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Child Abuse: Knowledge and Actions Undertaken by Dentists of the Family Health Strategy in Guarabira– PB, Brazil

Maus-tratos infantis: conhecimentos e condutas dos cirurgiões-dentistas da Estratégia Saúde da Família de Guarabira-PB, Brasil

Maltrato infantil: conocimientos y conductas de los cirujanos dentistas de la Estrategia Salud de la Familia de Guarabira-PB, Brasil

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The aim of this study was to identify the knowledge and the course of action undertook by dental surgeons in Guarabira-PB, Brazil, regarding cases of child abuse. A cross-sectional study was conducted, in which 18 professionals were interviewed, an and the results were presented through descriptive statistics. 12 dental surgeons related to have attended patients who were victims of violence, being that in 91.7% of cases the aggressor was a member of the family of the victim. Most victims were female (50.0%) and the head (27.3%) was the most affected region. Considering the cases of abuse, the main course of action taken by the participants was the dialog with parents/guardians (83.3%). Although they recognize that denouncing such cases is mandatory, most of them did nothing apart from such a conversation.
Keywords: Child abuse; Health knowledge, attitudes, practice; Dentists.

O objetivo deste estudo foi identificar o conhecimento e a conduta dos cirurgiões-dentistas de Guarabira-PB frente a situações de maus-tratos infantis. Realizou-se um estudo transversal, no qual foram entrevistados 18 profissionais e os resultados foram apresentados por meio da estatística descritiva. Ao longo da atividade laboral, 12 cirurgiões-dentistas relataram ter atendido pacientes vítimas de violência, com 91,7% dos casos originados no próprio núcleo familiar. O sexo feminino (50,0%) foi o mais acometido e a cabeça (27,3%) a região mais envolvida. Diante dos casos de maus-tratos, a principal conduta adotada foi a conversa com os pais/responsáveis (83,3%). Apesar de reconhecer a obrigatoriedade da denúncia dos casos, a principal conduta adotada foi apenas o diálogo com os pais ou responsáveis.
Descritores: Maus-tratos infantis; Conhecimentos, atitudes e prática em saúde; Odontólogos.

El objetivo de este estudio fue identificar el conocimiento y la conducta de los cirujanos dentistas de Guarabira-PB, Brasil, frente a situaciones de maltrato infantil. Se realizó un estudio transversal en el cual fueron entrevistados 18 profesionales y los resultados fueron presentados por medio de la estadística descriptiva. A lo largo de la actividad laboral, doce cirujanos dentistas relataron haber atendido pacientes víctimas de violencia, con 91,7% de los casos originados en el propio núcleo familiar. El sexo femenino (50,0%) fue el más afectado y la cabeza (27,3%) la región más envuelta. Delante de los casos de maltrato, la principal conducta adoptada fue la conversación con los padres/responsables (83,3%). A pesar de reconocer la obligatoriedad de la denuncia de los casos, la principal conducta adoptada fue solo el diálogo con los padres o responsables.
Descriptores: Maltrato a los niños; Conocimientos, actitudes y práctica en Salud; Odontólogos.

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INTRODUCTION

Child abuse, though sometimes called simply negligence, is a term that refers to all kinds of physical and emotional abuse, including sexual abuse, negligence and exploitation, all of which result in real or potential damage to the health, development, or dignity of the child[1].

In Brazil, child and adolescent abuse are a serious public health problem[2,3], and a very relevant subject due to the negative consequences it has on the quality of life of the victims, as well as to the expressive impact it has on the levels of morbimortality[4].

The episodes of child-abuse have been removed from a context of invisibility and silence since the promulgation of the Statute of the Children and Adolescent - SCA (1990) of Brazil, which states, in its 13th article, that it is mandatory for all suspected or confirmed cases of child abuse to be reported to the Child Protective Services of the area in which the victim resides[5].

Therefore, the importance of the Single Health System (SUS) network is highlighted, as these spaces are conducive to the fight against child abuse, which can be helped through the identification, sheltering, notification, family orientation, not to mention the protection and guidance of victims who are subjected to a violent situation. To do so, the professionals in the area must be sensitized regarding the vulnerabilities and possibilities of prevention and protection[6].

The professionals who act in the Family Health Strategy (FHS), due to their direct contact and connection to the families, are key elements in the prevention, detection, intervention, and to guarantee that the cases are referred to the competent organs[7], especially the dental surgeon (DS), since statistics show that over 50% of child abuse cases include traumas in the region of the mouth, the face and the head[8,9].

In view of the above, the aim of this study was to identify the knowledge and the actions took by the dental surgeons in the city of Guarabira/PB, Brazil regarding child abuse.

METHOD

A cross-sectional study was conducted in the Primary Family Health Units (PFHU) in the city of Guarabira, state of Paraíba (PB), located 98 kilometers away from the state capital, João Pessoa, Brazil. The estimated population for the city in the year of 2015 was of 58,162 inhabitants, which makes it one of the most populous cities in the state[10]. Regarding the health services in the primary health network, the city counts with 21 locations which offer dental treatment, among which 17 are located in the urban area and four in the rural area[11].

The population of the study was, therefore, made up of the 21 dental surgeons acting in the primary health services; however, only 18 agreed to participate and became part of the sample (85.7%).

Data collection was conducted by a single researcher, in each of the PFHU, from July to August, 2015. The data collection tool was a semi-structured form adapted from previous researches[12,13]. A pilot study had already been conducted with five professionals from the FHS of the city Campina Grande-PB, to test and adapt the data collection instrument. These subjects were not included in this study.

The following variables were analyzed: gender, age group, education level of the dental surgeons, area of practice (public or private) and period of insertion in the FHS (in years). The study also investigated whether the professionals had learned about child abuse during their education; their knowledge regarding the different types of abuse, the legislation associated to them and the ways to denounce/notify the cases; the actions of the participants regarding abuse cases; and how these episodes were characterized when it comes to the region affected and their impacts on the maxillofacial complex.

Data was inserted in a data bank in the software Statistical Package for the Social Sciences(SPSS), version 18.0, and analyzed by the descriptive statistic technique, through percentile and absolute frequencies.

The research was registered in the Plataforma Brasil and approved by the

Research Ethics Committee of the Paraíba State University (UEPB), under the protocol 44267715.8.0000.5187. Following the guidelines established by the Resolution 466/12 of the National Council of Health, all participants signed and received a copy of the Free Informed Consent Form (FICF).

RESULTS

Among the 18 participants, most were female (83.3%), between 27 and 57 years old (37.78±9.95), and 61.1% of them were between 27 and 37 years old. Their academic education, in most cases, took place in a public university (88.9%). Half the dental surgeons had been graduated for 10 years or less, and only 11.1% were not specialists. 61.1% of the participants reported to work exclusively in the public sector, and 72.2% had been working in the Family Health Strategy (FHS) for six year or more (Table 1).

Table 1. Sociodemographic and professional characterization of surgeon dental active in the basic attention. Guarabira, Paraíba, Brazil, 2015.

	Frequency	
Variable	**N**	**%**
Gender		
Male	03	16.7
Female	15	83.3
Age group (in years)		
27 to 37	11	61.1
38 to 47	04	22.2
48 to 57	03	16.7
Type of teaching institution the professional comes from		
Public	16	88.9
Private	02	11.1
Time took to graduate (in years)		
3 to 10	09	50.0
11 to 20	06	33.3
21 to 34	03	16.7
Specialist		
Yes	16	88.9
No	02	11.1
Areas of practice		
Public service	11	61.1
Public and private service	07	38.9
Time working in the FHS (in years)		
1 to 5	05	27.8
6 to 13	13	72.2

Regarding child abuse, 66.7% reported not to have studied the theme during their graduation. When it comes to the types of abuse, the most common categories were physical abuse (94.4%) and negligence (89.9%). To 83.3% of professionals, the occurrence of child abuse and the low socioeconomic condition of victims are directly linked. Most participants (72.2%) stated that it is mandatory for an odontology professional to notify the authorities in cases of child abuse, though 23.1% of them did not know which Brazilian laws make it so. Most people interviewed (83.3%) are unaware of the notification form for child abuse cases. 33.3% of them, on the other hand, mentioned that child abuse is a theme discussed in the health unit in which they work (Table 2).

Throughout their work activities, 12 dental surgeons (66.6%) reported to have attended children/adolescents which had been victims of violence. In 91.7% of those cases, the violence came from their own family. Among the nine cases in which the gender of the victim was identified, 66.6% of victims were female, and the head was the most affected area (27.3%), being that 16.7% showed intra-oral lesions, and 66.7%, dental tissue repercussions.

Table 2. Distribution of dental surgeons according to their knowledge regarding child abuse. Guarabira, Paraíba, Brasil, 2015.

	Frequency	
	N	**%**
Variable		
Was the theme discussed during graduation?		
Yes	06	33.3
No	12	66.7
Types of abuse*		
Physical	17	94.4
Negligence	16	89.9
Sexual	14	77.8
Psychological	13	72.2
Connection between Child abuse and Socioeconomic Conditions		
Yes	15	83.3
No	03	16.7
Is it mandatory for dental-surgeons to report abuse cases?		
Yes	13	72.2
No	01	5.6
Does not know	04	22.2
Law or laws that mention this obligation		
Statute of the Child and Adolescent	08	61.5
Statute of the Child and adolescent + Brazilian Constitution + Penal Code	01	7.7
Odontology Ethics Code	01	7.7
Does not know	03	23.1
Knows that the form for notifying child abuse exists		
Yes	03	16.7
No	15	83.3
Child abuse is discussed in their health unit		
Yes	06	33.3
No	12	66.7

* More than one option was chosen.

When confronted with child abuse cases, most dental surgeons chose to talk to the parents or guardians of the child/adolescent (83.3%), instead of adopting other courses of action (Table 3).

DISCUSSION

The primary health care network is considered to be the entry gate for the health system, and the multiprofesional teams who work in it are very relevant in the process of identification, notification and diagnosis of child and adolescent abuse, as well in the referral of the cases to the responsible authorities[14]. In this context, the dental surgeon is of unquestionable relevance, as a very high number of lesions happens in the region of the head and the face[9].

It was noted that most professionals were women. This result is similar to that of other studies conducted in the Brazilian Northeast[13,15]. Morita, Haddad e Araújo[16] verified that the state of Paraíba, specifically, has the highest number of female dental surgeons in the country.

Regarding their age, it was found that most dental surgeons were between 27 and 37 years old, corroborating the findings of Luna et al.[13] and Lima et al.[17], which noted a higher amount of young professionals at the FHS.

As for the profile of the professionals, it was noted that they concluded their graduation between 3 and 10 years go, in public universities, and almost all of them had concluded a specialization course. These information confirm those of a study conducted by Rolim et al.[18], since the dental surgeons interrogated had been graduated for five or more years (57.7%) and 73.9% also had attended a latu sensu post-graduation.

Table 3. Distribution of child abuse instances according to the origin of the cases, the gender of the victim, the region of the body affected, the presence of intra-oral lesions, the oral structures involved and the course of action adopted by the professional. Guarabira, Paraíba, Brazil, 2015.

	Frequency	
	N	**%**
Variable		
Case origin		
Intra-familiar	11	91.7
Intra- and extra-familiar	01	8.3
Gender		
Male	03	25.0
Female	06	50.0
Unidentified	03	25.0
Region of the body which was affected *		
Head	05	27.3
Face	03	16.7
Torso	02	11.1
Upper limbs	04	22.2
Lower limbs	02	11.1
Presence of intra-oral lesions		
Yes	03	16.7
No	09	83.3
Oral structures involved		
Hard tissue	02	66.7
Hard and soft tissues	01	33.3
Adopted course of action*		
Talked to the parents or guardians	10	83.3
Sought to find out what happened to the child	04	33.3
Discussed the case with the team	05	41.7

* More than one option was chosen.

In general terms, the proportion of specialist dental-surgeons is higher in Brazil than in countries like the United States, the United Kingdom, Canada, Germany and France[19]. However, it is important to highlight that, while professional improvement is a very worthwhile enterprise, the dental surgeon who acts in the FHS should have generalist abilities, and be able to deal with a larger scope of issues.

This investigation found that most professionals have been working in the FHS for more than five years, while in the research conducted by Moreira et al.[20], most dentists, physicians and nurses had worked in the FHS for up to 10 years. Those findings are assumed to show a higher stability of professionals in their current works, which is essential for health care longitude, and for the identification of child and adolescent abuse cases.

The odontology professional must know how to evaluate the signals and symptoms which identify an abuse case. However, this theme is not sufficiently addressed in Higher Education Institutions[21]. In this work, two thirds of the participants mentioned that the theme had not been discussed during their education, which corroborates the findings of Al-Buhairan et al.[22] and Al-Dabaan et al.[23].

Regarding the typology of the abuse, some authors[24] point out a variation according to the age of the victim, being that negligence and physical aggression are more frequent in children under one year old, while children from one to nine years old are more frequently victimized by other types of violence, such as physical, psychological, and sexual. In this context, this investigation found reports of all of these types of child abuse, especially physical violence and negligence.

It is also important to highlight that sociological, psychological and economic factors can contribute for the problem to take

place[25,26]. A high number of professionals stated that there is a direct connection between the variables child abuse and socioeconomic condition. Similarly, according to Andrade et al.[27], cases of domestic violence are stimulated by the lack of basic resources and by the social conditions of the community, which bring about, beyond abuse, domestic imbalance. However, it is very important to highlight the differences between negligence and poverty as, in practice, in a country like Brazil, one situation might be mistaken for the other[28].

On cases of child and/or adolescent abuse, it is paramount that health professionals, including dental surgeons, denounce it, as these situations, when made public, demand the appropriate measures to be taken. Thus, when the dentists who work in the city of Guarabira were asked whether or not it is mandatory to denounce, a high part of them admitted that reporting suspicions of child abuse is their duty.

According to Pereira et al.[14] notifying the cases is an effective initiative which must be used by all health professionals, as it helps identifying intra-familiar violence and raise investments for surveillance and assistance centers. In the United States, every health professional from all 50 states have the duty of denouncing cases of child abuse and negligence[29].

Nationally, the main instrument which indicates the necessity of the denounce is the SCA, shich was mentioned by most professionals. This law states, in its 13th article, that all cases of suspected or confirmed physical punishment, cruel or degrading treatment, and/or abuse of children or adolescents, must be communicated to the Child Protective Services of the respective area, which should not prevent other legal measures from being effected[30]. In the investigation conducted by Barbosa et al.[15], most professionals interviewed also knew about the SCA.

Regarding their knowledge about the notification form, the findings are worrisome, as more than 80% of the dental surgeons did not know that the instrument existed. This result did not replicate that of Barbosa et al.[15], as 57.1% of health professionals in the city of Pacajus-CE stated to know the notification form. To notify is to divide and share the responsibility of protecting children and adolescent with several other sectors. The lack of knowledge about the notification instrument, therefore, will possibly compromise the guarantee of rights and social protection of these individuals[31].

In the results described by Rolim et al.[18] and Assis et al.[24], the identification and notification of abuse are not common practices in the FHS, due to lack of knowledge of the form and the lack of the form itself in the primary health units, which doubles the chance of under-notification; therefore, the discussion about the theme in the units, emphasizing the need to have it present and clarifying how to use it, minimizes this still significant problem in primary health care..

In addition, the professionals who work in these services tend not to discuss the theme with their team[4], a finding this study has confirmed.

It is clear, therefore, that there is a gap between the procedure of suspicion/ identification of child and adolescent abuse cases and the consequent notification of such cases. Such a gap calls attention to itself, as a notable portion of the professionals know that denouncing abuse is an obligation they have, but are unaware of the legal devices they can use to effectively do so.

Most participants reported to already have, in their professional practices, dealt with situations in which violence against a child or adolescent might have occurred, being that in most cases, family members of the child were the aggressors. This finding is substantiated by those of a study conducted by Lima et al.[17], in which violence against children and adolescents happened in domestic environment, with family members as aggressors. Rangel et al.[32] warned that the aggressor is usually a close relative, and possibly counts with the tolerance and complicity of other relatives.

Nonetheless, female children were more frequently the target of violence, which is corroborated by the findings of Lima et al.[17] and Apostólico et al.[33], which indicated

that females are, specifically, the main targets of sexual violence. That can be clarified by the studies of Fajman and Wright[34] and Stoltenborgh et al.[35], which verified that, generally, boys hesitated more and did not report facts as easily, denial mechanisms that can make the problem seem smaller than it actually is. For that reason, society sometimes do not consider boys as victims of child abuse, believing they are less affected than girls.

Injuries suffered by abuse victims happened mostly on their head, face, and neck[23,36-38]. In this study, several regions were mentioned, but the head, the upper limbs and the face were more affected than other body parts. It should be noted that dental surgeons usually focus their attention o lesions in the region for which they are responsible, which leads to another pertinent consideration: the stature of the child, in comparison to that of the adult, makes this area an easier target for the aggressions.

The presence of non-accidental orofacial injuries indicates cases of child and adolescent abuse. These lesions can involve hard and soft tissues in the region of the face, especially in the oral structures[12,39]. In this study, from the 12 cases related, only 16.7% presented intra-oral lesions, with a greater involvement of hard tissues. In the research conducted by Cavalcanti[9], orofacial lesions were diagnosed in 56.3% of cases. From these lesions, most involved the mandible and the maxilla, and from all the intra-oral injuries, the lacerations in soft tissues were prevalent when compared to dental lesions. Diverging results can be explained due to the type of study conducted, as Cavalcanti[9] analyzed the expert reports of the Institute of Forensic Medicine.

Regarding the course of action adopted in the abuse cases, the most common was the dialog with parents or guardians. Francon et al.[40] also verified that to be the course of action adopted by most dental surgeons included in his study. Opposing these findings, Silva et al.[41] showed that 63.2% of people interviewed stated not to know how to proceed in these situations, and 44.2% did not know the which were the competent authorities.

The participants of this research may have opted for that mistaken course of action for fear, or because they do not want to get involved in these situations, eschewing the responsibility brought by the correct approach, through proper notification. Thus, one can see that, in practice, the services which should be offered by the FHS team, as, for instance, identification, notification and protection of victims of violence, are not actualized.

Considering all that, it becomes evident that the dental surgeon can be seen as one of the health professionals with a higher possibility of diagnosing the injuries caused by violent situations, because of the body parts generally involved. Therefore, the theme should be approached during graduation, and government incentives should be strengthened in order to improve the qualification of the professionals who are currently in the primary health care services, as to make both diagnosis and denounces more effective and constant.

Thus, considering the limitations inherent to a cross-sectional study, especially regarding the fact that most answers were conditioned to the memory of the participant, other investigations should be conducted, as child and adolescent abuse are real public health problems in the country, that demand preventive and resolutive measures to be taken. That would bring about improvements in the diagnosis and conduct of the professionals, generating an advance in the services offered by the public sector.

CONCLUSION

Dental surgeons from the primary health care network of Guarabira - PB, have identified, in most abuse cases, situations that originate within the family of the victims itself, whose main victims were female, being the physical violence signs mostly observed in the head, albeit with few intra-oral lesions.

Even though most participants did not study the theme in graduation nor were they aware of the notification form, most recognized that denouncing cases and

suspicions of abuse is mandatory. The most common course of action, however, was the dialog with the parents or guardians, not accompanied by any additional measures.

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CONTRIBUTIONS
Alidianne Fábia Cabral Cavalcanti took part in data analysis, writing, and in the final review. **Karla Bezerra Guilherme da Silva** collected the data and participated in the writing of the article. **Alessandro Leite Cavalcanti** took part in the methodological design and in the final review.

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