

Child Abuse and Dental Role

Sahar E Abo-Hamar¹

¹Lecturer of Dental Materials, Faculty of Dentistry, Tanta University, Egypt.

Corresponding Author: Sahar E. Abo-Hamar DMD, PhD. Lecturer of Dental Materials, Faculty of Dentistry, Tanta University, Egypt,

Email: abo_hamarse@yahoo.com

Received Date: 19 Feb 2016

Accepted Date: 22 Feb 2016

Published Date: 25 Feb 2016

Copyright © 2016 Abo-Hamar SE

Citation: Abo-Hamar SE. (2016). Child Abuse and Dental Role. *M J Dent.* 1(1): 003.

INTRODUCTION

When humans are young, their world revolves around their parents or primary caregivers, who provide security, love and support. Childhood sexual, emotional or physical abuse is a pattern of crime behaviour that is usually hidden by the caregiver. Sexual abuse involved any attempted or actual sexual contact between a child and caregiver for purposes of the caregiver's sexual satisfaction. This type also involved all other types of abuse. Physical abuse involved the infliction of physical injury on a child other than by accidental means (e.g., beating the child causing bruises, broken bones, and burns). Emotional abuse involved extreme thwarting of child's basic emotional needs, acceptance, self-esteem, and age-appropriate autonomy. Approximately 34% of women and 20% of men, surveyed in Australia have reported sexual abuse in childhood [1,2].

The experience of child abuse has significant long term consequences. Alexander, 2011, calls sexual abuse a "chronic neurologic disease" and discusses how the effects create decades of negative consequences for victims [3]. Some victims block out the abuse – meaning that they don't remember parts of their childhood. This can lead to symptoms of post-traumatic stress disorder, an impaired ability to cope with stress or emotions, impaired brain functioning, where the child's brain becomes damaged by the abuse they have suffered and reduced social functioning [4-7]. They apply the rules that governed their abusive relationship with their parent to everyday social situations [8].

Reporting child abuse is mandatory for health professionals in all 50 states of USA and in several European countries, such as Germany, Netherland and Sweden [1]. General Dental Practitioners (GDP) should also be aware of the signs and should report the suspicion of child abuse to social or law enforcement agencies, according to the American Dental Association's Principles [9]. The dental school of the Illinois University has performed a qualified module on child abuse for the 2nd undergraduate dental students that could be a good guidance to other dental schools [10]. For GDPs, there are many available official resources and courses for educating, training and support [11-13]. Furthermore,

dentists should work skilfully and sensitively with patients who have experienced abuse [14].

The likelihood of the children to tell about sexual abuse is low because they believe -by their abusers- that the abuse is their fault [5]. Unlike with physical abuse there are often no clear physical signs that a child is being sexually abused [1,2,11,12]. However, there are other several signs most of which, when found in conjunction, may strongly indicate child sexual abuse. Sudden behavioural changes especially sleep disturbances and nightmares, poor concentration and declining grades can signify that something has happened to upset a child [4]. Other signs are: social withdrawal, anxiety, depression, obsessive behaviour, eating disorders, aggression, risk-taking behaviour (i.e. self-harming) and using sexually explicit language that is not usual for the child age [4]. Low dental care of the child may also be an indication of child neglect that usually happens with the sexual abuse, if the other possible factors are excluded. Low dental care can result from family neglect of the child, lack of finances or lack of perceived value of oral health [1]. Therefore, the dentist should be first certain that the caregivers understand the importance of the treatment and the finances and their level of education are high enough.

REFERENCES

1. American Academy of pediatrics committee on child abuse and neglect, American Academy of Pediatric Dentistry. (2010). Guideline on oral and dental aspects of child abuse and neglect. *Clinical practice guidelines, reference manual.* 37(6), 172-175.
2. Garrocho-Rangel A, Márquez-Preciado R, Olguín-Vivar AI, Ruiz-Rodríguez S, et al. (2015). Dentist attitudes and responsibilities concerning child sexual abuse. A review and a case report. *J Clinical and Experimental Dentistry.* 7(3), 428-434.
3. Alexander R. (2011). Introduction to the special section: medical advances in child sexual abuse, part 2. *Journal of Child Sexual Abuse.* 20(6), 607-611.

4. Goodyear-Brown P. (2012). Handbook of child sexual abuse: identification, assessment and treatment. Hoboken. New Jersey: Wiley.
5. Allnock D, Bunting L, Price A, Morgan-Klein N, et al. (2009). Sexual abuse and therapeutic services for children and young people: the gap between provision and need: full report. London: NSPCC.
6. Minzenberg MJ, Poole JH and Vinogradov SA. (2008). Neurocognitive model of borderline personality disorder: effects of childhood sexual abuse and relationship to adult social attachment disturbance. *Development and Psychopathology*. 20(1), 341-368.
7. Whitehead J. (2011). How do children cope with sexual abuse? *Protecting Children Update*; 84, 9-10.
8. Irish L, Kobayashi I and Delahanty DL. (2010). Long-term physical health consequences of childhood sexual abuse: a meta-analytic review. *Journal of Pediatric Psychology*. 35(5), 450-461.
9. American Dental Association. (2012). Principles of ethics and code of professional conduct.
10. Raja S, Rajagopalan CF, Kruthoff M, Kuperschmidt A, et al. (2015). Teaching Dental Students to Interact with Survivors of Traumatic Events: Development of a Two-Day Module. *Journal of Dental Education*. 79(1), 47-55.
11. Nagelberg RH. ADA CERP (American Dental Association-Continuing Education Recognition Program): Child Abuse Awareness in the Dental Profession.
12. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2014). Recognizing when a child's Injury or illness is caused by abuse (Portable guide to investigating child abuse) NCJ 243908.
13. Prevent Abuse and Neglect through Dental Awareness (PANDA).
14. Raja S, Hoersch M, Rajagopalan CF and Chang P. (2014). Treating patients with traumatic life experiences: providing trauma-informed care. *Journal of American Dental Association*. 145(3), 238-245.