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REVIEW ARTICLE

Is Dental Neglect a Child Abuse? A review

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Abstract

Child abuse and neglect (maltreatment) is a widespread problem that permeates all ethnic, cultural, and socioeconomic segments of our society. All health professionals are legally mandated to report suspected cases of child maltreatment to the proper authorities, consistent with the laws of the jurisdiction in which they practice. But dentists, as a group, have been fairly inactive participants in recognizing and reporting child maltreatment when compared to other health professionals. Dental health professionals continue to under-report child abuse, despite growing awareness of their potential role in detecting this crime. This article presents an overview of dental neglect that may alert dental professionals to possible maltreatment of child patients.

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Introduction

Dental neglect is a form of child abuse and is defined as failure by a parent or guardian to seek treatment for visually untreated caries, oral infections and pain, or to follow through with treatment once informed that the conditions exist according to the American Academy of Paediatric Dentistry^{1, 2}. It is a chronic failure of the parent or guardian to provide a child under the age of 18 years with basic needs like shelter, clothing, food, medical and dental care and supervision. Dental neglect usually affects the child ability to perform the basic function like attending the school, playing or working. Dental infection can cause chronic pain life threatening abscesses, retard child's growth and development and make routine eating difficult or impossible³.

Many parents plead ignorance when it comes to the caries seen in baby bottle tooth decay, believing that the primary teeth will eventually be lost. But these circumstances are considered negligent, and there is a need for intervention when a parent fails to act after being properly informed about the nature of the problem and the specific treatment needed⁴. Failure to seek or obtain proper dental care may result from factors such as family isolation, lack of finances, parental ignorance, or lack of perceived value of oral health⁵. The point at which to consider a parent negligent and to begin intervention occurs after the parent has been properly alerted by a health care

professional about the nature and extent of the child's condition, the specific treatment needed, and the mechanism of accessing that treatment⁶.

A 1986 survey determined that ignorance of the problem and a lack of awareness are the major barriers. Other reasons include fear of dealing with angry parents or of getting involved, refusal to believe that parents are neglectful, or concern over economic reprisal in the form of loss of patients. By providing continuing care, dentists are in a unique position to observe the parent-child relationship as well as changes in the child's behaviour⁷.

Types of Child Abuse and Neglect

- Physical Abuse
- Sexual Abuse
- Failure to Thrive
- Intentional Drugging or Poisoning
- Munchausen Syndrome by Proxy
- Health (Medical) Care Neglect
- Dental Neglect
- Safety Neglect
- Emotional Abuse and Neglect
- Physical Neglect

Indicators of dental neglect

- Untreated rampant caries easily detected by a lay person

- Untreated pain, infection, bleeding, or trauma affecting the orofacial region
- History of lack of continuity of care in the presence of identified dental pathology

Identification of suspected dental neglect

- 5 or more teeth needing fillings (regardless of surface #'s) per Dentist's treatment plan for child
- 1 or more deep decays (4 surf. filling, pulpotomy or pulp cap) per Dentist's treatment plan
- Visible abscess or swollen area
- Child complains of tooth pain

Role of Dentists' in Intervention of Child Abuse and Neglect

According to American Dental Association dentist responsibilities include⁸:

- To observe and examine any suspicious evidence that can be ascertained in the office.
- To record, per legal and court rules, any evidence that may be helpful in the case, including physical evidence and any comments from questioning or interviews.
- To treat any dental or orofacial injuries within the treatment expertise of the dentist, referring more extensive treatment needs to a hospital or dental/medical specialist.
- To establish/maintain a professional therapeutic relationship with the family.
- To become familiar with the perioral signs of child abuse and neglect and to report suspected cases to the proper authorities consistent with state law.

Documentation

All the physical signs and symptoms should be documented including location, degree and severity and whether there are wounds in various stages of healing. It should be determined whether the injuries are compatible with the explanation. If possible, the child should be interviewed in a sensitive, non judgemental manner, and the answers recorded in quotation marks like why than who or how. Where possible, the wounds and dentition should be recorded photographically. Good photographic technique preserves the evidence in a form suitable for analysis and maintains a permanent record of the injuries³.

The Dental Neglect Scale (DNS) has been found to be a valid measure of dental neglect and used to assess the extent to which an individual cares for

his/her teeth, receives professional dental care, and believes oral health to be important. It was originally composed of 7 items and developed for parents, who were directed to rate their child's behaviours and attitude towards oral health. Children whose parents rated them as having higher dental neglect had more caries and were less likely to have gone to a dentist in the previous two years than were children whose parents rated them as having less neglect⁹.

Reporting and referral

Dentists are mandated reporters of dental neglect and they have done a remarkably poor job of reporting. The level of awareness in those who have contact with injured children must be increased, only this will lead to proper intervention and referral to the appropriate agencies and disruption of pattern of ongoing family violence⁹.

Prevention

Researchers used prevention strategies, in early childhood, to fight against child maltreatment and neglect. These methods include home visits, parent education classes, and provision of health services. The conclusion is that the evidence base for programmes in early childhood to prevent child maltreatment remains relatively weak¹⁰.

Consequences of Child Neglect

The negative impact of abuse and neglect on children and adolescents should not be underestimated, especially in relation to its burden on physical and mental health. Often, children suffer more than one form of maltreatment¹¹. Neglect affects all aspects of children's health and development. It may result in failure to thrive, frequent injuries, developmental delay, behavioural problems and even death in childhood. It substantially contributes to child mortality and morbidity and has long-term effects such as poor educational attainment and increased prevalence of a range of physical and mental health problems, drug and alcohol misuse (especially in girls), risky sexual behavior, obesity, and criminal behaviour which persist into adulthood. Generally neglected children show less confidence and hope for the future with least scientific and public attention^{12, 13, 14}.

Conclusion

In conclusion dental neglect is basically because of ignorance and lack of awareness pertaining to primary teeth and its importance in early childhood.

Often a parent's ability to pay for comprehensive dental treatment is the main reason for avoiding appropriate therapy.

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