences of child maltreatment. The article depicted the specific, accurate understanding of the extent ofmaltreatment in American society. Thenature of the maltreatmentandtheconsequences it had for children and its importance to inform policies regarding child protection and to guide the design of preventionand treatment programs.The article also presents statistics indicating widespread maltreatment,researches on the characteristics of families that aremore prone to abuse or neglect, and summarizes knowledge about the impact of maltreatmentonchildren.

NaidooS(1999)[22] surveyed on the profile of the oro-facial injuries in child physical abuse at a children's hospital. In the survey a retrospective record based analysis of non- accidental injuries at a Children's hospital in Tyeburg,

South Africa over a 5year period was carried out. The results stated that most of the crimes were reported by mothers and the grand mothers. Most of the perpetrators were known to the victim and were males. The face was the most frequently injured part of the body. The range and diversity of the oro-facial injuries included skull injuries, subdural hematomas, retinal haemorrhages, and bruises. Hence they concluded that under 2-year old children were most at risk from abuse and oral health professionals should be consulted for diagnosis, advice andtreatment.

Magnen H. R(1999)[23] reviewed an article in the best interests of battered women: reconceptualising allegations of failure to protect. It is stated that it is essential for child maltreatment professionals to understand child neglect as it occurs in the context of domestic violence. A common but mistaken approach is to allege in a child maltreatment petition that the battered woman failed to protect her child or children. Thus it is imperative for the child maltreatment professionals to move beyond labels and examine complexity of the situation confronting a battered woman and herchildren.

Cairns M.A, MokO.Y.J, WelburyR.R(2000)[24] did a study on the dental practitioner and child protection in Scotland. The aim of the study was to differentiate from various health professionals their experience in child protection, numbers of suspected ca////ses of child abuse and reasons for failing to report, knowledge of the protocols. Postal questionnaires were sent to 500 randomly selected general dentists in Scotland with a further 200 sent to a random sample of the original 500. The results stated that only 8% of suspicious cases were referred on to the appropriate authorities and the reasons for failure to refer revealed that they were concerned about a negative impact on their practice. Hence it was concluded that due to lack of training or clear guidelines in Scotland, most practitioners were unsure what to do in the event of a suspicion of child abuse and therefore training should address dental competence in assessment of suspiciousindicators.

Finkelhor D, Ormrod R (2001)[25] reviewed on crimes against children by babysitters. Parents have become increasingly concerned with ensuring the safety of children when they are in the custody of childcare workers.Non-familialpaid babysitters have generated anxietyever since they became a nearly universalsocial phenomenon in the post-World WarII childrearing environment.Children under theage group of 6 years madeup 60% of the victims of babysitter crimes in the NIBRS jurisdictions, althoughyouth 12 and older were sometimes victimized. Thus crime reports on babysittersareonly a crude guide to the perils that children face in the company ofbabysitters.

Love C, Gerbert B, Caspers N, Bronstone A, Perry D, Bird W (2001)[26] did a survey on dentists' attitudesandbehavioursregardingdomesticviolence.Thesurveywasdoneonanationalrandomsampleof 321 dentists by mail. The survey items were developed based on the domestic violence & health care literature. The results stated that 87% dentists never screened for domestic violence, 18% never screened even when patients had visible signs of trauma on their heads or necks. Hence it was concluded that dentists face many barriers to identify and helping patients who are abuse victims yet they should get education about domestic violence which could help them overcome suchbarriers.

DiLilo D; Damashek A (2003)[27] reviewed the parenting characteristics of women reporting a history of childhood sexual abuse(CSA). The various aspects of parenting like childbearing patterns, intergeneration transmission of CSA, parenteral violence towards children, attitudes towards parenting has been reviewed.The result suggested that survivors may have difficulties establishing relations with future generations & may use harsh physical discipline. Thus it was concluded that since significant proportion of female population face CSA in their childhood or adolescence, it creates a parenting difficulty for them and there can be development of treatments to help them survive suchchallenges.

TannerK,TurneyD (2003)[28]reviewedon–whatdoweknowaboutchildneglect?‖acriticalreviewofthe literature and its application to social work practice. The aim was to contribute to the debate around research literacyby looking in more detail at the research and knowledge baseinforming work with neglected children and their families, and consideringthe ways in which this can be applied in practice. Thus the effects of neglect on children's development, and models and strategies for intervention were discussed in the article.

Welbury RR, MacAskillSG, Murphy JM, Evans DJ, WeightmanKE, Jackson MC, Crawford MA (2004)[29] did a qualitative analysis on the general dental practitioners' perception of their role within child protection. The aim of the study was to assess general dental practitioners'knowledge, attitudes and practice regarding theirrole within child protection in relation to child abuse. Five focus group discussions were carried out withGDPs in the National Health

Service (NHS) in the NorthEast of England. The results showed that the majority had scarcelyconsidered child protection issues in their clinical practice. GDPs acknowledged a lack of awareness of signs and symptoms of physical abuse and even lessconfidence in dealing with emotional or sexual abuse. Dentists expressed concern, even fear, about the outcomesof reporting suspicions, and had little knowledge of the local Child Protection mechanisms. Hence it was concluded that national and local initiatives would be required to address existingbarriers.

Kellogg N (2005)[30] reviewed the oral and dental aspects of child abuse and neglect. The importance of reporting of cases of child abuse had been reviewed based on bite marks, perioral and intraoral injuries, infections & diseases that may cause child abuse and neglect. He concluded that as physicians and dentists receive minimal training about this, it is imperative to encourage and collaborate them to increase the prevention, detection and treatment of thiscondition.

ChartierJ. M, Walker R J, Naimark B (2009)[31] surveyed on separate and cumulative effects of adverse childhood experiences in predicting adult health and health care utilization.A representative population sampleof 15 years and older, were analysed. Adverse childhood experiences examined were childhood physical and sexual abuse,parental marital conflict, poor parent-child relationship, low parental education andparentalpsychopathology. The results showed (72%) respondents reported at least one adverse childhood experience and about (37%) reported two or more of these experiences. Hence it was concluded that childhood abuse and other adverse childhood experiencesare overlapping risk factors for long-term adult health problems and that theaccumulation of these adverse experiences increases the risk of poor adult health

Matthew J. B, Jessica S. Z (2010)[32] surveyed on the relationship between intimate partner violence andchildren's asthma in 10 US states/territories. In 2005, 10 US states/territories administered an IPV module and a children'sasthma module within the Behavioural Risk Factor Surveillance System(BRFSS). The results showed that women who experiencedlifetime IPV, in contrast to women who never, were significantlymore likely to report that their children had asthma and currently haveasthma. Hence it was concluded the reducing the occurrenceof IPV could improve not only the long-term health of those who experience IPVbut also the health of theirchildren.

SetoC.M (2010)[33] reviewed on child pornography use and internet solicitationin the diagnosis of paedophilia. It states that 95% of 290 self-identified homosexualpaedophiles responding to an anonymous online surveyacknowledged using child pornography at some point; themajority (59%) used child pornography frequently. Evidence for an association between child pornography possession and paedophilia were seen when comparisons were done by the phallometric test results of 100 child pornography offenders with those of 178 sex offenders with childvictims.

Salmon M.A (2011)[34] reviewed a case report on the spectrum of abuse in the battered-child syndrome. The review consisted of five case reports which showed the various aspects of battered-child syndrome. It was thus concluded that emotionalfactors involving the child and the perpetrator of the injuries must be considered as well, for us to treat the child's physical injuries alone and then to discharge him back to the homeenvironment. So before considering the battered-child syndrome as a finite surgical entity, the full spectrum ofabuse should bedefined.

KatnerR.D; Brown E.C (2012)[35] reviewed on Mandatory reporting of oral injuries indicating possible child abuse. The authors reviewed the criminal and civil statues in all 50 states to determine what role dental professionals are required to play in instances of abuse and neglect. The result stated that it is mandated that all 50 states require dental professionals to be aware of and report to the proper state authority. Thus it was concludedthatstatelawsrequireallprofessionalstobeawareofreportingsuchinstancesofabuseand neglect as it is the clinicians responsibility to help prevent ongoing injury to people who are incapable of protecting themselves.

Bhatia SK, Maguire SA, Chadwick BL, Hunter ML, Harris JC, Tempest V, Mann MK, Kemp AM (2013)[36] did a systemic review on the characteristics of child dental neglect. 15 databases spanning 1947- 2012 were searched. Students from 0-18years confirmed with oral neglect undergoing standard dental examination were included while students with physical/sexual abuse were excluded. The result showed that most commonly noted dental neglects were failure to complete treatment plans, failure to follow advice,etc& it was not possible to define a threshold' level of dental caries that differentiated dental neglect from the studies. Thus it was concluded that while delay in seeking care with adverse dental consequences were highlighted and stating that differentiating dental caries from dental neglect isdifficult.

McCloskey A. L (2013)[37] surveyed on the intergenerational transfer of motherdaughter risk for gender- based abuse. In the study 150 mother–daughter pairs wererecruited to participate in a study examining gender-based abuse across threegenerations.Forms of gender-based abuse included: child sexual abuse, witnessingintimate partner violence against their mothers, and intimate partnerviolence or dating violence in adolescence or adulthood. The results showed that both child sexual abuse and anxious romantic attachmentstyle independently predicted adolescent sexual risk-taking as in having multiplesexual partners or dating older men. Hence it was concluded that it was important to include multiple forms of gender-based abuse in researchand practice to better illuminate complex family dynamics and also the importance of attachmentbehaviour in women who were in abusiverelationships.

Ruch O. L, Chandler S. M(2014)[38] surveyed on the crisis impact of sexual assault on three victim groups:adult rape victims, child rape victims and incest victims. The sample for the study were gathered by interviewing adult and child victims admitted to a sexual assault treatment center during a three-year period. The sample consisted of female victims ranging in age from 3-72 years. The results showedthat there were distinct differences betweenthese victim groups: victims of incest are the most severely traumatized,followed by adult rape victims, and the last the childrapevictims.

Dawson DL, Barnes-Holmes D, GresswellDM, Hart AJ, Gore NJ(2015)[39] surveyed on assessing the implicit beliefs of sexual offenders using the implicit relational assessment procedure. The experimental group consisted of 16 male participants who had been convictedfor at least one contact sexual offense against a child. The control group consisted of 16 male non-offenders recruited from a universitysample, including undergraduates, postgraduates, and non-academic staff members. The results indicated that it was significantly more effective at identifying core implicit differences betweensexualoffenders against children andnon-offendersthanacognitivedistortionquestionnaire.Henceitwasconcludedthatthefutureutilityof these methods appears bestsuited to identifying processes that may contribute to offending behaviour, with thefocus on developing treatment programs that target those processes.

RhodesJ. E, HealeyL. J.(2016)[40] surveyed on ‗many die in the hurricane': an interpretative phenomenological analysis of adults with psychosis and a history of childhood physical abuse. The study aimed to investigate the experience of adults with a diagnosis of psychosis and who have survivedchildhood physical abuse. The study aimed to investigate the experience of adults with a diagnosis of psychosis and who have survivedchildhood physical abuse. Eight participants were interviewed on basis of perceiving an everyday world ofaggression and contempt by others. The results showedgeneration of seven themes viz. Aggressionpermeated world; dehumanizing self-attack; pervasivemistrust; damaged intimacy;thefluctuating thread' of meaning and identity transformations;dread of murderous obliteration. It was concluded by depicting the importance of therapy for interpersonaldifficulties and the long-term effects of trauma.

Patrick A.L, Caroline W.H(2017)[41] reviewed on child rape victims. According to the FBI, 109,062 forcible rapes of females were reported to the Nation's law enforcement agencies in1992. A Bureau of Justice Statistics (BJS) survey of the States (including the District of Columbia) solicited data on victims' ages. The reports stated that in the 12 States, 51% of female rape victims were juveniles under 18. By comparison, females under 12 comprised 17% of the 1992 U.S. female population. Additional detail from the three-State survey revealed that 20% of victims under age 12, 11% of victims age 12 to 17, and 1% of those 18 or older were raped by their fathers.Hence it was concluded that the older the victim, the less likely that victim and offender were family members and the more likely they were strangers to oneanother.

HueckerR.M, Smock W (2018)[42] reviewed on domestic violence. It is a national public health problem, and virtually all healthcare professionals will at some point evaluate or treat a patient who is a victim of some form of domestic or family violence. The review depicts the consequences and reasons behind domestic violence including child abuse, abuse to the elderly, pregnant, bisexuals, etc. The management needed and the requirement to gain knowledge to fight against domestic violence has been given utmost importance.

Linde K L,Yates T M(2018)[43] reviewed on mothers' history of child sexual abuse and child behaviour problems: the mediating role of mothers' helpless state of mind. This investigation evaluated a theoretically specified model of associations among mothers' history of child sexual abuse (CSA),with regard to the mother–child relationship.

Participants were 225 biological mothers. The results revealed asignificant indirect pathway from a continuous rating of mothers‘ CSA severity to increased externalizing behaviour problems fromages 4 to 8 in the next generation via mothers‘ helpless SOM. Hence it was concluded that clinical interventions that enhance survivors‘ awareness of and reflection on their SOM regarding theparent– child relationship may attenuate intergenerational CSA effects on childadaptation.

Magallon N E, Kirchner T, Forns M, Calderon C, Planellas I(2018)[44] reviewed on the ecological momentary assessment of contextual variables,satisfaction, and emotional and behavioral states of adolescents by level of victimization. This study aimed to analyze the contextual variables (where, with whom, and what), momentarysatisfaction, and perception of momentary emotional and behavioural symptoms in acohort of adolescents by the level of victimization, using EMA. The results showed that the group with thehighest level of victimization showed a significant relationship with being away fromhome and being with friends. A relationshipexisted between emotional and behavioural problems and higher levels of victimization. It was concluded that the different groups of victimized subjects present a relatively high level of satisfaction inrelation to the daily contexts and show low levels of emotional and behavioural symptomatology.

Discussion:-

Child abuse & neglect are two different terminologies but having the same devastating effects. The child suffers not only in his childhood but the wounds leave a deep scar mark in his mind which prolongs the pain throughout life. Child abuse and neglect is a very common and subtle term we hear around us. A crime intimidated by parents or caregivers or any guardian at various instances gets unnoticed or even unreported in most of the times.

The terms abuse and maltreatment can often be used as synonyms. Child maltreatment can be referred as an umbrella term covering all forms of child abuse and child neglect. The definitions of child abuse depends on prevailing cultural values as they relate to children, child development, and parenting. In one sentence it can be said that child abuse cannot be restrained as a single definition but an integration of cultural beliefs and societal norms andpractices.

Abuse in general, refers to (usually deliberate) acts of commission while neglect refers to acts of omission.[45] Child maltreatment includes both acts of commission and acts of omission on the part of parents or caregivers that cause actual or threatened harm to a child. Some health professionals consider neglect as part of the definition of abuse, while others do not; this is because the harm may have been unintentional, or because the caregivers did not understand the severity of theproblem.

But it is imperative for the dental practitioners to know the various reasons behind child abuse and how it affects a child till his/her adulthood. The correct diagnosis of an abused child followed by proper guidance to required authority and prevention of further abuse should be done by a dental practitioner. Proper management of the abused child and punishment to the culprits is the best desiredoutcome.

Definitions

The World Health Organization (WHO) in 1999 defined child abuse and child maltreatment as "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."[46]

Ralph E. Mcdonaldin 2004―Child abuse and neglect encompass a variety of experiences that are threatening or harmful to the child and are the result of acts of commission or omission on the part of a responsible caretaker. This includes physical or mental injury, sexual abuse, and negligent treatment or maltreatment of a child less than 18 years of age by a person responsible for the child's welfare‖.[47]

The **Centers for Disease Control and Prevention (CDC)** in USA in 2008 used the term child maltreatment to refer to both acts of commission (abuse), which include "words or overt actions that cause harm,potential harm,or threat of harm to a child",and acts of omission(neglect), meaning "the failure to provide for a child's basic physical, emotional, or educational needs or to protect a child from harm or potential harm".[48] (Fig 1.)

The **United States federal Child Abuse Prevention and Treatment Act** in 2008 defined child abuse and neglect as, at minimum, "any recent act or failure to act on the part of a parent or caretaker which results in death, serious

physical or emotional harm, sexual abuse or exploitation" or "an act or failure to act which presents an imminent risk of serious harm".[49]

The **Child Abuse Prevention and Treatment Act (CAPTA**) in 2010 defines child abuse and neglect as: Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm.[50] (Fig 2.)

Fig 1:-Abused Girl

Fig 2:-Abused girl being threatened

Fig 3:-Neglected child

The **American Academy of Pediatric Dentistry Ad Hoc Committee** on Child Abuse and Neglect in 2017 has proposed the following definition of dental neglect: ―Dental neglect is defined as the failure by a parent or guardian to seek treatment for visually untreated caries, oral infections and pain; or failure of the parent or guardian to follow through with treatment once informed that the above condition(s) exists.[51](Fig 3.)

Prevalance

International

1. In the year 1962 in the United States of America there were 662 cases of child abuse reported, with 178 (25%) resulting in death. Every state in USA has now enacted laws to obtain reports of child abuse. In 1971, there were about 60,000 cases reported, a significant increase over previousyears.[52]
2. In the year 1986, more than 300 cases of physical abuse (non accidental trauma),sexual abuse, nutritional neglect, intentional drugging or poisoning, Munchausen's syndrome by proxy came into forefront in the limelight amongst theAmericans.[53]
3. In the 1990's due to the increasing popularity of media and journalism 200 reports of child abuse specially sexual abuse got reported and people became more aware of the terms thanbefore.[54]
4. According to the UN Secretary General's Study on Violence against Children in 2002, almost 53,000 child deaths occurred across theglobe.[55]
5. In 2004, 1,52,250 children and adolescents were confirmed victims of physical abuse in the United States. Of the 4 types of child maltreatment (neglect, physical abuse, sexual abuse, and emotional abuse), physical abuse is second to neglect, constituting approximately 18% of the total.[56]
6. In one of the retrospective cohort study in 2006 conducted on 8613 adults in the United States, 26.4% reported they were pushed, grabbed, or slapped; had something thrown at them; or were hit so hard they got marks or bruises at some time during their childhood. It has been estimated that 1.3% to 15% of childhood injuries that result in emergency department visits are caused by abuse[57]
7. At times it is reported that child abuse or neglect are contributing factors to a child's death. In the United States, 1,730 children died in 2008 due to factors related to abuse; this is a rate of 2 per 100,000 U.S.children.[52]
8. David Finkelhortracked Child Maltreatment Report (NCANDS) data from 1990 to 2010. He states that sexual abuse had declined 62% from 1992 to 2009. The long-term trend for physical abuse was also down by 56% since 1992. The decline in sexual abuse adds to an already substantial positive long-termtrend.[58]
9. As of 2014, an estimated 41,000 children under 15 were reported victims of abuse. The WHO states that this number underestimates the true extent of child abuse; as a significant proportion of child died due to maltreatment leading to falls, burns, and drowning. Also, girls were particularly vulnerable to sexual violence, exploitation and abuse in situationsof armedconflict and refugee settings, whether by combatants, security forces, community members, aid workers, or others.[59]
10. More than 680,000 children were abused in the United States each year. In 2015, an estimated 1,670 children died of physical abuse. Of all child abuse deaths, 80% occurred in children younger than age 4 years. Of the various forms of maltreatment, more than one-half of children were neglected, 17.2% suffered physicalabuse.[60]
11. In 2019 a total of 1512 cases of child abuse were found in the National Family Safety Program Registry database of Riyadh city. The non-accidental fractures were more frequent in boys than girls (59% vs. 41%) and in children aged less than 6 yearsage.[61]

National

Child abuse in India is often a hidden phenomenon, especially if it happens at home or by family members.

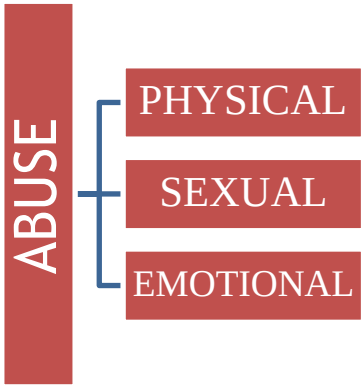
1. Life was tragic stricken for little boys who were trafficked to gulf countries to serve as camel jockeys. In the 1980s and'90s, small boys from Pakistan, Afghanistan, Sudan, India and Bangladesh were sent to camel farms in Dubai and the UAE to be trained as jockeys. The 'ideal' camel jockey is very slight of figure. Boys who were two or three years old, and weighed under 20 kg, were considered perfect; to keep them at the 'optimum' weight, their diet mainly comprised biscuits and water, occasionally gruel. The casualty rate during the races was high; petrified children who fell off the camels were often trampled underfoot. In the camps, they were treated little more thanslaves.[62]
2. The union ministry of women and child development **(MWCD)** released a study report in 2007 which assessed the incidence of child abuse nationwide. Recently released data by theNCRB (NATIONAL CRIME RECORDS BUREAU) highlights the fact that there is a 70% rise in rape and abduction of minors whereas it has increased to 40% in case ofabduction.[63]
3. An Epidemiological Overview of Child Sexual in the year 2012 reported abuse Bengaluru, accounted for 26.76% of the total child rapesreported.[64]
4. In 2014, a Chennai-based NGO stumbled upon an unregistered children's home for girls in the town ofTiruchi in Tamil Nadu. The Mose Ministries Children's Home, founded by Pastor Gideon Jacob and his German wife, had 89 inmates. The girls had been "rescued" by the pastor and knew little of the outside world. They lived in unhygienic conditions, with no caregivers to speak of. The NGO discovered that all the girls had been born in the

nearby district of Usilampatti, brought to the home soon after, with their biological parents living barely 100 km away were completely unaware that their children were stillalive.[65]

5. India is home to almost 19% of the world's children, and children and adolescents together form approximately 40% of India's total population . In India, two out of every three children are physically abused, and every second child is reported to be facing emotional abuse. According to **Times of India** special edition on **"India and her children"** in 2015 around 53% of children reported having faced one or more forms of sexual abuse, and almost 50% of abusers are persons known to the child or in a position of trust and responsibility.[66].
6. In 2015, according to NCRB i.e National Crime Records Bureau the number of cases against child abuse raised from 8,904 in 2014 to14,913.[67]
7. In India a 2016-17 survey, commissioned by the Union Ministry of Women and Child Development, indicated that 4.73 lakh children resided in care homes nationwide. However, the number came down to 2.61 lakh children in the data submitted by the Centre before the Supreme Court in March2018.[68]
8. Thus it can be confirmed that child abuse is not confined anymore to the exploits of the family or caregiver or parents, it has extended to a crime done by the society as a whole.
9. Abuse can be separated into few categories; Physical abuse, Sexual abuse, and Emotional abuse. Some signs of physical abuse are dramatic, some signs of emotional abuse are subtle, but the results are uniformly devastating.[69]

Classification

The World Health Organization has classified child abuse under the following types.(Flowchart 1)



Flowchart 1:-Classification of abuse

According to WHO physical abuse is the result of non-accidental injury of a child at the hands of a caregiver which may cause bruises, burns or deep seated emotional trauma to the child. Mostly such injuries are done by the caregiver in the absence of the parents but it may at times be hurled by the parents as well.

Physical Abuse

Etiology

Caregiver"sfrustration

At many instances the caregivers, other than the parents who are looking after a child can cause serious damage unknowingly to the child which may at times be fatal as well. These people come from various strata of the society and might have different personal issues or criminal backgrounds. It has been reported that they often show dominance and try to suppress the defenceless child which may come in the form of physical abuse. According to Freudian Theory a caregiver might show displacement i.e satisfying his impulse on a substitute person. There has been multiple reports of physical and even sexual abuse by the caregiver out of frustration or mere amusement or sexual gratification. **David Finkelhor, Richard Ormrod**in 2001 reported the physical abuses against children by babysitters in the Juvenile Justice Bulletinwhich provided valuable information on the frequency and nature of crimes by babysitters to the children in absence of theirparents.[25]

Domestic Violence

Domestic violence can rise due to various causes like unemployment leading to poverty, chronic alcohol consumption, extra marital affairs and many other personal and social issues. But due to such domestic violence it

has been seen that often the child gets abused and humiliated for no reason. **SidharthMuralidharan**in 2017 reported in the article "Impact of religious symbols on domestic violence prevention in India: applying the theory of reasoned action to bystanders' reporting intentions", the abuse that happens due to domestic violence.[70]

Abuse InSchool

Many instances of physical abuse can be seen in schools or primary care centers. Teachers often loose their temper and tend to beat the child to punish him. Similar acts can be seen amongst attendants, caretakers or other non teaching staffs. **Agu A** etal in 2018 reported abuse in school going children in "Perspectives on Abuse of School Children in Basic and Secondary Schools in Ghana".[71]

Abuse ByPeers

Abuse or bullying too is a chronic problem which is generally done by peer groups or other senior students in the school. Strict action against such issues is mandatory as these can be seriously harmful to the child. **Shon M. Reed et al** in the year 2018, demonstrated abuse by friends in the article "Friends, family, and boyfriends: An analysis of relationship pathways into commercial sexual exploitation" [72].

Signs AndSymptoms

Some injuries can have unexplained cause and thus should bethoroughly diagnosed. They are explained as following:-[73]

Unexplained Injuries

Can be either extra-oral or intra-oral.

Extra-oral injuries:-

1. Bruises on the arms can be correlated with tight grasps. (Fig4)
2. Blows to the ear can also rupture the tympanic membrane or cause hemorrhage and hematoma formation.
3. There may be bite marks, bald patches (where hair has been pulled out), injuries on extremities or on the face, eyes, ears, or around themouth.
4. Extra-oral injuries may be in various stages of healing, indicating the possibility of repeatedtrauma.
5. There may be bruises or abrasions that reflect the shape of the offending object, e.g., belt buckle, strap, hand.

Intra-oral injuries:-

1. The oral cavity may be abused by forced bottle feeding or from hitting by the caregiver or parents. Unexplained contusions, breakage of jaws, lip lacerations, injury to the gingivae or avulsed tooth or even fracture of jaws might occur from blows to theface.
2. Discoloured teeth, which indicates pulpal necrosis may have resulted from previous trauma. Gags at times may be applied to the mouth which may in turn may result in bruises or scarring at the corners of themouth.
3. Tears of the frenula, particularly the labial frenum, are frequently seen in child abuse cases. For example, the labial frenum may be torn when a hand or other blunt object is forcibly applied to the upper lip to silence the child . Injuries of this type may also occur in forced feeding, as a result of the bottle being forced into themouth.
4. Blunt force trauma like a forceful slap to the lower face may also cause the mucosal lining of the inner surface of the lip to be torn away from thegingiva.

Burns

Cigarette burns or friction burns may be noted. Burns in the shape of a press, a kitchen spatula, etc if seen the dentist/ medical practitioner should investigate further.[74] (Fig5)

Fractures

1. Dislocation of bones like shoulder can happen due to forceful dragging of achild.
2. Fracture of ribs without other associated injuries should beevaluated.
3. Fractures of the maxilla, mandible, and other cranial bones may be found in cases of child abuse. If the radiologic study shows signs of old as well as new fractures and a pattern of repeated trauma has been found, then need of investigation with reference to possible child abuse should bedone.

Nutritional Status

If the child_s nutritional state is poor and growth is subnormal according to age further investigations are to be done then.

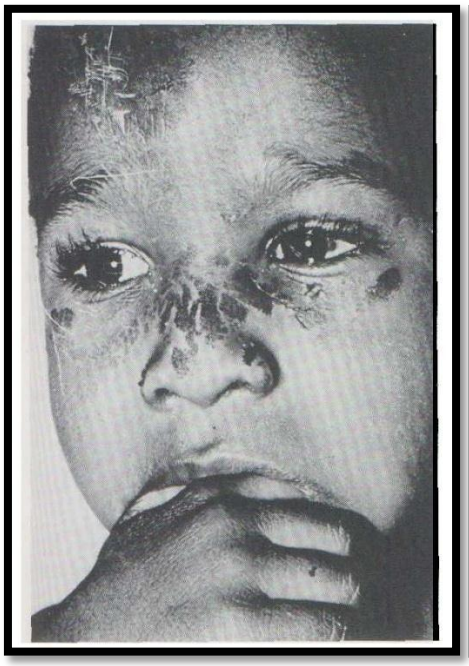


Fig.4 Battered child with conjunctival hemorrhage

Fig.5 Girl with a burnt face due to physical abuse

Role Of Dentist

The dentists may be the first one to encounter the case of child abuse, which may come to him in the form of injuries or other trauma especially related to the head and neck region. Such cases may not indicate a case of child abuse always but with proper knowledge to diagnose such cases a dentist can save a child from further abuse. Obtaining a thorough history from the patient is crucial to rule out possible physical abuse, especially when the dentist cannot reliably determine from the minor patient or his or her legal guardian the cause of a potentially non-accidental injury. When appropriate, dental professionals are compelled by state law to report cases of suspected child abuse andneglect.

In Diagnosis

1. Proper and timely diagnosis may allow the child to get saved from the horrors that he might have been facing for a long time.
2. If the history provided for an injury does not match with the injury pattern then child abuse should be considered and appropriate actions should be taken. Many times when the parents are involved in the abuse they cannot provide a valid history to the doctor when asked about thetraumas.
3. Multiple injuries can be seen as a result of physical abuse. A child can get injury during playing outdoors but if the physician observes injuries like belt marks or bite marks and bruises in the buttock and similar marks that too in various sites, it should guide him to a possibility of childabuse.
4. Unintentional or accidental injuries to the mouth are common and must be distinguished from abuse by judging whether the history, the timing and mechanism of injury, is consistent with the characteristics of the injury.

5. Multiple injuries, injuries in different stages of healing, or a discrepant history should arouse a suspicion ofabuse.

In Management

Once physical abuse of a child is suspected, the physician is required by law (**Indian Penal Code 375, 354, 377**) to report it to the concernedauthorities.[75]

Recommended members of a multidisciplinary team include the admitting or evaluating physician, a children's physician and a children's forensic specialist, members of Child Protective Services, social work services, nursing staff, mental health professionals, and law enforcement are alsoconsulted.

Medical management can range from inpatient care to outpatient treatment with close follow-up by a physician, a social worker, and Child Protective Services. Inpatient care helps address medical needs; facilitates studies, observation, and evaluation; and protects the child from further harm at least till investigations arecompleted.

If the parent or guardian is suspected of being a perpetrator, then inpatient evaluation is more appropriate.

Concerned Authorities that help the child abuse victims nationwide are asfollows.

International

1. National Child Abuse Hotline(800-422-4453).
2. National Clearinghouse on Child Abuse and Neglect Information,Washington.
3. Prevent Child Abuse America,Chicago

National

The major policies and legislations formulated in the country to ensure child rights and improvement in their status include: National Policy for Children, 1974 National Policy on Education, 1986 National Nutrition Policy, 1993.

Syndrome Associated

The Battered-Child Syndrome

Dr.Kempein 1961 coined the term **"Battered child syndrome"** to describe children with numerous unexplained bruises, fractures, and head injuries. [76]

The BATTERED-CHILD SYNDROME is a term used to characterize a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent. The condition has also been described as ― unrecognized traumal by medical practitioners .[76]

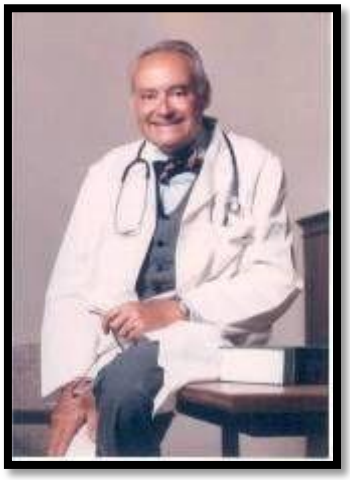


Fig.6 Dr. Henry Kempe

Sexual Abuse

Etiology[76]

PsychiatricFactors

Psychiatric factors in the parents or the caregivers are probably of prime importance in the pathogenesis of the disorder.

Isolation

Children living in isolation, without friends, without grandparents to help care for children, with economic difficulties, who are overworked and overtired.(Fig.7)

Parental issues

1. Increased intake of alcohol or substance abuse
2. High stress factors in the familylife
3. Previous abuse of the child or the child'ssiblings
4. History of mental or emotional problems inparents
5. Parents abused aschildren
6. Absence of visible parental love or concern for the child; and neglect of the child'shygiene.
7. It has been seen that often such abusive parents are of low intelligence or uneducated. Often, they are described as psychopathic or sociopathiccharacters.
8. Persons with poor control of aggression can be hostile to a child through the mechanisms of displacement and projection **(Freudian theory**).

Fig.7 Battered Child

Diagnosis

If the history provided by the parents proves to be inconsistent with that of the injuries present in the child, probability of intentional abusing should besuspected.

Physical examination detecting injuries such as bruises, burns, swelling, retinal haemorrhages (bleeding in the back of the eye), internal damage such as bleeding or rupture of an organ, fractures of long bones that result from twisting, and fractured ribs orskull.

Management

1. On confirmation of child abuse, steps should be taken to separate the child from the parent until crisis has passed.
2. Both physical and psychological therapyare often recommended as treatment for the abusedchild.
3. International Agencies like The Division for Children, Youth and Families (**DCYF**) is the State agency in New Hampshire that manages programs to protect children andfamilies.

According to WHO, ―Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person‖.[77]

Etiology

Psychological condition of abuser

In most of the situations it is seen that the abuser has an unstable mental conditioning which makes him commit such crimes.

Parental Issues

Fathers with mental illness, or alcohol or drug dependency may abuse his children sexually.

Children In Foster Care, Adopted Children,Stepchildren

Often children living in foster care or orphanage tend to suffer from long standing child sexual abuse. In many instances stepchildren may be sexually abused by their parents, often going unnoticed for years.

Physically Or Mentally Handicapped Children

Physically and mentally challenged individuals are often being abused at the hands of the caregivers or even by their teachers or trainers.

History Of Past Abuse

Persons who have undergone abuse in their childhood, often has been seen to do the same to their children as well.

Poverty & War/ArmedConflict

Child sexual abuse has been a very common occurance in poverty stricken families as well as in situations of war or armed conflict.

Types of sexualabuse

By family &friends

It is known by definition that incest involves family and siblings. Incest involves sexual exploitation by apersonthevictimknowswell,interacts with frequently,and has emotional and/or economicties.

Furthermore, incest frequently occurs over an extended period of time (Burgess et al., 1978).[78]

By Strangers

In contrast, rape refers to sexual assault situations involving a victim and assailant who are not family members.

Signs andsymptoms

Oral & intra-oralinjuries[79]

1. Lips and corners of the mouth may show contusions, lacerations, burns, or scars due to the frequency of attack to the mouth in sexually abusedchildren.
2. Oral and perioral gonorrhea in prepubertal children, diagnosed with appropriate culture techniques and confirmatory testing, is pathognomonic of sexualabuse.
3. Unexplained injury or petechiae of the palate, particularly at the junction of the hard and soft palate, may be evidence of forced oralsex.

Extra-OralInjuries

1. Bite marks on the face of children are most commonly found on or around the cheeks. However, they may occur on the ear, nose, chin, or elsewhere.(Fig.8)
2. Bite marks in general prove a physical or sexual abuse has been done to the child. Out of the various bite marks suck marks can indicate sexual abuse. Tooth marks usually can be identified at the periphery of the mark. Dentists trained as forensic odontologists can assist physicians in the detection and evaluation of bite

marks related to physical and sexualabuse.

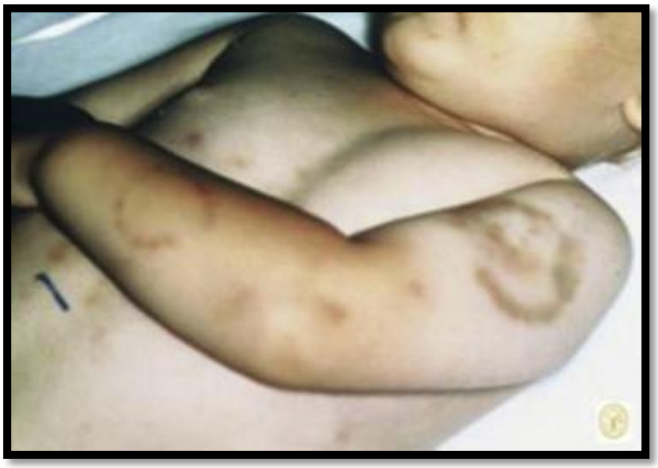


Fig.8 Bite marks onachild‟s body

Role OfDentist

In Diagnosis

1. The child may show signs of depression and un attachment from parents or siblings and will show signs of fear and anxiety at the slightest. Only proper history and questioning the parents will uncover the propertruth.
2. Oral cavity has been a frequent site of sexual abuse in children. Visible oral injuries or infections might alert for an oro-genital contact. Referral to specialized clinical settings in such cases is recommended.TheAmericanAcademyofPaediatricsstatement—GuidelinesintheEvaluationof SexualAbuseofChildren‖providesinformationregardingtheseexaminations.[80](Fig.9)
3. In case sexual abuse is suspected, the child should be examined for sexually transmitted diseases like gonorrhea, syphilis, HIV,etc.
4. Even if no actual act of sexual abuse has been committed the child should be evaluated if he/she has been exposed to porn videos or has been asked to dress or behave in a sexualmanner.
5. In short the various activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside ofclothing.

TABLE 2. Guidelines for Making the Decision to Report Sexual Abuse of Children

Data Available			Response	
History	Physical	Laboratory	Level of Concern About Sexual Abuse	Action
None	Normal examination	None	None	None
Behavioral changes	Normal examination	None	Low (worry)	± Report*; follow closely (possible mental health referral)
None	Nonspecific findings	None	Low (worry)	± Report*; follow closely
Nonspecific history by child or history by parent only	Nonspecific findings	None	Possible (suspect)	± Report*; follow closely
None	Specific findings	None	Probable	Report
Clear statement	Normal examination	None	Probable	Report
Clear statement	Specific findings	None	Probable	Report
None	Normal examination, nonapecific or specific findings	Positive culture for gonorrhea; positive serologic test for syphilis; presence of semen, sperm, acid phosphatase	Definite	Report
Behavioral changes	Nonspecific changes	Other sexually transmitted diseases	Probable	Report

Fig.9 Guidelines in the evaluation of sexual abuse of children

In Management

1. The history is the most important part of the sexual abuse evaluation. Documentation should include the child's

exactwords.
2. Interview the child out of the presence of the parent ifpossible.
3. The Ministry of Women & Child Development (MWCD) in India launched a CHILDLINE service (1098) in 1998–1999. The 24‐hour toll‐free emergency service provides assistance to children in need of care andprotection.
4. If the reported incident occurred less than 72 hours before and the patient has a history highly suggestive of abuse, sexual assault kits (i.e., rape kits) should be used which are available in emergency departments or child abuse centers. Examinations should be done by health care professionals familiar with forensic examinations (e.g., experienced primary care physicians, emergency department personnel, or sexual assault nurseexaminers).
5. Ask about medical history, medications, menstrual history, sexual history (this allows us to determine the language and development of thechild).
6. If the last known incident of sexual contact occurred more than 72 hours before presentation, the child can be scheduled for an examination at a child advocacy center or other center specializing in sexual assaultexaminations.
7. Concerned Authorities that help the child abuse victims nationwide are asfollows:-

International
1. BICE(International Catholic ChildBureau)
2. ECPAT
3. Justice for ChildrenInternational
4. ISPAN(International Society for Prevention of child Abuse &Neglect)

National
1. ARPAN
2. HEAL(Help Eradicate Abuse through Learning)
3. RAHI
4. TULIR (Centre for the prevention & healing of child sexualabuse)

SyndromeAssociated
Post Traumatic Stress DisorderSyndrome
Post Traumatic Stress Disorder Syndrome (PTSD) is classified as a trauma and stress related disorder characterized by repeated intrusive thoughts and memories of traumatic events, avoidance of fearful thoughts and feelings associated with the trauma, especially threat avoidance, disruptions in cognition and mood, amplified vigilance and alertness to environmental triggers, and heightened alertness **(American Psychological Association [APA],2013)**.[81]

Etiology
Chronic child sexualabuse
People facing sexual abuse from childhood have the probability of going through Post Traumatic Stress Disorder Syndrome until treated.

Long termneglect
Children undergoing neglect from their parents or caregivers for a long time may go through episodes of Post Traumatic Stress Disorder Syndrome in theiradulthood.

Diagnosis
Few symptoms that can be correlated with PTSD are as follows[82]
1. **Re-experiencing Phenomena**-There has been cases of presence of repetative, or re-experiencing phenomena, like nightmares and inappropriate sexual behaviours that they have faced in childhood.
2. **Avoidance Behaviours-**Phobic and avoidant behaviours have also been extensively seen as well as dissociative phenomena by clinicians and researchers evaluating sexually abused children.
3. **Autonomic Hyper arousal-**Symptoms of increased arousal, e.g., startle reactions, hyper vigilance, and difficulty sleeping have been found. Loss of physical symptoms, such as appetite change, stomach aches, headaches, etc., have been recorded, as have increased irritability and aggression.

Management[83]

Primary care

PTSD may present with a range of symptoms including re-experiencing, avoidance, hyper arousal, depression, emotional numbing, drug or alcohol misuse and anger and therefore when assessing for PTSD, members of the primary care team should ask in a sensitive manner whether or not patients with such symptoms have suffered a traumatic experience (which might have occurred many months or years before), giving specific examples of traumatic events (for example, assaults, rape, road traffic accidents, childhood sexual abuse and traumaticchildbirth).

Repeatedpresentations

A second period of treatment may be beneficial and it is important therefore not to assume that failure of a previous treatment means that a person will not respond well to treatment in the future. There might be possibilities that the person has not got over of the trauma or the traumatic experiences faced in thepast.

Comorbidpresentations

The inappropriate use of prescribed drugs or the misuse of street drugs or alcohol, to facilitate sleep or to avoid other psychological difficulties, should also alert the practitioner to the possibility of PTSD. Without the proper diagnosis and correct management the person can possibly have fatal endings inlife.

Emotional Abuse

In 2013, the American Psychiatric Association (APA) added Child Psychological Abuse to the Diagnostic Statistical Manual-5 (DSM-5), describing it as "non-accidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child."[79]

Victims of emotional abuse may react by distancing themselves from the abuser, which may in turn cause internalizing the abusive words or fighting back by insulting the abuser. Emotional abuse can be catastrophic as it may result in disrupted attachment development, a feeling of self-blame for the abuse that has occurred, learned helplessness, and overly passive behaviour to family andfriends.

Psychological abuse can happen as an outcome of physical abuse, sexual abuse and can leave a deep scratch of unhealed trauma forever.

Fig. 10 EMOTIONALLY ABUSED

Etiology

Abuse byparents

Continuous abuse by parents for long term can cause severe emotional and health abuse. Parents having multiple issues like unhappy marriages, unwanted pregnancies drug abuse or alcohol intake might direct their frustration in the form of emotional abuse of their helpless children.

Humiliation

Humiliation of a child refers to the degradation of the self esteem of a child by parents, care-givers, teachers, relatives, peers or by any other persons, often in the presence of their peer. Examples of humiliation include treating harshly, shouting, name calling and using abusive language while addressing children.(Fig.11)

Sexual Abuse InChildhood

Increased disturbance in sexual life can be observed in adulthood of a person suffering from child sexual abuse. There is evidence that women with a history of sexual abuse, compared with non- abused women, suffer from generalized emotional symptoms such as fear, anxiety, and depression. They become unattached from family ties and marital relations and spend most of their life in fear and anxiety thinking of thepast.

Signs andsymptoms

Depression

Depression is a common ill effect of long term sexual abuse. A person goes into a worse state of depression knowing the abuser is a family member but could not disclose about it.

Suicidal Tendency

Suicidal tendency has been increasing among the youth. Mostly teenagers or even people in their twenties sometimes commit suicide not being able to undergo the social and internal trauma of sexual abuse.

Habits

Habits like nail biting, thumb sucking or lip sucking may be observed in cases of an emotionally deranged child.

Role Of Dentist

In Diagnosis

1. Patterns of behaviour that should raise concern about the possibility of emotional abuse include social withdrawal, excessive anger or aggression, eating disorders, failure to thrive, developmental delay, and emotional disturbances (e.g., depression, anxiety, fearfulness, history of running away fromhome).
2. Physicians should express their concerns to the child and family and try to determine the severity of theproblem.
3. On general observation there are chances of finding the child in untidy and wrecked clothes with overallmalnourishment.
4. On history taking, suicidal tendencies can be observed and in many cases depression can be seen too.

In Management

1. Mental health consultation should be considered for families of children who have been emotionallyabused.
2. If the episode of suspected emotional abuse is isolated, and there is no immediate danger to the child, physicians should recommend family therapy, parental training, and other supportive therapy for the child and family. If emotional abuse is recurrent or there is a possibility of imminent harm, Child Protective Services should be contacted and removal of the child from the unsafe environment should beconsidered.
3. Concerned Authorities that help the child abuse victims nationwide are asfollows:-

International:-

1. National Child Abuse Hotline(800-422-4453).
2. National Clearinghouse on Child Abuse and Neglect Information,Washington.

National:-

Childline India Foundation launched their 24hour service toll-free helpline 1098.

Fig.11 Words can hurt

The Cycle Of Abuse

The Cycle of Abuse" is a term which shows how the chronic habit of abusing one's children, with time turns the child into an abuser when he/she becomes a parent as well. Any child who undergoes abuse for along time from their tender age from their parents, themselves become psychologically affected and most of them become abusers once they start parenting.[84](Fig.12)

Fig.12 The cycle of abuse

Thus it is our duty as a responsible physician/dentist to diagnose the child undergoing abuse and at the same time should refer the child to a councillor for proper counselling and stoppage of the chance of _the cycle of abuse' for that individual in the process.

Neglect

Neglect according to WHO, is a serious and pervasive form of maltreatment that occurs across childhood and adolescence with potential long-term consequences across the life span. Babies and young children are particularly vulnerable and dependent, which makes them especially fragile and place them at higher risk of abuse and neglect but adolescents have also been reported to be highly susceptible to neglect.[85]

Etiology

Age

Neglect shown to any children can be harmful. Still as we know that toddlers and children from 1 to 6 years of age are highly dependent upon the care and nourishment provided by their parents. Thus showing neglect to children during this age in any manner can cause disastrous effects to the child both physically and emotionally.

Sex
It has been reported that in most of the countries a female child is more likely to be abused and neglected than a male child. More than a male child, a female child faces infanticide, sexual abuse, forced prostitution and nutritional and educational neglect. Internationally it has been seen that rates of sexual abuse is 1.5–3 times higher among girls thanboys.

Special Characteristics
Differently abled children might face harsh abuse and neglect. It is believed that low birth weight, premature birth, illness, or physical or mental retardation in the infant or child interfere with attachment and bonding and may make the child more vulnerable to abuse.

Caregiver And FamilyCharacteristics
Neglected children in foster care and adoptive populations manifest different emotional and behavioural reactions to regain loss or secure relationships. They are frequently reported to have disorganized attachments as they have faced neglect and have been abused from the near and dear ones from a tender age.

Fig. 13 Abusive parents can cause the biggest harm

Poverty
Child neglect is more often associated with poverty. Poverty can lead to social isolation, feelings of stigma, and high levels of stress. Pervasive stress can make it difficult for parents to cope with the psychological, physical and material demands of parenting.

Prior History
Parents who has a tendency of abusing their children have been seen to be abused and neglected in their childhood as well. Other factors that have been linked to child abuse are young parental age, stress, isolation, overcrowding in the home, substance abuse and poverty.

Violence At Home
Countries as geographically and culturally distinct as China, Colombia, Egypt, India, Mexico, the Philippines, South Africa and the United States have all found a strong relationship between intimate partner violence and its relationship to child abuse and neglect. In India among known victims of child abuse and neglect, 40% or more have also reported domestic violence at home.(Fig. 13)

Types Of Neglect[86]
Supervisory neglect:
Characterized by the absence of a parent or guardian which can lead to physical harm, sexual abuse or criminal

behaviour. (Fig.14)

Physical neglect:
Characterized by the failure to provide the basic physical necessities, such as a safe and clean home, nutritional food to eat and cloth towear.

Medical neglect:
Characterized by the lack of providing medicalcare.

Emotional neglect:
Characterized by a lack of nurturance, encouragement andsupport.

Educational neglect:
Characterized by the caregivers lack to provide an education and additional resources to actively participate in the schoolsystem.

Abandonment:
When the parent or guardian leaves a child alone for a long period of time without a babysitter orcaregiver.

Dental neglect:
Dental neglect has been defined as "the persistent failure to meet a child's basic oral health needs, likely to result in the serious impairment of a child's oral or general health and development". Dental caries, periodontal 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 anddevelopment.

Fig. 14 A neglected child

Signs andsymptoms
Relationships
Often children facing neglect in childhood suffers bitter relation with parents in the future.

Physicalhealth
1. It is important to understand that neglected children may experience poor physical health and thus early intervention isessential.
2. Conditions like kwashiorkor and marasmus can be observed in seriously neglectedchildren.
3. With continued neglect and abuse, children may become susceptible to increased risk of substance abuse, risky sexual behaviours and getting Sexually TransmittedDiseases.

Dental health

1. Young children often gets deprived from proper dental care and attention for oral health maintenance. This includes managing oral hygiene and diet, and seeking treatment at the time of need. Untreated dental disease can have a significant adverse impact on the health, wellbeing, and quality of life of thechild.
2. Untreated dental diseases may give rise to pain, in long course of time will cause sleep deprivation, interference wi5th performance at school and socialactivities.

Role Of Dentist

In Diagnosis

1. If the age of the child coming to the dentist does not co-relate with the physical condition or overall build-up of the child, the dentist should have suspicion that the child might be neglected.
2. Multiple carious teeth with many pulpal involvements should alert the dentist concerning dental neglect. Chronic neglect from the parents or caregiver can result in such acondition.
3. Caretakers failing to keep appointments for diagnosed caries or periodontal diseases which have been referred fortreatment.
4. Failure to seek recommended treatment for diagnosed severe mal-relationships of the maxilla and mandible, including craniofacial anomalies, which may result in deficient speech, aesthetic deformities, and psychologicaldisturbances.

In Management

To manage a neglected child, the following conditions should be considered reasons for reporting if the caretaker consciously fails to follow treatment recommendations in potentially life-threatening situations:[87]

Failure to provide prescribed antibiotics.

1. Failure to seek treatment for cellulitis and its associatedinfections.
2. Failure to seek treatment for any acute or chronic infection, including dental caries, when underlying life-threatening system conditions are present such as sub-acute bacterial endocarditis, glomerulonephritis, or juvenile-onsetdiabetes.
3. In case any other kind of neglect is suspected concerned authorities should beinformed.
4. Concerned Authorities that help the neglected child victims nationwide are asfollows:-

International

1. The Child Help National Child Abuse Hotline (1-800) 422-4433
2. Child Welfare InternationalGateway

National:-

Childline India Foundation launched their 24hour service toll- free helpline1098.

Legal aspect of child abuse &neglect

Measures taken by the government for protection of thechild

The **Ministry of Women & Child Development** have taken various measures to shield children from violence and abuse and the Integrated Child Protection Scheme came into being. The MWCD launched a CHILDLINE service in 1998–1999 in India. The 24 hour toll free emergency service provides assistance to children in need of care and protection. As of March 2013, a total of 27 million calls had been serviced. It operates in 291 cities/districts in 30 states and Union Territories across India.[88]

In May 2012, India‘s parliament took a major step bypassing the POCSO Act. Under the law, all forms of child sexual abuse are now specific criminal offenses for the first time ever in India. The law states that, when a doctor has reason to suspect that a child has been or is being sexually abused, he/she is required to report this to the appropriate authorities (i.e., the police or the relevant person within his/her organization who will then have to report it to the police). Failure to do so would result in imprisonment of up to 6 months, with or without fine.

The Protection of Children from Sexual Offenses (POCSO)Act[89]

The Act defines a child as any person below eighteen years of age. It also makes provisions for avoiding the re-victimisation of the child at the hands of the judicial system.

The Act defines different forms of sexual abuse which includes penetrative and non-penetrative assault. It also involves sexual harassment, pornography, etc. Under certain specific circumstances POCSO states a sexual assault is to be considered ‑aggravatedif the abused child is mentally ill or when theabuse iscommitted by amember of thearmedforcesorsecurityforcesorapublicservant orapersoninapositionoftrustor authorityofthechild,like a family member, police officer, teacher, or doctor or a person-management or staff of a hospital — whether Government orprivate.‖

In order to effectively address the heinous crimes of sexual abuse and sexual exploitation of children through less ambiguous and more stringent legal provisions, the Ministry of Women and Child Development championed the introduction of the Protection of Children from Sexual Offences (POCSO) Act, 2012.It was passed to provide a child-friendly system for trial underneath which the perpetrators could be punished, while safeguarding the interest of the child at every stage of the judicialprocess.

Under section44 of the Protection of Children from Sexual Offences (POSCO) Act the National Commission for Protection of Child Rights, in addition to its assigned functions, also mandated:[89]

1. To monitor in the implementation of Protection of Children from Sexual Offences (POCSO) Act, 2012;
2. To monitor the designation of Special Courts by StateGovernments;
3. To monitor the appointment of Public Prosecutors by StateGovernments;
4. To monitor the formulation of the guidelines described in section 39 of the Act by the State Governments, for the use of non-governmental organisations, professionals and experts or persons having knowledge of psychology, social work, physical health, mental health and child development to be associated with the pre-trial and trial stage to assist the child, and to monitor the application of theseguidelines;
5. To monitor the designing and implementation of modules for training police personnel and other concerned persons, including officers of the Central and State Governments, for the effective discharge of their functions under theAct;
6. To monitor and support the Central Government and State Governments for the dissemination of information relating to the provisions of the Act through media including the television, radio and print media at regular intervals, so as to make the general public, children as well as their parents and guardians aware of the provisions of theAct;
7. To call for a report on any specific case of child sexual abuse falling within the jurisdiction of a Child Welfare Committee(CWC);
8. To collect information and data on its own or from the relevant agencies regarding reported cases of sexual abuse and their disposal under the processes established under the Act, including information on thefollowing:-
9. Number and details of offences reported under theAct;
10. Whether the procedures prescribed under the Act and rules were followed, Including those regardingtimeframes;
11. Details of arrangements for care and protection of victims of offences under this Act, including arrangements for emergency medical care and medical examination;and
12. Details regarding assessment of the need for care and protection of a child by the concerned CWC in any specificcase.
13. To assess the implementation of the provisions of the Act and to include a report in a separate chapter in its Annual Report to theParliament.

The Act makes it the legal duty of a person to be aware of the offence to report the sexual abuse. In case he fails to do so, the person could be punished with six months‘ imprisonment or fine or both. The Act further states that theevidence of the child should be recorded within a period of thirty days. The Special Court taking the matter should be able to complete the trial within the period of one year from the date of taking cognizance of the abuse. It provides that the Special Court proceedings should be recorded in camera and the trial should take place in the presence of parents or any other person in whom the child has trust or confidence.

Advantages

It recognises forms of penetration other than penile-vaginal penetration and criminalises acts of immodesty against children too. The act is gender-neutral. With respect to pornography, the Act criminalises even watching or collection of pornographic content involving children. The Act makes child sexual abuse an offence. It also provides for various procedural reforms, making the tiring process of trial in India considerably easier forchildren.

The Act provides for punishment against false complaints or untrue information. Itdescribes strict action against the offender

according to the gravity of the offence. It prescribes rigorous imprisonment for a term which shall not be less than ten years but which may extend to imprisonment for life and also fine as punishment for aggravated penetrative sexual assault. It also prescribes punishment to the people who traffic children for sexualpurposes.

Drawbacks

The Act has been criticised as its provisions seem to criminalise consensual sexual intercourse between two people below the age of 18. The 2001 version of the Bill did not punish consensual sexual activity if one or both partners were above 16years.

A recent case in Supreme Court has been filed where a women of biological age 38yrs but mental age 6yrs was raped. The victim's advocate argues that "failure to consider the mental age will be an attack on the very purpose of act." SC has reserved the case for judgement and is determined to interpret whether the 2012 act encompasses the mental age or whether only biological age is inclusive in thedefinition.

In 2014, a bill was passed to amend Juvenile Justice Act which included corporal punishments also as criminaloffence.

Apart from its domestic laws, India is a part of a number of international human rights treaties, including the International Covenant on Civil and Political Rights and the Convention on the Rights of Child, which provide specific protections for the rights of children.

Non-governmental organizations in childprotection

1. Apart from government, there many non-governmental organizations (NGOs) in India which are also striving towards betterment of children by rehabilitating abused children or providing underprivileged children education and mid‑day meals or implementing the laws to protectchildren.
2. Despite having these support systems, child abuse is often underreported, especially by the dental health professionals. This could be due to lack of training and experience in identifying and intervening effectively in such situations, fear and concern about offending patients or embarrassment about bringing up the topic.
3. These short comings can be overcome by legislatively making it mandatory for all health care professionals to undergo:
4. Training regarding examining and careful handling of abusedpatients.
5. Training about reporting norms and rehabilitation programs once they encounter an abusecase.
6. CMEs/CDEs to learn about India‘s juvenile justice and child protectionsystems.
7. Implementing laws to protect healthcare professionals who report thecases.
8. Laws Before The Pocso Act Was Passed
9. I.P.C. (1860) 375- Rape
10. I.P.C. (1860) 354- Outraging the modesty of awoman
11. I.P.C. (1860) 377- Unnaturaloffences
12. However, the IPC could not effectively protect the child due to various loopholes like:
13. IPC 375 doesn't protect male victims or anyone from sexual acts of penetration other than "traditional" peno-vaginalintercourse.
14. IPC 354 lacks a statutory definition of "modesty". It carries a weak penalty and is a compoundable offence. Further, it does not protect the "modesty" of a malechild.
15. In IPC 377, the term "unnatural offences" is not defined. It only applies to victims penetrated by their attacker's sex act, and is not designed to criminalise sexual abuse ofchildren.

Conclusion:-

Child abuse is an age old social evil prevailing in our society from time immemorial. Many authors have documented child abuse in various books and novels, be it the slavery of the black people by the Americans or be it in rural regions of poverty stricken countries. In the new millennium abuse and neglect to the child has taken more grievous forms. A child is not only abused and neglected in the absence of their parents by the caregivers but it is happening even by the parents and their own kins. Incomplete ambitions, unhappy marriages, work pressure, social problems, teenage, unwanted, or twin pregnancy, lack of knowledge of parenting, child health, and development, depressed parent or intimate partner violence within a family, dangerous neighbourhoods or poor recreational facilities, poverty and associated burdens are few among many factors which is giving increased rise to abuse and neglect to children. In nuclear families of present era sexual abuse by close relatives and friends to the child is very common. Such kind of crimes mostly goes unnoticed and pounds to unrepairable mental trauma. Not only that bullying in the school

premises or continuous under estimating the potential of a child causes serious psychological abuse and can hamper the individual for lifetime.

Child neglect also can be of various forms and magnitude. Neglect of health, educational neglect, emotional neglect, financial neglect and so on. Neglect is mostly chronic and often cumulates to a storm which destroys the peace of life. Children facing neglect and other forms of maltreatment for a long time often suffers from a constant depression even in adulthood.

Information on the numbers of children who die each year as a result of abuse comes primarily from death registries or mortality data. According to the World Health Organization, there were an estimated 57,000 deaths attributed to homicide among children under 15 years of age in 2000. Global estimates of child homicide suggest that infants and very young children are at greatest risk, with rates for the 0-4year-old age group more than double those of 5-14yearolds. This is such an alarming situation and shows us the condition of deaths due to child abuse is taking such a havoc toll worldwide.[90]

In India in every 4mins a child rape occurs but about 60%-70% remains unreported.[9192]

Countries like Pakistan, Bangladesh, Zimbabwe, Nigeria, Libya and many such African as well as American countries have worse records.

Now most of the cases of physical abuse and neglect reflects in the oral health of the child.

As most of the abuse injuries occur in the head and neck, dentists can easily diagnose them and as an oral care professional it is our duty to detect such abuses at an early stage to prevent further harm to the child and counselling of abusive caretaker. Reported cases of child abuse and corporal punishment, both new and under management and treatment, require continual monitoring. It is becoming increasingly important fordentists to recognize some of the more obvious manifestations of physical abuse. The involvement of dentists in child protection teams would be beneficial in two ways: dentists would become aware of their role and would assist in the training of physicians and other professionals. In turn, non-dental practitioners would benefit from consultations with dentists in the evaluation of physical and sexual abuse or neglect, especially those dentists who have experience or expertise withchildren.

A delay in diagnosis of physical abuse can lead to further maltreatment and increase morbidity and mortality for the child. Universal screening policies and standardized protocols for the evaluation and treatment of victims of child maltreatment are important mechanisms for improved recognition, which can be lifesaving. Thus whenever a dentist suspects abuse, he/she should make a report. One such report may not prevent/eradicate the problem of child abuse from the world but it is definitely a step towards it.

Thus it can be concluded that child abuse is a serious global health problem. Much more can and should be done about the problem. In many countries, there is little recognition of child abuse among the public or health professionals. Recognition and awareness, although essential elements for effective prevention, are only part of the solution. Prevention efforts and policies must directly address children, their caregivers and the environments in which they live in order to prevent potential abuse from occurring and to deal effectively with cases of abuse and neglect that have takenplace.

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