Original Article

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# Educational Experiences and Knowledge about Child Abuse and Neglect among Dental Students/Interns in Delhi, NCR

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**Abstract**

The purpose of this study was to investigate the educational experiences of a group of Indian dental students and to assess their knowledge about child abuse and neglect. The purpose of this report also was to review the oral and dental aspects of physical and sexual abuse and dental neglect and the role of physicians and dentists in evaluating such conditions. Among health professionals, dentists are probably in the most favorable position to recognize child abuse, with opportunity to observe and evaluate not only the physical and the emotional condition of the children, but also the family background. The high frequency of facial injuries linked with physical abuse places the dentist at the forefront of professionals to identify and treat an abused child. Under-reporting of child abuse by the Dental health professionals continues, despite increasing consciousness of their prospective role in identifying this crime. There are a variety of reasons why dentists fail to report child abuse- ignorance of the problem and a lack of awareness are the major barriers. In the study only 20% respondents,(from dental colleges) had encountered the topic of child abuse and neglect during their lectures. The consequences show a lack of knowledge of the signs pointing to physical and sexual abuse of children. In conclusion, dental students should be better educated and equipped for the vital role of helping protect children from abuse and neglect.

*Defining Child abuse*

According to UNICEF violence against children can be "physical and mental abuse and injury, neglect or negligent treatment, exploitation and sexual abuse. Violence may take place in homes, schools, orphanages, residential care facilities, on the streets, in the workplace, in prisons and in places of detention." Such violence can affect the normal development of a child impairing their mental, physical and social being. In extreme cases abuse of a child can result in death.

According to WHO, one in every four girls and one in every seven boys in the world are sexually abused. Virani (2000) states, the WHO found that at any given time, one of ten Indian children is the victim of sexual abuse.[8] But Lois J. Engel Recht, a researcher quotes studies showing that over 50 per cent of children in India are sexually abused, a rate that is higher than in any other country.

Existing socio-economic conditions also render some children vulnerable and more at risk to abuse, exploitation and neglect. It is about time that we recognize this and take remedial measures. Lack of empirical evidence and qualitative information on the dimensions of child abuse and neglect makes it difficult to address the issue in a comprehensive manner.

The Constitution of India recognizes the vulnerable position of children and their right to protection.

Following the doctrine of protective discrimination, it guarantees in Article 15 special attention to children through necessary and special laws and policies that safeguard their rights. The right to equality, protection of life and personal liberty and the right against exploitation are enshrined in Articles 14, 15,15(3), 19(1) (a), 21, 21(A), 23,

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24, 39(e) 39(f) and reiterate India's commitment to the protection, safety, security and well-being of all it's people, including children.

Child abuse is a violation of the basic human rights of a child and is an outcome of a set of inter-related familial, social, psychological and economic factors. The problem of child abuse and human rights violations is one of the most critical matters on the international human rights agenda. In the Indian context, acceptance of child rights as primary inviolable rights is fairly recent, as is the universal understanding of it.

The long-term effects of child abuse are painful and damaging. Victims are at higher risk of becoming violent adult offenders. They often experience more social problems and perform less well in school. Survivors of sexual abuse tend to harbour feelings of low self-esteem and extreme depression and often experience a higher than normal incidence of substance abuse and eating disorders. Experts predict that violence toward children will continue to rise and to have a significant impact on the social system. Efforts should be made by all citizens to intervene and stop child abuse.

Some studies estimate that 50% of all injuries involve the head and neck region, which places dentists at the forefront of abuse detection.

Recent surveys have shown that dental health professionals' awareness of child abuse has significantly increased. Despite this training, it is widely believed that abuse is still being under reported by health care professionals, including the dental community.

*Physical abuse*

Craniofacial, head, face, and neck injury occur in more than half of the cases of child abuse. A careful and meticulous perioral and in-traoral check up is needed in all cases of sus-pected abuse and neglect. Moreover, all alleged victims of neglect or abuse, plus children in foster care or state custody, must be examined carefully not only for symptoms of oral trauma but also for caries, gingivitis, and other oral health problems. Some authorities believe that the oral cavity may be a central focus for physical abuse because of its significance in communication and nutrition.

Oral injuries may be inflicted with a bottle during forced feedings, or caustic substances hands, scalding liquids or fingers, or eating utensils.

The cruelty may result in: burns, contusions, or lacerations of the tongue, buccal mucosa, lips, gin-givae, palate (soft and hard), frenum, alveolar mucosa, or fractured, displaced, or avulsed teeth; or jaw and facial bone fractures.

Here, consultation with or reference to a well-informed dentist may be helpful.

*Child abuse in India*

With *Sh. Kailash Satyarthi* winning the *Nobel peace prize* this year for his 'struggle against suppression of children and young people and for the right for all children to educate', clearly shows the state of India's children. India has the dubious distinction of having the world's largest number of sexually abused children; with a child below 16 years raped every 155$^{th}$ minute, a child below 10 every 13th hour and one in every 10 children sexually abused at any point of time. A study by the Union Ministry of Women and Child Development (MWCD) also showed that 53 per cent of the interviewed children reported having faced some form of sexual abuse and proved that boys were as vulnerable to abuse as girls.

Maltreatment of children continues to be a major social and health problem. Abuse often results in countless tragedies involving the physical, cognitive or emotional impairment of a child that may extend into adulthood.

Ironically, a majority of such cases occur in the home, school or the neighborhood next door. In India, many gruesome incidents of CSA have been recorded in the past ranging from incest, rapes, sexual abuse, digital rape, sodomy, inappropriate touch to sexual

assaults. The worst part is that such abuse is inflicted upon a child by a person in his immediate circle and a stunning majority of these cases go unnoticed. Also, reasons like shame, plain depravity and family honour contribute towards shunning and covering the cases of child abuse. Sexual abuse has immediate as well as long term effects on the child, from emotional and behavioral problems to abnormal sexual behavior and psychiatric disorders. Studies have established a causal relationship between CSA and certain specific areas of adult psychopathology, including suicidal, anti social behavior, Post Traumatic Stress Disorder, anxiety and alcoholism.

*Connection between dentistry and Child abuse*

Among health professionals, dentists are probably in the most favorable position to recognize child abuse, with opportunities to observe and assess not only the physical and the psychological condition of the children, but also the family environment. The high frequency of facial injuries associated with physical abuse places the dentist at the forefront of professionals to detect and treat an abused child. Screening for maltreatment should be an integral part of any clinical examination performed on a child. Although many injuries are not caused by abuse, dentists should always be suspicious of traumatic injuries. The dental professional's role in child abuse and neglect is to know the current state law regarding reporting child abuse and to follow the law. Awareness, identification, documentation and notification should be carried out by the dentist.

While dentists are not as involved as other health professionals in the diagnosis of sexual abuse, they should remain alert for the following signs and symptoms:

For the dental professional to be able to identify the signs of maltreatment that a child may present with, he or she must be knowledgeable of not only the types of abuse or neglect, mentioned previously, but the various physical and behavioral symptoms that may be revealing. The ability to properly identify suspicious injuries to the head, face, mouth, and neck of a child is essential for dentists.

*Advocacy for the Child Patient*

Dental offices can facilitate community awareness of child abuse and neglect in several ways. Pamphlets on abuse and resource materials from community agencies can be displayed in the waiting room. These materials not only provide valuable information on the problem and where to receive help; they also send a message to all patients that the office is

**Orofacial symptoms**

| | | |
|---|---|---|
| 1 | Gonorrhea | • Most commonly sexually transmitted disease in sexually abused children. May appear symptomatically on lips, tongue, palate, face, and especially pharynx in forms ranging from erythema to ulcerations and from vesiculopustular to pseudomembranous lesions. |
| 2 | Condylomata Acuminata (veneral warts) | • appear as single or multiple raised, pedunculated, cauliflower-like lesions. In addition to the oral cavity, lesions may also be found on the anal or genital areas. |
| 3 | Syphilis | • manifests as a papule on the lip or dermis at the site of inoculation. The papule ulcerates to form the classic chancre in primary syphilis and a maculopapular rash in secondary syphilis |
| 4 | Herpes simplex virus, Type 2 (HSV-2) | • Herpes simplex virus, type 2 (genital herpes), presents as an oral or perioral painful, reddened area with a grape-like cluster of vesicles (blisters) that rupture to form lesions or sores. |
| 5 | Erythema and petechia | • Such trauma at the junction of the hard and soft palate may indicate forced oral sex. |

**Clinical manifestations of child maltreatment**

| | |
|---|---|
| At Clinics reception | 1. Regularly watch children for unusual behaviour. Assess hygiene, noticeable signs of proper nourishment, and general health.<br>2. Are there any injury or bruise on the child's face or body?<br>3. How does the child react to others? Abused children may act assertively by showing unsuitable anger and loss of control, or they may be morose, stoic or reserved. |
| Extra oral examination | 1. Examine the head and neck for irregularity, swelling and bruising; examine the scalp for signs of hair pulling; check the ears for scars, tears and abnormalities<br>2. Look for bruises for distinctive pattern marks on skin left by objects such as belts, cords, hangers or cigarettes (Figs. 2A and 2B).<br>3. Check for bite marks, which may be the result of uncontrollable anger by the adult or another child. Bite marks in areas that cannot be the result of self-inflicted wounds are never accidental. |
| Intraoral examination | 1. Burns or bruises near the commissars of the mouth may indicate choking with a cloth or rope. Scars on the lips, tongue, palate or lingual fraenum may indicate forced feeding. Oral symptoms of sexually transmitted diseases may indicate sexual abuse.<br>2. A torn labial fraenum is an intraoral finding that may indicate abuse. Remember that a child's age is an important consideration since a frenum tear in a young child who is learning to walk is not unusual.<br>3. The cause of hard tissue injuries due to trauma, such as fractured or missing teeth or jaw fractures, should be investigated. |

vigilant about child maltreatment. Participation by dentists and dental office personnel in organizations concerned with ending family violence can help raise community awareness and improve the profession's public image. All members of the office staff should become familiar with the signs of abuse and be encouraged to pursue continuing education on the subject.

Protection of a mistreated child must be our main concern. If in doubt, it is better to err on the side of safeguarding the child. Abused children and children who witness violence between parents are at an increased risk of growing up to be abusers themselves. Thus, every time we prevent an individual from being abused, we may be protecting future victims as well. Recognizing and breaking this intergenerational cycle of violence is everyone's responsibility. Dentists have an opportunity to take a proactive role in helping these victims.

**Methodology**

The aim of this study was to assess the present level of a group of Indian dental students' knowledge related to child sexual abuse and neglect. A questionnaire was distributed to cross sectional of 200 dental students and interns. Participation in the study was anonymous and voluntary, and all of the respondents signed an informed consent.

The questionnaire consisted of twenty questions/statements organized into five parts. In the first part, respondents filled in their demographic information: gender, year of birth, and year of study. The second part of the questionnaire addressed the educational experiences of the respondent on the topic of child abuse and neglect. The third part con-tained questions regarding the students' knowledge of possible signs and symptoms of

abuse. The fourth part was comprised media awareness and collaboration with dental medical association to raise awareness the fifth part of questions dealt with the procedure of reporting abuse and the dentist's legal responsibility when not reporting abuse.

Around half of the target respondents said they have come across the topic of child abuse and neglect during their training at their respective Dental institute. 70% of the respondents were negative in their response when questioned whether they look for signs of abuse when a child comes for clinical check up. 50% responded affirmative that in case of suspect they separately inquire from the child as well as parent. 70% of the respondents did not agree that a child's failure to make eye contact and respond to the dental staff may be a sign of sexual abuse. On the other hand when questioned that psychosomatic complaints by the child may indicate a problem relating to sexual abuse 70% responded negative. One of the most shocking responses was to the survey question whether Screening for Maltreatment should be an integral part of any clinical examination performed on the child-only 10% responded positively. Only 20% were aware of their legal responsibility relating to child abuse, 90% did not know where to report for child abuse. The respond to the fourth part of the questionnaire which comprised of media awareness and collaboration with dental medical association to raise awareness none of the respondent had seen any media campaign relating to Child Sexual Abuse, whereas 90% felt that the Dental Association should take help of media to create awareness about child abuse as well as Dental professionals can facilitate community awareness of child abuse and neglect. Lastly, to the question that do you think that as dental student and practitioner you must be aware of CSA through curricula the answer was 70% affirmative.

## Conclusion

The long-term effects of child abuse are painful and damaging:

Victims are at higher risk of becoming violent adult offenders. They often experience more social problems and perform less well in school. Survivors of sexual abuse tend to harbour feelings of low self-esteem and extreme depression and often experience a higher than normal incidence of substance abuse and eating disorders.

Protection of a mistreated child must be our main concern. Every time we prevent an individual from being abused, we may be protecting future victims as well. Recognizing and breaking this intergenerational cycle of violence is everyone's responsibility. Dentists have an opportunity to take a proactive role in helping these victims.

Dental health personnel's should be encouraged to consult the growing body of literature on this subject to increase their understanding of the nature and prevalence of violence in its many forms.

Paediatric dentists can provide valuable information and assistance to physicians about oral and dental aspects of child abuse and neglect. Such efforts will strengthen the ability to prevent and detect child abuse and neglect and enhance care and protection for the children.

The dentist should routinely question the child and the parent separately about what caused any observed injuries and a staff member should be present to act as a witness.

Dentists have an opportunity to take a proactive role in helping these victims as child abuse is shrouded in secrecy and there is a conspiracy of silence around the entire subject.

By providing continuing care, dentists are in a unique position to observe the parent-child relationship as well as changes in the child's behaviour. A parent may bring a child to the dentist to have loose or broken teeth treated, but may not seek treatment from a physician for other types of injuries. Dental offices can facilitate community awareness of child abuse and neglect in several ways. Pamphlets on abuse and resource materials from community

agencies can be displayed in the waiting room. Participation by dentists and dental office personnel in organizations concerned with ending family violence can help raise community awareness and improve the profession's public image. All members of the office staff should become familiar with the signs of abuse and be encouraged to pursue continuing education on the subject.

## References


1. Ambrose JB. Orofacial signs of child abuse and neglect: A dental perspective. *Pediatrician.* 1989; 16: 188-92.
2. Child Sexual Abuse. Medline Plus; U.S. National Library of Medicine, 2008.04.02.
3. Brown D. (Mis) representations of the long term effects of childhood sexual abuse in the courts. *Journal of Child Sexual Abuse*. 2000.
4. Consentino C, Meyer-Bahlburg F, Alpert J, Weinberg S, Gaines R (1995),Sexual behavior problems and psychopathological symptoms in sexually abused girls. *J Am Acad Child Adolesc Psychiatry*. 34: 1033–1042.
5. Gomes-Schwartz B, Horowitz J, Carcharelli A, Sauzier M. The aftermath of child sexual abuse 18 months later. In: Child Sexual Abuse, Gomes-Schwartz B, Horowitz J, Carcharelli A, eds. Newbury Park, CA: Sage; 1990, 132–152.
6. Gorey K, Leslie D. The prevalence of child sexual abuse: integrative review adjustment for potential response and measurement bias. *Child Abuse Negl.* 1997; 21: 391–398.
7. HAQ: Centre for Child Rights, "India Child Rights Index. 2011. http://www.haqcrc.org/
8. http://www.bba.org.in/
9. http://www.nlm.nih.gov
10. http://www.umc.edu
11. http://indiatoday.intoday.in
12. http://indiatoday.intoday.in
13. Herbert CP. Family violence and family physicians. *Can Fam Physician*. 1991; 37: 385-90.
14. Health Services Directorate, Health Canada. The family violence handbook for the dental community. Ottawa (ON): National Clearinghouse on Family Violence; 1994.
15. MacMillan H, MacMillan J, Offord D. Periodic health examination, 1993 update: 1. Primary prevention of child maltreatment. The Canadian Task Force on the Periodic Health Examination. *CMAJ*. 1993; 148: 151-63.
16. Planning Commission, Government of India. Report of the Working Group on Child Rights for the 12th Five Year Plan.
17. Study on Child Abuse: India 2007 (PDF). Published by the Government of India, (Ministry of Women and Child Development).
18. The Planning Commission, Government of India. Report of the Working Group on Child Rights for the 12th Five Year Plan (2012 – 2017). 15.


## Annexure

Educational Experiences and Knowledge about Child Abuse and Neglect among Dental Students/Interns in Delhi, NCR.

## Questionnaire

### A. General Questions

Q1. Are you aware that Childs Abuse exists in India?
- a) Yes-20%
- b) No-80%

Q2. Have you come across the topic of child abuse and neglect during your training at the respective Dental institute?
- a) Yes-50%
- b) No-50%

Q3. According to you; why is Child Abuse not reported?
- a) Fear of ostracize from the society-20%
- b) Conservative society-40%
- c) Helplessness-40%

Q4. Do you look for signs of abuse when a child comes for clinical check up?
- a) Yes-30%

b) No-70%

Q5. In case of suspect do you separately inquire from the Child as well as parent?

a) Yes-50%

b) No-50%

**B. Questions on knowledge of signs of physical abuse**

Q 6. Bruises on the cheek may indicate slapping or grabbing of the face.

a) Yes-60%

b) No-40%

Q 7. Repeated injury to the dentition resulting in avulsed teeth or discolored teeth may indicate repeated trauma from abuse.

a) Yes-60%

b) No-40%

Q8. Bite marks noted on a child's neck or less accessible areas should be investigated, as bite marks are frequently a component of child abuse.

c) Yes-70%

d) No-30%

**C. Questions on knowledge of signs of emotional and sexual abuse and neglect**

Q9. Emotional abuse consists of continual insulting of a child, name calling, shaming, and mocking in the presence of others.

e) Yes-70%

f) No-30%

Q10. The abuser is most commonly a stranger to the child.

g) Yes-40%

h) No-60%

Q11. A child's failure to make eye contact and respond to the dental staff may be a sign of sexual abuse.

a) Yes-30%

b) No-70%

Q12. Psychosomatic complaints by the child may indicate a problem relating to sexual abuse.

a) Yes-70%

b) No-30%

Q13. Screening for Maltreatment should be an integral part of any clinical examination performed on the child.

a) Yes-90%

b) No-10%

**D. Questions on knowledge on dentists' legal responsibilities regarding reporting abuse**

Q14. Do you know your legal responsibility relating to reporting child abuse?

a) Yes-20%

b) No-80%

Q15. Do you know where to report Child Abuse?

a) Yes-10%

b) No-90%

Q16. Do you know whom to report Child Abuse

a) Yes-20%

b) No-80%

**E. Questions on media awareness reporting abuse.**

Q17. Have you seen any child abuse campaign in media?

a) Yes-nil

b) No-100%

Q18. Do you think Dental Association should take help of media to create awareness about child abuse?

a) Yes -70%

b) No-20%

Q19. Dental professionals can facilitate community awareness of child abuse and neglect.

a) Yes-50%

b) No-50%

Q20. Do you think that dental students must be aware about CSA through part of their curricula?

a) Yes-70%

b) No-30%