Dental Education 2020: Role of a dentist in the diagnosis of child abuse and neglect: a literature and narrative -Maria Melo-European University of Valencia

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Abstract

INTRODUCTION

Child Abuse (CA) is complicated to define. In effect, the definition changes in different studies according to the context involved, since there is a lack of agreement in the scientific community that prevents homogenization of the different definitions. Greenbaum *et al gave the* definition of Child Neglect (CN). as the failure of the primary caregivers to meet the child's basic intellectual, physical, or emotional needs, though no precise indication is given as to what the parents or caregivers have to do (or not do), or for how long, to cause immediate or potential harm . The Expanded Hierarchical Classification System (EHCS) is the most widely used tool and classifies child abuse into four broad categories: sexual abuse, physical abuse, neglect and emotional abuse There are high comorbidity levels among these four categories .50-80% of all do-cumented cases were found, CA involve the head and neck region (traumatisms of the mouth, head and face), thereby placing dental professionals in a dominant position for detecting and diagnosing the physical and emotional manifestations of CA and reporting it to the competent authorities . according to Kaur *et al*.55% of the surveyed dentists did not have the capacity to interpret suspect cases and identify signs of abuse, due to a lack of training in the field and of knowledge about how to report such cases to the authorities. Child abuse in this way comprises a great extent unknown and minimal announced social issue that influences all nations and social circles.

The literature shows a discrepancy between suspected cases of CA and actually reported cases thus in-dicating that although dentists are capable of recognizing and suspecting cases of CA, there is a lack of knowledge about how to proceed in such cases. This logical inconsistency between suspicion and reporting shows the sufficient administration of youngsters enduring CA to stay lacking. In order to address this problem, it is necessary to establish whether the theoretical knowledge of dentists is correct and sufficient to diagnose and report CA. Thus, the purpose of this study was to review the current literature in order to assess current perceptions, knowledge and attitudes among dental professionals in relation to CA; the obstructions confronting the detailing of cases; and the key clinical characteristics for the identification of CA.

2. METHODOLOGY

The PubMed (MEDLINE) database of the United States National Library of Medicine, ScienceDirect, LILACS and Sci-ELO were used to conduct a literature search of articles published up until March 2019. The search terms "dental neglect", "dentistry", "maltreatment", "diagnosis", "child abuse" and "child neglect" were used in different combi-nations. No restrictions were placed on the year or language of publication. The search was completed with a review of the references of the selected articles to identify additional studies not found in the initial literature search. All articles chose from the electronic and manual searches were separately evaluated by the first and second writers of the current examination, based on the established inclusion criteria.

Chosen full-text articles were required to meet the following criteria: descriptive (cross-sectional) or analytical observational (retrospective and prospective) studies pertinent to the objectives of the present study, and with a clear defini-tion of CA or CN. All examinations including wellbeing or non-

wellbeing experts other than dental specialists were prohibited.

3. RESULTS

The main physical injuries and psychological signs found were the presence of caries and increased dental plaque and gingival inflammation scores , reflecting the close relationship between abuse and/or neglect and poor oral hygiene and health. Burns and bone and dental fractures ,as well as bacterial and viral infections , fractures, lacerations, malocclusions due to traumatisms, biting or contusions were also reported.Children suffering CA also presented psychological disorders such as anxiety, depression or stress .The most frequent risk factor for abuse was behavioral alterations in the form of depression, personality alterations, anxiety, stress or social isolation .A low socioeconomic level and alcohol and drug abuse were also associated with an increased risk of abuse, in the same way as monoparental families or criminality.

The suspicion and reporting of cases apparently varied among the various investigations. The main barrier faced during the reporting of abuse was an uncertain diagnosis, followed by concern about the consequences which reporting may have for the child , and a lack of knowledge of how to proceed in reporting CA.While no international standards or protocols are available, reporting to the authorities or the police was the most commonly used option among the surveyed dental professionals .

Table 1. Strategy inclusion and exclusion criteria.

Key words	**Dental neglect, Dentistry, Maltreatment, Diagnosis, Child abuse, Child neglect**
Inclusion criteria	- Pertinent to the objectives - Cross-sectional studies - Retrospective and prospective studies - Questionnaire, interview, survey studies - Clear definition of CA or CN
Exclusion criteria	- Expert opinions - Clinical cases - Professionals other than dentists

CONCLUSION

In this experiment dentists productively suspect cases of CA in their clinical practice, but few report such cases. This important discrepancy between the number of suspected cases and the cases actually reported is due to the existence of a series of barriers that complicate the task of the dental professional - thus underscoring the need to improve training in this setting, since cases of CA may persist over time if adequate measures are not taken. The clinical signs of CA or neglect identified in the present study include burns, untreated caries, lacerations, biting, traumatisms, dental avulsions, bruises and psychological and behavioral disorders. Careful compilation of the case history is essential. Likewise, standardized guidelines and strategies are needed to help dentists detect cases of CA, as well as multidisciplinary work with other health professionals in both the public and the private settings. The definition of reporting protocols and improved training in CA are crucial for reducing morbidity-mortality among these children.

Note : This work is partly presented at 25th International Conference on Dental Education during July 20-21, 2020 held at Florence, Italy