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Hidden Behind Dental Trauma: Child Physical Abuse?

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Child abuse, particularly physical abuse, is a massive and daily problem. The largest compiled data on violence against children, which was published by the United Nations Children's Fund (UNICEF), suggest that around 6 in 10 children between the ages of 2 and 14 worldwide (almost a billion) are subjected to physical punishment by their caregivers on a regular basis [1].

Last November 20 was the 28th anniversary of the adoption of The United Nations Convention on the Rights of the Child (CRC). As it is stated in the Article 19 of the CRC, children should be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. The 2nd article of the CRC ensures that the rights of all children should be respected without discrimination. Yet, millions of children worldwide from all socio-economic backgrounds, across all ages, religions and cultures suffer violence, exploitation and abuse every day.

World Health Organization (WHO), at its 49th Assembly in 1996, noted the dramatic worldwide increase in the incidence of intentional injuries affecting people of all ages and both sexes, but especially women and children. A particular attention should be directed to children with disabilities as the records indicate that they are three times more likely to be abused than their able-bodied counterparts [2].

Violence is recognized as a major and growing public health problem for which no country, no city and no community is immune. According to the WHO, there were an estimated 57000 deaths attributed to homicide among children under 15 years of age in 2000 [3]. In 2012 alone, homicide took the lives of about 95000 children and adolescents under the age of 20 – almost 1 in 5 of all homicide victims that year. Among the fatalities attributed to child abuse, the most common cause of death is injury to the head, followed by injury to the abdomen [1].

The United Nations Children's Fund (UNICEF) reports that infants and very young children bear the greatest risk, as global estimates suggest that homicide rates for the 0-4-year-old age group more than double those of 5-14-year-olds [1]. About 300 million children worldwide between ages 2 and 4 are subject to physical or verbal abuse by parents or caregivers. No form of



violence against children is justifiable and all violence is preventable provided that the violence is recorded or registered [4]. However, organizational reports indicate that few countries have reliable detection and surveillance systems, but even when they do, reports suggest that 90% of child maltreatment goes unnoticed [3].

Child physical abuse is the most observed form of violence against children, after neglect. Any kind of non-accidental injury inflicted in a child is defined as child physical abuse. In most cases, the abusers are known to the victims, and in large proportion are family members. Physical abuse is inversely proportional to the age of the child. Almost 50% of all physical abuse relates to injuries in orofacial region. A recent study findings revealed a high prevalence of injuries to the head and orofacial region of physically abused children and adolescents [5]. Bruising is the most common injury sustained by children [6]. Other injuries may be observed as contusions, burns or lacerations of the tongue, lips, buccal mucosa, palate (soft and hard), gingiva, alveolar mucosa or frenum; fractured, displaced, or avulsed teeth; or facial bone and jaw fractures.

No matter whether violence against children occurs in the family, school, community, institution or workplace, health workers are the front line responders. Child protection is the responsibility of every member of the dental team. Our profession, and especially pediatric dentistry, has a unique opportunity to diagnose and report cases of abuse. Pediatric dentists can provide valuable information and assistance to physicians about oral and dental aspects of child abuse [7]. An attentive intraoral and perioral examination and documentation performed by a pediatric dentist is necessary in all cases of suspected abuse. To enhance care and protection of the children, our abilities and efforts should be used to the fullest extent for detection and prevention of child abuse.

However, there seems to be a combination of lack of education and awareness about the problem among dental profession. The studies related to this side of the problem indicate that, for example, dental students do not feel themselves to be sufficiently prepared for their role in diagnosing suspected cases of child abuse [8,9]. Similarly, general dentists report uncertainty and lack of self-confidence in recognizing and reporting child abuse due to their insufficient level of knowledge [10-13]. However, dentists who have been educated to recognize signs of abuse are five times more likely to make a report than dentists who are not [14]. In the light of current literature, a comprehensive change in dental curricula towards better recognition of orofacial signs of child physical abuse and responding seems warranted.

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