







## THE CONDUCT OF THE DENTAL SURGEON FACING CHILD ABUSE: A LITERATURE REVIEW

### A CONDUTA DO CIRURGIÃO-DENTISTA FRENTE AOS MAUS-TRATOS INFANTIS: UMA REVISÃO DE LITERATURA

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#### ABSTRACT

Violence against children and adolescents is a severe problem in society as it involves socioeconomic, cultural, and ethnic factors. In addition to being more susceptible and dependent on their guardians, they are constant victims of abusive actions. Based on these facts, this study aimed to point out what should be the behavior of dental surgeons in the face of the occurrence of child abuse. In addition to providing a brief overview of the topic in Brazil, the following question was defined as a guiding question: what are the main strategies of the dentist in identifying and managing cases of child abuse? This article is an integrative literature review with a descriptive method and qualitative approach. After selecting 10 articles and careful analysis, the main strategies used by dentist to identify cases of child abuse were verified. Notification represents the primary means of tackling cases of violence against children and adolescents, as it derives from actions in the care and protection network, focusing on the promotion, prevention of recurrences, and establishment of a service line to people involved in these situations.

**Keywords:** Child maltreatment. Dental surgeon. Dentistry.

#### RESUMO

A violência contra crianças e adolescentes é um problema grave na sociedade, pois envolve fatores socioeconômicos, culturais e étnicos. Além de serem mais suscetíveis e dependentes de seus responsáveis, são vítimas constantes de ações abusivas. Com base nesses fatos, este estudo tem como objetivo apontar quais devem ser as condutas dos cirurgiões dentistas frente a ocorrência de maus-tratos infantis. Além de fornecer uma breve visão geral do tema no Brasil, a seguinte questão foi definida como uma pergunta norteadora: quais são as principais estratégias do dentista na identificação e conduta nos casos de maus-tratos infantis? Este artigo é uma revisão integrativa da literatura, com método descritivo e abordagem qualitativa. Após a seleção de 10 artigos e a análise cuidadosa, foram verificadas as principais estratégias utilizadas pelos dentistas para identificar os casos de maus-tratos infantis. A notificação representa o principal meio de enfrentamento dos casos de violência contra crianças, pois decorre de ações na rede de atenção e proteção, com foco na promoção, prevenção de recorrências e estabelecimento de uma linha de atendimento às pessoas envolvidas nessas situações.

**Palavras-chave:** Cirurgião-dentista. Maus tratos infantis. Odontologia.

## INTRODUCTION

Violence against children and adolescents is considered a serious problem in society, as it involves socioeconomic, cultural and ethnic factors. In addition to being more susceptible and dependent on their guardians, they are constant victims of abusive actions (SOUZA *et al.*, 2017).

In this context, violence is characterized as the intention to use physical force or power - which can be something concrete or just a threat - against oneself or against another individual, groups or communities, in order to cause injuries, deaths, psychological problems, developmental disability or deprivation (MOREIRA *et al.*, 2015).

This situation is seen as complex and dependent on several factors. It is associated with family conflicts, even though these - the family members - are intended to promote the child development, acting as a protective nucleus, which transmits culture, social rules and healthy relationships, in addition to promoting balance between people (EGRY *et al.*, 2018).

Therefore, through the creation of the Child and Adolescent Statute (ECA), Brazilian children and adolescents, according to full protection laws, come to be seen as individuals endowed with rights and priorities. With regard to violence, whether in the form of abuse or neglect, these individuals demonstrate greater susceptibility, since they are people who demand greater protection and security than adults, in order to develop healthily (FARIAS *et al.*, 2016).

In this sense, almost three thousand children and adolescents die daily due to physical trauma, and more than 50 thousand die every year; and one in three girls is sexually abused before reaching 18 years of age. In addition, the largest number of victims of violence is in the age group from zero to ten years old (COELHO *et al.*, 2014).

Therefore, the dentist has the ethical, legal and moral obligation to notify suspected or confirmed cases of violence against children and adolescents to the government, based on the ECA, in Ordinances 1968/2001 and 104/2011 of the Ministry of Health, as well as in the Dental Code of Ethics, which presents as duties of this professional the care for the health and dignity of this age group, as well as the promotion of collective health in the execution of their activities, regardless of exercising the profession in the public or private sector (SILVA JUNIOR *et al.*, 2015).

This study was developed because dental professionals have difficulties in notifying cases of child abuse to the authorities. Due to the lack of technical-scientific knowledge or even because there are no parameters of conduct and ideal procedures in view of this reality (PIRES; MIYAZAKI, 2005).

Based on these facts, this study aimed to point out the main strategies in identifying child abuse, in addition to presenting a brief overview of the topic in Brazil. Thus, this study aimed to indicate the conduct of dental surgeons facing the occurrence of abuse.

## METHODOLOGY

This article is an integrative literature review, with a descriptive method and a qualitative approach.

The integrative review analyzes the most essential researches that provide the opportunity to improve care practice, enabling a summary of knowledge on a subject, in addition to showing gaps in knowledge that need to be completed by carrying out new scientific work (MENDES *et al.*, 2008).

The steps for the integrative review consisted of 6 phases. Initially, the elaboration of the guiding question, search or sampling in the literature through the inclusion and exclusion criteria, data collection with the definitions of the information to be taken from the selected studies, critical analysis of the included studies, interpretation and discussion of the results and, finally, the presentation of the integrative review (SOUZA *et al.*, 2010).

Qualitative research is concerned with the elements that make up reality that cannot be enumerated, focusing on understanding and explaining the dynamics of social relations (MARCONI *et al.*, 2009).

The inclusion criteria for the search for scientific research were as follows: Portuguese language, publications available in full and with a time frame from 2010 to 2019. The author carried out the advanced search of the Virtual Health Library (VHL) using the descriptors found in the Descriptors in health sciences (DECS): “Maus tratos infantis”, “Odontologia”, “Cirurgião Dentista”.

The exclusion criteria established for the research were as follows: publications outside the time frame, research in the Portuguese language that is not related to the theme and texts that are not available for free.

## DEVELOPMENT

### The concept of violence

Violence has been defined by the World Health Organization as the intention to use force or power to threaten oneself, another person, group or community, which results or is likely to result in injury, death, psychological damage, changes in the development or deprivation (ACOSTA *et al.*, 2018).

Violence is a major public health problem affecting the entire society today. This practice is responsible for the illness, loss and death of people in all countries. Victims of violence use hospitals and emergency services more because they have more health problems, which hinders their social and economic development (ZUCHI *et al.*, 2018).

In the case of violence against children and adolescents, it is characterized by any act or conduct aimed at this group, which causes death, damage or physical, sexual or psychological suffering to this age group, both in the public and private spheres. In all its forms, violence is an act that affects various social classes, origins, marital status, education levels, race and sexual orientation. It is one of the main ways of violating human rights, affecting the lives of children and adolescents in terms of their psychological and physical integrity (ACOSTA *et al.*, 2017).

Furthermore, violence can be divided into several categories: physical, psychological, sexual, patrimonial and moral violence. Physical violence is defined as any conduct that causes injury to the skin or health of the human body. Psychological violence is one that compromises emotional health and loss of self-esteem through threats, embarrassment, humiliation and isolation (AGUIAR *et al.*, 2013).

Thus, a study carried out between 2016 and 2017 shows that there were almost 222,000 records of violence against children and adolescents in Brazil. Remembering that this number can be even higher, since many victims do not report the aggression, even when they resort to health services, omitting the fact (BARALDI *et al.*, 2012).

Another factor that makes this number unreliable is the fact that many health professionals do not know how to react in the situation, as they do not have the theoretical and practical knowledge to carry out the mandatory notification, and still believe that the mandatory notification is useful only for infectious diseases (AGUIAR *et al.*, 2013).

Still, many professionals are unaware of the existence of Law 10778 of 2003, which determines that it is mandatory, throughout Brazil, to notify cases of children and adolescents who are victims of any type of violence, which may occur in public and private sectors. As this act, it must occur in a confidential manner, performed in front of the suspect or confirmed case. Others do not notify for fear of retaliation from the aggressor. Another reason that needs to be highlighted is the fact that many professionals trivialize the situation, and consider the incident as something from everyday life. With the lack of knowledge of these professionals, the deficit in continuing and permanent health education is noticeable (AGUIAR *et al.*, 2013).

### The principles of the Unified Health System (SUS) in violence against children and adolescents

Article 196 defines that the right to health is universal in nature, to be established not only as a promise, but through concrete actions, which determine that health is a right of all people, and it is

the State's obligation to maintain this right. In this case, the child and adolescent victim of violence have the right to be fully assisted by health professionals in the public health system (BARALDI *et al.*, 2012).

In Articles 197 to 200, the provision of health care is determined by the Government. It is also up to the Public Authorities to regulate, supervise and control, through third parties or not, by an individual or legal entity governed by private law, the rights to health. So, the entry of the private sector in the health area is allowed, in a complementary way, with the SUS, limiting, however, participation (BARALDI *et al.*, 2012).

Still, in article 198, public health practices and services are united in a regionalized and hierarchical network and constitute a single system, organized according to the following guidelines: I – decentralization; II - full service; III - community participation.

In article 200, SUS is responsible for, in addition to other attributions, under the law:

“II – carry out sanitary and epidemiological surveillance actions, as well as workers' health; III - order the production of human resources in the health area; IV - participate in the formulation of the policy and in the execution of basic sanitation actions; V - increase scientific and technological development in its area of operation; VI - supervise and inspect food, including the control of its nutritional content, as well as beverages and water for human consumption; VII - participate in the control and inspection of the production, transport, storage and use of psychoactive, toxic and radioactive substances and products; VIII - collaborate in the protection of the environment, including that of work”. (BRASIL, 1998).

In this perspective, the SUS should put health actions into practice, especially with regard to children and adolescents, and carry them out with its services. Still, the execution of health services is allowed to the private, individual or legal entity. In addition, the SUS has the obligation to prepare epidemiological studies on work, salary, food, home, environment, sanitation, education, leisure, access to essential goods and services and disseminate them. If the case does not identify and disclose the cause of the illnesses and their conditioning and determinants, the Public Power is held responsible for the lack of health (CHUZ *et al.*, 2011).

### **Main difficulties in reporting cases of violence against children and adolescents**

In a study involving 15 dental surgeons on the professionals' difficulties in caring for children and adolescents, victims of domestic violence, it was shown that the lack of empathy is a constant situation in primary care, which restricts the practice of qualified listening (FREITAS *et al.*, 2017).

Therefore, a survey encompassing a study of 40 dental surgeons showed that professionals have low resolution power. In this case, this fact is attributed to the lack of professional preparation to assist this age group who experience or have experienced the situation of domestic violence, or even the lack of information of these professionals about the existence of specialized services for the comprehensive care of these children and adolescents (GARBIN *et al.*, 2016).

In this perspective, another study showed that the 20 dentists who participated in the research revealed that they were unaware of the fundamental laws and decrees for the protection of children and adolescents who were victims of violence. Given this scenario, there is a need for these professionals to be trained to guide and consolidate care policies through training in domestic violence (GOMES *et al.*, 2013).

It is observed in the study that all 50 participating dentists agreed that the lack of knowledge of the legislation by these professionals can help in the omission of violence and also in the inefficiency of the legal instrument. This lack of knowledge was observed in 40% reports of dentists, which results in inefficient care (GOMES *et al.*, 2012).

According to another study, in which 10 dental surgeons participated, adequate conduct and referrals and recognition of the existence of some support services were evidenced, however, most do not have contact with these services and do not discuss cases, monitor and refer victims to others

locations. Thus, they are served by several professional categories and sectors that do not recognize the limits and potential of each other (GUZZO *et al.*, 2014).

Listening is inserted in several care spaces. These spaces are also seen as one of the most referenced for identifying children and adolescents who are victims of violence. Qualified listening with respect for the dignity of the human being, including non-discrimination with the direct question, is guided by protocols of the Ministry of Health (HEISLER *et al.*, 2018).

In addition to professional unpreparedness, the 10 dentists participating in the study pointed out that the limited consultation time and the turnover of professionals hinder assistance in these cases. These situations end up harming any conduct designed or carried out to change the context of the child and adolescent victims of violence (HASSE *et al.*, 2014).

There is little time to pay attention to and observe physical injuries and the context in which they were produced. This way of attending helps to omit these situations, because, although the problem is difficult, as well as its resolution, it is believed that the first approach to address it is to remove it from invisibility (LOPES *et al.*, 2016).

Other studies have highlighted that the professionals have shown that biologicist training makes them recognize marital violence, whether expressed psychologically, physically or sexually in primary care units, in an inexpressive and uncommitted way (LIMA *et al.*, 2017).

Research showed that the 15 dental surgeons participating in the study reported that there is a fragmentation of conducts, and this may be linked to the natural perception of violence, the lack of preparation of professionals to care for the victims and, finally, the political fragility and little involvement of health institutions (COSTA *et al.*, 2019).

Upon summation of all the articles that met the pre-established inclusion criteria, a total of 30 (thirty) articles was made, which were then read and analyzed regarding titles and abstracts. In this context, with the applicability of the exclusion criteria, 5 (five) were excluded for not being related to the theme; 5 (five) for being repeated in the databases and 10 (ten) for not presenting their content in full, free of charge. Totaling a number of 20 (twenty) excluded articles.

After the selection of 10 (ten) articles, they were critically analyzed, exposing the results listed in Table 1, giving rise to the category “the main strategies of the dentist when identifying cases of child abuse”.

The results found in the articles reflect the lack of parameters of professionals in the face of suspicion or confirmation of cases of abuse. Therefore, the dentist should always keep in mind the need to assume the correct conduct. Understanding, therefore, that the notification of abuse is a conduct that aims to stop the aggressor's actions and behavior, and must be communicated to the Guardianship Council of the respective location of the victim. The Guardianship Council, when informed, will study the situation and forward possible solutions. According to the Child and Adolescent Statute, notification is mandatory in case of suspected abuse, which may lead to a penalty of 3 to 20 minimum wages, and twice as much in case of recurrence (BUSATO *et al.*, 2018).

Corroborating the aforementioned author, the main form of action of the dental surgeon in the face of suspicion or confirmation will be the notification of cases, starting the process of assistance to victims. These professionals, when facing a suspicion or finding of child violence, have a legal and moral obligation to identify and notify the case (ABREU *et al.*, 2017).

In addition, the dentist can observe in children or adolescents the presence of discolored, fractured, displaced (with pulp involvement) or avulsed teeth, facial bones with changes or fractures of the jaw as evidence of abuse. It should be noted that laceration of the labial or lingual frenulum is very often related to sexual aggressions involving forced kisses or oral sex without the child consent (MOREIRA *et al.*, 2015).

**Chart 1 - Publications selected for discussion**

Nº	Title	Authors	Journal	Main findings
1	Maus-Tratos Infantis: lesões que podem ser identificadas por Cirurgiões-Dentistas	Costa <i>et al.</i> (2019)	Revista Multidisciplinar e de Psicologia	The results showed that neglect and physical abuse are the most frequent injuries found against children. Dental surgeons can identify various oral injuries such as bruises, lip lacerations, fractures, avulsions, contusions, burns, scratches and lacerations of the lingual and oral frenula. The signs appear preferentially in the region of the tongue, lips, hard or soft palate, gums, labial frenulum or mucosa.
2	Maus-tratos infantis na perspectiva de acadêmicos de Odontologia	Busato <i>et al.</i> (2018)	Revista Abeno	Students cited changes in soft tissue (65.3%) and dental trauma (48.5%) as characteristics related to maltreatment. Regarding the complaint, only 30.3% refer to the Guardianship Council as the competent sphere and 35.5% know the meaning of the acronym ECA. Undergraduate students from both institutions are able to identify the signs of abuse, but they need more information regarding their notification.
3	Abuso físico infantil: vivências e atitudes de estudantes de Odontologia	Abreu <i>et al.</i> (2017)	Revista Abeno	In the statistical analysis, descriptive and comparative analyses were performed using the Chi-square, Kruskal-Wallis and multiple comparisons tests. Most students did not identify cases of child physical abuse (85.6%), did not report it (97.4%) and think they know the body to notify (74.4%), citing the Guardianship Council (65.0%).
4	Violência infantil e a responsabilidade profissional do Cirurgião Dentista - Revisão de Literatura	Souza <i>et al.</i> (2017)	Revista Brasileira de Odontologia	Among the injuries caused by negligence, the dentist can identify cases of dental caries involving suffering and pain, as well as treatment abandonment. Among physical injuries, on the other hand, it can identify soft and hard tissue oral injuries. In these situations, the professional must notify the event to competent bodies, such as the Guardianship Council.
5	Percepção e atitude do cirurgião-dentista servidor público frente à violência intrafamiliar em 24 municípios do interior do estado São Paulo, 2013-2014	Garbin <i>et al.</i> (2016)	Epidemiologia e Serviços de Saúde	Participants were 111 dentists (37.8%), of which 67.5% were unaware of the existing legislation for cases of violence; 70.0% could not communicate the occurrence of cases; 55.0% reported having no responsibility for the notification; 85.0% were unaware of the notification form; and 60.0% affirmed the need to intervene with intrafamily violence.
6	Conhecimento de acadêmicos de Odontologia sobre maus-tratos infantis	Silva Junior <i>et al.</i> (2015)	Arquivo em Odontologia	Although 74% undergraduate students say that the correct conduct in suspected cases of abuse is to file a report on the Guardianship Council or Police Station, a minority (4%) said they would report the suspicion. Of undergraduate students, only 30% said that the head and neck region is the most affected in cases of child abuse. A total of 9.26% students stated that they would only be able to identify a case of maltreatment if there was a report by the patient.
7	Atuação do cirurgião-dentista na identificação de maus-tratos contra crianças e adolescentes na atenção primária	Moreira <i>et al.</i> (2015)	Saúde Debate	Few professionals identified maltreatment, reflecting difficulties in this practice. The analyses showed that having a graduate degree and knowing the notification form increased the chance of identifying abuse.
8	Maus tratos infantis: avaliação do currículo dos cursos em odontologia	Biss <i>et al.</i> (2015)	Revista Abeno	The theme is addressed in 21 programs (75%), mainly in the subjects of pediatric dentistry, legal dentistry and collective health. As for the workload devoted to this topic, 16 programs (21.19%) claimed to be equal to or less than 8 hours and 14 coordinators (66.66%) declared that it was mandatory to address this topic within the program syllabus.
9	Avaliação do conhecimento dos alunos de graduação em odontologia x cirurgião dentista no diagnóstico de maus-tratos a crianças	Matos <i>et al.</i> (2013)	Revista Odontológica do Brasil Central	Most respondents never suspected, but claimed to be able to diagnose. 30.57% of undergraduates said they had received information in the legal dentistry subject and 35.66% said they had not received any information. As for the competent body, 30.57% undergraduates and 22.92% professionals knew it was the Guardianship Council, but most respondents were unaware of the legal implications.
10	Aspectos orofaciais dos maus-tratos infantis e da negligência odontológica	Massoni <i>et al.</i> (2010)	Ciência & Saúde Coletiva	The immediate identification and reporting of child abuse and dental negligence by the dentist are essential for the of children, being essential a greater performance of these professionals. The profile of the aggressor and the child, the most frequent injuries, behavioral indicators and dental negligence were discussed.

Source: the authors.

Furthermore, it is observed that bruises, wounds, marks on the body together with behavioral changes are considered a sign of suspicion of child abuse. Thus, it appears that the diagnosis of child abuse made by the Dental Surgeon should not only focus on traumatic injuries, but also on the behavior of the child and parents. Examples of behavioral indicators shown by the neglected child are lack of self-esteem, passivity, shyness, lack of affection, misunderstanding, hyperactivity, sleepiness and shyness (EGRY *et al.*, 2018).

Agreeing with other authors, the Guardianship Council would be the first body to which Dental Surgeons should turn, followed by the police. It is noteworthy that in cases of suspected child abuse, the Dental Surgeon must provide emergency care and notify the guardianship councils, by letter or phone call. In the absence of this body, it is recommended to notify the child and youth court, child protection bodies, or even report the case to the police authorities and request referral for the *corpus delicti* examination (FARIAS *et al.*, 2016).

In addition, the importance of clarifying parents and guardians about the legal implications they are subject to in the case of maltreatment of children and adolescents is verified. It is believed that prevention can encourage a change in the behavior of parents with regard to reflection on the care of their children general health (GARBIN *et al.*, 2016).

It is noteworthy that the notification form works as an essential tool in communication between the Health Department, the Guardianship Council and the health professional or team who had close contact with the child or adolescent, their family and who diagnosed the abuse. This tool was implemented by SUS and guides the collection of information and management of cases (BISS *et al.*, 2015).

Notification represents the main means of dealing with cases of violence against children and youth, since actions derive from it in the care and protection network, aimed at promoting, preventing recurrences and establishing a line of care for people involved in these situations. In addition to being necessary, it also corresponds to an act of care, as it will contribute to the establishment of more adequate protection measures. In addition, the notification will result in the correct and systematic recording of data in official bodies, which will enable more reliable statistical and qualitative surveys for future interventions and formulation of local policies.

Article 245 of the Child and Adolescent Statute (ECA) makes relevant the obligation of any person to communicate the occurrence of abuse to children and adolescents, however, it determines the administrative only for physicians, educators and active managers who do not report to the authority competent cases involving suspicion or confirmation of abuse, with a fine of three to twenty reference salaries, doubled in case of recurrence (MATOS *et al.*, 2013).

A survey conducted with endodontists found that only 12% suspected cases of abuse of children and adolescents were reported to the authorities. In this context, these professionals showed that they had little or no approach to this topic during undergraduate and graduate studies (MASSONI *et al.*, 2010). It is also noted the urgency to expand knowledge on the subject in undergraduate studies and systematize permanent education as a transforming instrument, so that there is the appropriation of the contents of coping policies, thus stimulating a more active posture of the professional towards the violence. It is, therefore, opportune to emphasize the need for changes in the approaches taken by professionals so that not only the achievement of goals and the execution of techniques are a priority, but also the importance of observing the subjective aspects that surround the “painful complaints” that enter the dental offices should be taken into account.

Finally, a relevant aspect for the diagnosis of child abuse is the contradiction between the clinical findings and the history reported by the guardian and the child. So, whenever possible, the child should be questioned separately from the parents, and later, the parents should be questioned. Where possible, it is important that the record includes the period in which the abuse took place, whether it occurred more than once, and the number.

Therefore, as cases of abuse are affecting an increasing number of children and adolescents, these acts of violence are revealed to be one of the major causes of morbidity/mortality in Brazil. It is necessary that the theme finds greater visibility in our daily lives and that the government invests



more in the formulation of programs, in different areas of public action, to face this problem. Thus, representing a great challenge for managers, since cases of abuse are due to a series of factors involving economic and social problems, such as unemployment, frustrations, poor income distribution, among many others.

Therefore, Dentistry should also ask itself about what to do, how to help reduce this violence and even how to stop it. Starting to act as an instrument to transform the social demands that arise in health scenarios.

## CONCLUSION

Thus, in the incidence or suspicion of abuse, it will be up to the dental surgeon to notify the Guardianship Council, in the absence of such, the Child and Youth Court, to the child protection bodies, or report the case to the police authorities. It is coherent to state that only joint and effective action by the different sectors and actors will lead to the prevention of violence and the reduction of damage caused.

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