

Survey of dentists' conduct when faced with suspicion of violence against children and adolescents

Levantamento da conduta do cirurgião-dentista frente à suspeição de violência contra criança e adolescentes

Encuesta sobre la conducta de los cirujanos dentistas ante la sospecha de violencia contra niños y adolescentes

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Abstract:

Objective: to assess knowledge about the ethical responsibility and conduct of dentists when faced with suspected violence against children and adolescents. **Methods:** cross-sectional survey with dentists, who answered a self-administered questionnaire sent by e-mail. The instrument assessed knowledge about recognizing and reporting child abuse, self-assessment of conduct, and the need for professional training. **Results:** the participants were 198 dentists, of whom 25.7% reported suspecting cases of violence, but 91.4% never reported it due to lack of knowledge of the appropriate procedure. Child Services were indicated by 72.1% of the respondents as the reporting agency. The main obstacles reported were insecurity in identifying injuries, fear, and negligence. Although they recognized the obligation to report, the need for educational strategies for professionals was evident. **Conclusion:** training on signs of violence and reporting mechanisms are essential to strengthen child protection.

Descriptors: Child abuse; Liability, legal; Dentistry; Domestic violence.

Resumo:

Objetivo: levantar o conhecimento sobre a responsabilidade ética e conduta de cirurgiões-dentistas ante à suspeita de violência contra crianças e adolescentes. **Método:** pesquisa transversal com cirurgiões-dentistas, que responderam a um questionário autoaplicável enviado por e-mail. O instrumento avaliou o conhecimento sobre o reconhecimento e relato de abuso infantil, autoavaliação de conduta e necessidade de capacitação profissional. **Resultados:** participaram 198 cirurgiões-dentistas, dos quais 25,7% relataram suspeitar de casos de violência, mas 91,4% nunca notificaram por desconhecimento do procedimento adequado. O Conselho Tutelar foi indicado por 72,1% como o órgão de notificação. Os principais obstáculos relatados foram insegurança na identificação de lesões, medo e negligência. Apesar de reconhecerem a obrigatoriedade da notificação, ficou evidenciada a necessidade de estratégias educativas junto aos profissionais. **Conclusão:** a capacitação sobre sinais de violência e os mecanismos de denúncia são essenciais para fortalecer a proteção infantil.

Descritores: Maus-tratos infantis; Responsabilidade legal; Odontologia; Violência doméstica.

Resumen:

Objetivo: Levantar el conocimiento sobre la responsabilidad ética y la conducta de los cirujanos dentistas ante la sospecha de violencia contra niños y adolescentes. **Método:** Investigación transversal con cirujanos dentistas, que respondieron a un cuestionario autoaplicado enviado por correo electrónico. El instrumento evaluó el conocimiento sobre el reconocimiento y la notificación de abuso infantil, la autoevaluación de la conducta y la necesidad de capacitación profesional. **Resultados:** Participaron 198 cirujanos dentistas, de los cuales el 25,7% informó sospechar de casos de violencia, pero el 91,4% nunca notificó por desconocimiento del procedimiento adecuado. El Consejo Tutelar fue indicado por el 72,1% como el órgano de notificación. Los principales obstáculos reportados fueron la inseguridad en la identificación de lesiones, el miedo y la negligencia. A pesar de reconocer la obligatoriedad de la notificación, se evidenció la necesidad de estrategias educativas para los profesionales. **Conclusión:** La capacitación sobre signos de violencia y los mecanismos de denuncia son esenciales para fortalecer la protección infantil.

Descritores: Maltrato infantil; Responsabilidad legal; Odontología; Violencia doméstica.

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INTRODUCTION

Children and adolescents are developing beings and must be protected and cared for. This is the responsibility of all social actors: the community, society in general and the government, ensuring rights related to life, health, food, education, sports, leisure, professional training, culture, dignity, respect, freedom and family and community life¹. To prioritize the protection of fundamental rights and the full development of these young people, many public policies have been instituted to address the health problems and harms they face^{1,2}. The most common forms of violence are physical, psychological, sexual and negligence³.

The effects of violence and the individual suffering of children and adolescents can last a lifetime, resulting in violent and angry adults, incapable of exercising their full citizenship⁴. In addition, children and adolescents are common victims of domestic violence, since they are dependent on adults for their development. Early identification helps the victim and the family, avoiding more serious consequences and preventing the recurrence of violent acts⁵.

The Brazilian Federal Constitution establishes human dignity as a fundamental principle⁴. With a view to regulating this, Law 8,069/90, known as the Statute of Children and Adolescents (*Estatuto da Criança e do Adolescente*), was enacted, which provides for the comprehensive protection of children and adolescents⁶.

In this context, health professionals and those responsible for health establishments, whether public or private, have a legal, civic and ethical duty to report incidents of violence against children and adolescents, in order to enable their protection and safeguard their physical, psychological and social integrity, ensuring their full development.

Dentists should be clear about the most frequent characteristics of abuse (whether physical or not) and used in conjunction with appropriate intervention strategies, in order to integrate what is seen and/or heard. Connecting pertinent questions to routine questions from the dental record can help provide the professional with a basis⁷.

For this management and encouragement, the dentist must have prior knowledge and support for the action. Training, even if remotely, and guidelines are plausible options. In order to develop instructional material, it is necessary to know the main doubts and failures of professionals regarding this subject.

Therefore, this research aims to raise knowledge about the ethical responsibility and conduct of dentists when faced with suspected violence against children and adolescents.

METHODS

This is a cross-sectional study conducted in 2023. Dentists registered with the Regional Dental Council of São Paulo (*Conselho Regional de Odontologia de São Paulo - CROSP*) and working in the city of São José dos Campos/SP were invited to participate. The total number of dentists in the city was N=2,026, according to data from the Regional Dental Council of São Paulo (CROSP)⁸. A sample size calculation was performed considering a significance level of 95%, a sampling error of 5%, and a homogeneous population, resulting in 220 participants for a statistically representative sample of this population.

Emails were sent to professionals registered in the city. In them were informations about the objective of the research, an invitation to participate, and an attachment with the link to the form, which contained the Free and Informed Consent Form (FICF) on its first page. It is important to emphasize that when the participant entered the link, they were taken to the FICF and could only access the questions after clicking "I agree", otherwise the form was completed.

The aforementioned questionnaire was used as a data collection instrument, being self-administered and based on previously published research⁹⁻¹¹, current legislation and the Code of Dental Ethics¹². In order to carry out an empirical validation of the data collection instrument (questionnaire), its operationalization and contact between the researchers/applicants and the research participants, a pre-test was carried out with 10% of the expected sample. In addition to verifying the applicability of the questionnaire, the pre-test made it possible to carry out an analysis of how the questionnaire would be applied, contributing to the planning and dimensioning of the research. The estimated time to complete the questionnaire was 10 minutes.

Prior to the specific questions about violence, the profile of the participating professionals was surveyed in terms of age and gender. The specific questions were structured in three parts: 1) survey of the knowledge of health professionals regarding the recognition and reporting of child physical abuse; 2) self-assessment of conduct and reporting of any suspected and/or confirmed cases of child physical abuse during their professional life and in the last six months; and 3) the professional's knowledge of their responsibility and their interest in continuing education.

After sending the questionnaire via e-mail, the researchers waited 20 (twenty) days for the questionnaire to be completed and returned to the researcher. After the aforementioned days, the completed questionnaires were counted, and a new one was sent to those who had not responded, with a new deadline of 20 days. After thirty days from sending, the data obtained were tabulated.

The data generated by the questionnaire responses were analyzed in the form of descriptive statistics (absolute values and percentages) and presented in graphs.

This study was approved by the Research Ethics Committee involving human beings (CAAE: 65647122.5.0000.0077, Opinion: 5,827,793).

RESULTS

Of the professionals invited to participate in this research, 105 accepted by signing the informed consent form, 85 of whom were female and 20 were male, with an average age of 38 years.

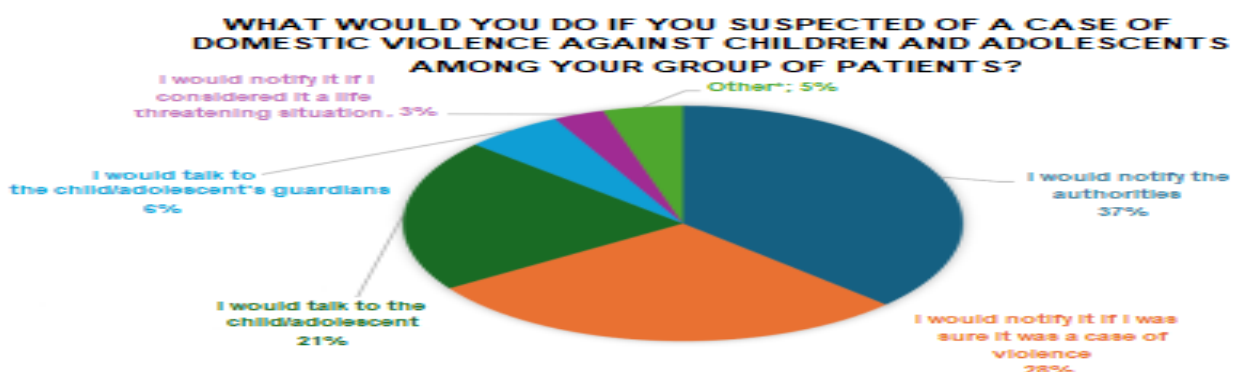
When asked whether they had ever suspected that a minor patient had suffered violence in their professional practice, 74.3% of the participants said they had not.

In this sense, as to having made any notification throughout their professional career, 91.4% responded that they had not made any notification of violence, 7.6% (8) said they had, and 1 professional said they had notified the social worker at the health service.

When asked about the conduct they would adopt in case of suspected violence against children and adolescents, the data are presented in Figure 1, indicating a predominance of notifying authorities (37%), notifying if they were sure (28%) and talking to the child and/or adolescent (21%).

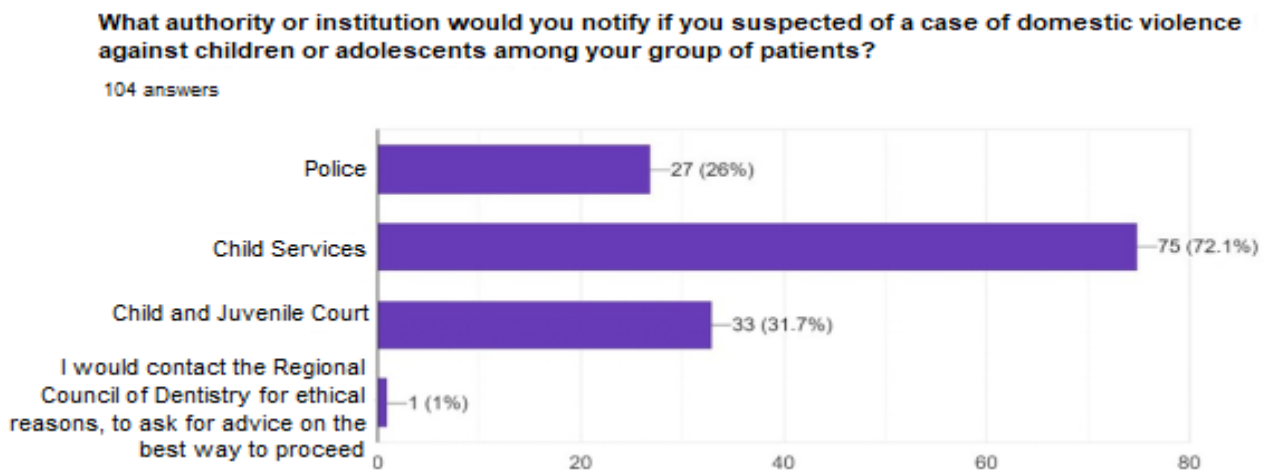
When asked which authority or institution would report the violence, 72.1% (75) indicated the Municipal Child Services, followed by 31.7% (33) who responded the Child and Juvenile Court and 26% (27) who would report the police. The answers are shown in Figure 2. It is important to note that, in this question, the professional was allowed to indicate more than one alternative and to add an additional opinion if their opinion was not included among the alternatives presented (Figure 2).

Figure 1. Conduct to be adopted by participants when faced with suspicion of violence against children or adolescents. São José dos Campos/SP, Brazil, 2023.



* **Key:** I would talk to the support network - social worker, psychologist; I would talk to the child and parents separately; I would talk to the social worker.

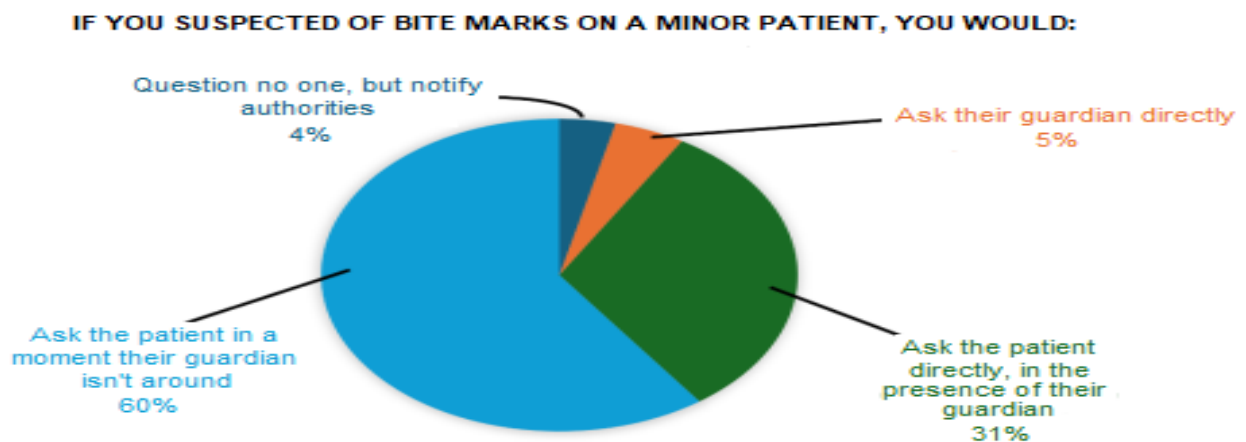
Figure 2. Authority or institution to be notified in case of suspected violence against children and adolescents. São José dos Campos/SP, Brazil 2023.



Considering the presence injured minor patients, they were asked whether they kept detailed notes of the injuries and their characteristics in their medical records, and 91.4% responded affirmatively. In the same sense, when asked whether they inquire about the history of this injury, the same percentage (91.4% - 96 participants) responded yes.

Regarding the suspicion of bite marks in this group of patients, the responses are presented in Figure 3, with emphasis on asking the patient in the absence of a guardian (60%).

Figure 3. Action to be taken in case of suspected bite marks in a child or adolescent patient. São José dos Campos/SP, Brazil, 2023.



Another issue analyzed was the understanding of these professionals about the obligation of dental surgeons to report suspected or confirmed domestic violence against children or adolescents. In response to this question, 95% believe it is an obligation, while 4.8% believe it is not.

In order to understand the origin of knowledge about the topic under study, we asked about the guidance/information/training they received on reporting violence, and 61.9% (65)

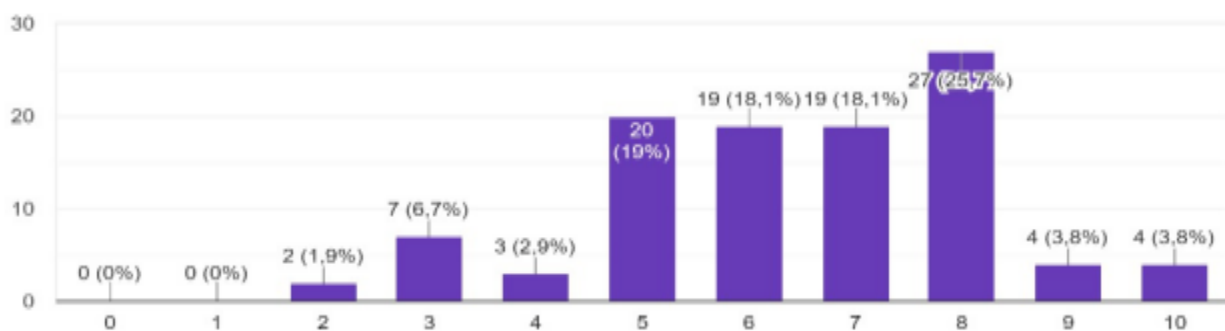
responded that they had received it, and of these, 58.1% (61) received this knowledge during their undergraduate studies and 12.8% (13) in independent courses.

Figure 4 shows the participants' responses when asked about their knowledge to recognize signs of violence against children and adolescents, considering a scale of 0 to 10, of which 25.7% of respondents scored 8 and 5 to 7 had similar percentages (around 18% each).

Figure 4. Participants' perception of their knowledge to identify signs of violence against children and adolescents. São José dos Campos/SP, Brazil, 2023.

On a scale of 0 to 10, with 0 representing being unable to recognize it, and 10 being effectively being able to recognize it, how well do you consider yourself able to recognize signs of violence against children and adolescents?

105 answers

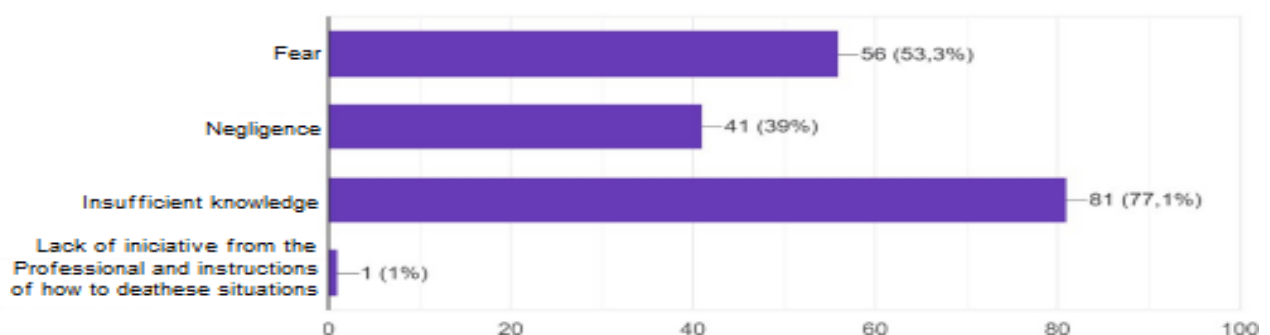


In the professionals' view, the possible reasons for the lack of reporting of cases of violence against minors are: insufficient knowledge (81%), fear (53.3%) and negligence (39%), considering that the same professional could answer more than one question (Figure 5).

Figure 5. Professionals' responses on possible reasons for the lack of reporting of cases of violence against children and adolescents São José dos Campos/SP, Brazil, 2023.

In your opinion, why some cases of violence against children and adolescents are not notified?

105 answers



In the questions about interest in training on mechanisms and diagnosis of injuries caused by violence against minors and training on procedures in cases of suspicion and/or detection of violence against minors. Regarding training, 93.3% (98) of the participating professionals reported having "very interested" or "interest" in the first and 92.4% (97) in the second, respectively.

DISCUSSION

Reporting violence is an ethical and legal duty of healthcare professionals in the event of suspected or confirmed disease, injury or public health event, as set out in the National List of Compulsory Reporting of Diseases, Injuries and Public Health Events. Current legislation also provides for punishment in the event of omission or unjustified delay in taking action^{1,2,6}. In compliance with the ethical sphere, in accordance with the aforementioned legislation, the Brazilian Code of Dental Ethics establishes in its Article 9 as a fundamental duty of dentists to ensure the health and dignity of patients, regardless of whether they practice in the public or private sector¹². It can be inferred that this obligation contributes to the increase in the number of reports recorded since 2011, which reinforces the importance of surveys and government measures taken on the subject^{2,13}.

The results of this survey indicate that 95% of participants stated that it is the dentist's obligation to report violence, which shows knowledge of the ethical and legal precepts concerning the subject. This data contrasts with previously published results, in which 60% of the Family Health professionals interviewed did not feel responsible for reporting cases of violence¹⁴. Although the majority of participants were aware of the obligation to report violence, only 37.1% stated that they would notify the authorities immediately, followed by 28.6% who stated that they would only report if they were sure that the violence had occurred.

Dentists are important actors in the detection and reporting of domestic violence against children and adolescents, since, on average, 50% of injuries are found in the orofacial region (head, face, mouth, and neck)⁹. However, an integrative review published in 2023 shows that most health professionals do not appear or feel qualified to do so¹⁷. Lack of confidence, or even difficulty in identifying injuries, may be due to insufficient coverage of the topic in undergraduate courses¹⁸⁻²⁰. In this study, 69.5% of participants considered themselves capable (scores above 5) of recognizing characteristic signs of violence against children and adolescents. In addition, 61.9% responded that they had received some guidance on the topic during their undergraduate studies or later.

It is emphasized that domestic violence is the type of violence that most affects children, regardless of the family's economic and educational levels, and goes beyond physical violence, encompassing neglect, emotional and sexual violence, and physical or moral abandonment¹⁵. Emotional abuse is common and, because it does not result in physical injuries, it is difficult to identify. In fact, there is no standard conduct on the part of the aggressor, nor is there a typical behavior generally adopted by the victims. Behavioral indicators (depression, few friends, and lack of concentration, for example) and physical indicators (frequent and unexplained accidents, unkempt appearance, among others) are alarming factors that should be perceived

by the health professional¹⁶.

It is understood that when the professional treats a child with orofacial trauma suspected of being a condition analogous to violence, especially if the story told does not match the characteristics of the injury, notification as a protective measure should be adopted²⁰. To this end, the professional must be prepared and equipped with the appropriate information and conduct. One factor that generates insecurity and, at times, impropriety in the conduct of health professionals is the uncertainty regarding the agency to be contacted by the professional to make the notification²².

According to the Statute of Children and Adolescents¹, the Child Services or, in its absence, the Children and Juvenile Court should be sought. The Child Services, however, does not have judicial powers, which limits its interventions and often prevents it from executing what is provided for by law²¹. In this survey, when asked which agency/institution they would notify in case of suspected violence against children and adolescents, 72.1% of respondents stated that they would notify the Municipal Child Services. This figure represents a significant improvement when compared to the 2010 publication in which only 42.10% of the responding dentists stated that they would seek the Child Services⁹.

However, it was observed that, although the results represent the majority and indicate an increase in awareness, these percentages do not represent all professionals, which reinforces the need for ongoing training and strengthening knowledge on the subject. It is worth noting that some of the interviewees said they would call the police. It is important to be aware that the police will only direct the notification to the Child Services²¹.

In view of the interest of professionals in training on the subject, there is concern about the topic and its relevance, since 93.3% reported interest in training on the diagnosis of injuries characteristic of violence and, furthermore, 92.4% demonstrated interest in the form and procedures for reporting suspected cases.

Studies indicate that, in addition to insecurity related to their legal involvement, professionals fail to report for fear of losing patients, suffering reprisals, reporting based on incorrect diagnoses and even refusing to believe that parents are negligent^{3,17,23,24}. In the present study, the lack of reporting by the majority of respondents (77.1%) was related to insufficient knowledge.

74.3% of those surveyed reported never suspecting that any minor patient had suffered violence, which is in line with a 2010 study⁸, which, when analyzing the conduct of dentists in a city in the interior of the state of São Paulo, observed that 73.69% never suspected violence.

Violence against children and adolescents has cognitive, social, psychological and

emotional repercussions²⁵. Active listening, technical training and the perception of signs by health professionals are essential to stop the impunity of aggressors and the experience of a trauma, which is so often recurrent, from occurring. Reporting is a powerful public policy instrument, since it helps to assess the issue of violence and subsidizes the calculation of investments in surveillance and assistance centers for victims and the consequent strengthening of citizenship and guarantee of Human Rights^{26,27}.

CONCLUSION

The dental surgeons showed knowledge and awareness that reporting cases of violence is a legal obligation of the surgeon.

As for the limitations of the research, it was the low number of responses obtained, even after the questionnaire was sent on two occasions. This factor may have impacted the representativeness of the sample, restricting the generalization of the results. Future research may consider alternative recruitment strategies, such as in-person approaches or the use of different digital platforms, in order to increase the response rate and the robustness of the data collected.

In turn, the research showed that there is insecurity when detecting injuries characteristic of violence, as well as in the ways of approaching patients and guardians, which reinforces the need for ongoing training on the subject.

The study highlights the importance of knowledge and ethical conduct of dental surgeons when faced with suspected child abuse, highlighting gaps in reporting these cases. Its relevance lies in identifying barriers faced by professionals, such as insecurity and lack of knowledge of reporting methods, highlighting the need for educational strategies.

Thus, the results presented here can contribute to the formulation of actions that reinforce the training of professionals and increase the protection of children and adolescents, strengthening the role of Dentistry in detecting and confronting violence.

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