

## Dental neglect, child maltreatment, and the role of the dental profession

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing, and shelter (including exclusion from home or abandonment), failing to protect a child from physical and emotional harm or danger, failing to ensure adequate supervision (including the use of inadequate caregivers), or failure to ensure access to appropriate medical or dental care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Neglect is insidious and affects all aspects of a child's health and development: Emotional health, social development, cognitive development, and physical health. In the long-term, adults who were neglected as children are known to experience a higher incidence of adverse life events such as arrest by the police, suicide attempts, major depression, diabetes, and heart disease.

Child maltreatment shows a spectrum of severity, with larger numbers of children subject to careless or poor parenting and a small number subject to the most severe, persistent, or malicious abuse. The true incidence of child abuse is difficult to ascertain. For instance, there are international differences in the acceptance of physical chastisement and in addition, today's global society has led to the emergence of new aspects of child exploitation such as the international trafficking of children, female genital mutilation, and internet child pornography.

Children from all social, cultural, and religious backgrounds may be subject to maltreatment. Professionals need to be aware of and sensitive to differing family patterns, lifestyles, and child-rearing practices, but we must be clear that child abuse cannot be condoned for religious or cultural reasons. Many professionals now work in the multiracial and multicultural societies, and this requires a commitment to equality in meeting the needs of all children and families.

Failure of the parent to recognize or meet their child's needs and comply with professional advice is a common



factor in many sorts of neglect. Children's needs include nutrition, clothing, shelter, hygiene, and healthcare. Failure to take a child for health-care appointments when required and for necessary dental care is neglectful. Children may suffer ongoing dental pain or other adverse consequences as a result and when young are reliant on their carers to seek treatment for them. With the rise of the safeguarding agenda for children and with an increasing emphasis on preventing maltreatment, improving multiagency working and encouraging early intervention, rather than intervening only when a crisis occurs, the dental profession has had to reconsider the diagnosis and management of child dental neglect.

The British Society of Paediatric Dentistry defines dental neglect as "the persistent failure to meet a child's basic oral health needs, likely to result in the serious impairment of a child's oral or general health or development." It may occur in isolation or may be an indicator of a wider picture of child maltreatment. The focus of this definition is on identifying unmet need so that the family can receive the support they need, rather than on apportioning blame. Children have a right to oral health, which forms an integral part of their general health.

When assessing a child with dental disease, it is important to assess the impact of the disease on the individual. Severe untreated dental disease can cause:

- Toothache
- Disturbed sleep

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**How to cite this article:** Welbury R. Dental neglect, child maltreatment, and the role of the dental profession. *Contemp Clin Dent* 2016;7:285-6.

| Access this article online  |  |
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| Quick Response Code:  | Website:<br><a href="http://www.contempclindent.org">www.contempclindent.org</a> |
|  | DOI:<br>10.4103/0976-237X.188535   |

- Difficulty eating or change in food preferences
- Absence from school and interference with play and socialization.

Severe untreated dental disease may put a child at risk of:

- Being teased because of poor dental appearance
- Needing repeated antibiotics
- Repeated exposure to the morbidity associated with general anaesthesia
- Chronic localized infection which may affect underlying developing teeth
- Severe acute infection which can cause life-threatening systemic illness.

In addition, there is a growing body of evidence indicating that untreated caries in preschool children is associated with lower body weight, growth, and quality of life. Liaison with medical services and educating medical colleagues to the signs of decay, the etiology of this totally preventable disease and the need for treatment is a critical part of the dental profession's role.

Dental caries is a very common finding in children but even when extensive does not always indicate neglect. Therefore, care should be taken to assess the child in the context of all other relevant factors. Dental caries, like any other finding in cases of suspected abuse or neglect, should never be interpreted in isolation. It must always be assessed in the context of the child's medical and social history and developmental stage.

Dental professionals should always liaise with medical and children's services colleagues if there is any doubt about the care of a child. It is the responsibility of all professionals to act in the best interests of a child.

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