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### Domestic violence

#### CHILD AND ADOLESCENT VIOLENCE: KNOWLEDGE AND CONDUCT OF DENTISTRY STUDENTS IN THE FACE OF SUSPECTED CASES.

##### *Violência infantojuvenil: conhecimentos e condutas de acadêmicos de odontologia frente a casos suspeitos.*

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#### ABSTRACT

Child and youth abuse constitutes a serious social problem, which involves multiple aspects and causes negative repercussions throughout the life of the victim and family. The present study evaluated the knowledge and conduct of Dentistry students at the State University of Montes Claros (Unimontes) in the face of suspected cases of child and youth violence. It was carried out with 137 students from the 4th to the 10th semester of Dentistry, using a virtual questionnaire. It was found that the majority (94%) recognize the main types of abuse, such as physical and psychological violence, neglect, abandonment and sexual abuse and 86.3% stated that they would identify abuse in the clinic based on clinical signs and data from the patient. A considerable portion of participants (50.4%) declared feeling unable to identify cases of violence, mainly due to lack of experience. The orofacial characteristics least associated with victims of violence were caries, periodontal disease, and altered tooth color. It is concluded that, although academics have theoretical knowledge about orofacial manifestations and types of violence, in clinical practice, many do not feel able to identify and report cases of abuse and there is still a lack of information on the subject during graduation.

#### KEYWORDS

Child abuse; Violence; Dentistry students.

#### INTRODUCTION

The World Health Organization (WHO) characterizes violence against children and adolescents as any type of mistreatment, whether physical, emotional, neglect, exploitation, or sexual abuse, which results in damage to the health,

survival, development, or integrity of children and adolescents, in a context of trust, responsibility, or power relationships<sup>1</sup>. Therefore, child and adolescent abuse constitutes a serious social problem, involving multiple aspects, with negative repercussions throughout the child and

adolescent's life and leaving consequences not only on the victim but also on the family and society<sup>2</sup>.

In Brazil, the creation of the Child and Adolescent Statute (CAS) by Law 8,069 of 1990 guarantees the duties and rights of children and adolescents. In article no. 5, the CAS recommends that "No child or adolescent shall be subject to any form of neglect, discrimination, exploitation, violence, cruelty, and oppression, punishable in accordance with the law, any attack, by action or omission, on their fundamental rights"<sup>3</sup>.

In this sense, having knowledge about the types of violence against children and adolescents is necessary, as there is often no material evidence, such as the presence of signs of abuse, exploitation, or trafficking. It is worth noting that all forms of violence can be linked to other types and generally, parents or guardians are the perpetrators of violence, with the domestic environment being the place of occurrence 45% of the time<sup>4</sup>.

This is not a new phenomenon, however, it is clear that there is still a profound "pact of silence", which is the main reason for the discreet number of complaints made<sup>5</sup>, especially when it comes to health professionals. In this scenario, some reasons lead these professionals to omit themselves in cases of abuse: uncertainty about the diagnosis, fear of losing patients, fear of dealing with parents and becoming legally involved, and uncertainty or lack of knowledge, about the notification mechanism and of responsibility<sup>4,6</sup>.

In view of the above, the objective of this study was to evaluate the knowledge and conduct of dentistry students at the State University of Montes Claros (UNIMONTES) in the face of suspected cases of child and adolescent violence.

## **MATERIAL AND METHODS**

This is an observational, descriptive, cross-sectional study, with a quantitative approach, carried out with students from the UNIMONTES Dentistry course, approved by the Research Ethics Committee (CEP/UNIMONTES 4.436.493/2021 – CAAE 40465720.3.0000.5146). All individuals signed the Informed Consent Form (ICF), agreeing to participate, with a guarantee of privacy and confidentiality of the information shared.

The study was carried out using a sample universe composed of 137 academics enrolled from the 4th to the 10th semester at the aforementioned university. The following inclusion criteria were used: being regularly enrolled in the Unimontes Dentistry course, studying between the 4th and 10th semester of graduation, accepting to participate in the study, and agreeing to the Free and Informed Consent Form (ICF) prior to the questionnaire. Students from the three initial periods did not make up the sample due to lack of clinical experience.

A pilot study was conducted with Dentistry students from other universities in the country to assess the need for changes in language, in order to ensure better understanding and interpretation of the questions by the interviewees. Based on

comments and suggestions, the questionnaire was revised and modified.

The data were obtained from the application of a previously tested questionnaire, containing 14 closed questions about knowledge, perception, and conduct of abuse against children and adolescents. The questions in the questionnaire were prepared based on studies in the literature<sup>7-9</sup>. The questions included: demographic data (age, gender, period); concept, characteristics, and notification of child and youth violence and conduct in cases of abuse.

The questionnaire was applied virtually between the months of August and December 2022 to pre-selected academics, by sending a link to access the ICF and questions, which were made available on the Google Forms platform with the guarantee of privacy and confidentiality of shared information.

## RESULTS

Of the 137 students enrolled between the 4th and 10th semesters, 6 did not respond to the questionnaire sent via Google Forms.

Table 1 shows the demographic profile of the participants. Females (80.2%) were predominant compared to males (18.8%) and 71.8% of participants were aged between 18 and 24 years.

When asked about what they consider mistreatment, the majority were able to identify the main types: physical, and psychological violence, neglect, abandonment, and sexual abuse. Each of these was highlighted by more than 94% of participants (Table 2), on the other hand,

the types of isolation and lack of affection, attention, and love were considered by only one academic, representing 0.8% of the total.

**Table 1 - Descriptive analysis of the demographic data of responses from Dentistry students.**

VARIABLES	TOTAL N (%)
<b>Sex</b>	
Male	26 (18,8%)
Female	105 (80,2%)
<b>Age</b>	
18 to 20 years	11 (8,4%)
21 to 24 years	83 (63,4%)
25 to 28 years	26 (19,8)
More than 29 years	11 (8,4%)
<b>Semester</b>	
4º semester	19 (14,5%)
5º semester	21 (16,0%)
6º semester	23 (17,6%)
7º semester	19 (14,5%)
8º semester	16 (12,2%)
9º semester	14 (10,7%)
10º semester	19 (14,5%)

Regarding how to identify the occurrence of abuse in the dental school clinic, 86.3% responded that they would identify it based on clinical signs and patient data; regarding the course of action to be taken, 57.3% of students responded that they would seek information on what to do in the care and 41.2% would report it to the guardianship council (Table 2).

Regarding knowledge about child and youth abuse, 50.4% considered themselves incapable of identifying cases of violence in children and adolescents, of which 51 academics explained that they did not have experience and 22 did not have sufficient knowledge.

**Table 2 - Descriptive analysis of responses from Dentistry students regarding knowledge about child and youth violence.**

<b>Variables</b>	<b>Total n (%)</b>
<b>What do you consider as mistreatment?</b>	
Physical violence	130 (99,2%)
Psychological violence	129 (98,5%)
Neglect	124 (94,7%)
Abandonment	128 (97,7%)
Sexual abuse	129 (98,5%)
Isolation	1 (0,8%)
Lack of affection, attention, and love	1 (0,8%)
<b>How would you identify the occurrence of abuse</b>	
From the patient's history	12 (9,2%)
The presence of clinical signs and patient data	113 (86,3%)
Only if the patient reports abuse/mistreatment	6 (4,6%)
I wouldn't know how to identify	0
<b>If child abuse is identified in a patient, what would your attitude be?</b>	
I would look for information on what to do in the service	75 (57,3%)
I would report it to the guardianship council	54 (41,2%)
Would not treat the patient	0
Refer the child to your pediatrician	2 (1,5%)
<b>Orofacial characteristics that can be seen in children and adolescents who are victims of violence</b>	
Hematoma	126 (96,2%)
Laceration	106 (80,9%)
Edema	112 (85,5%)
Bite	108 (82,4%)
Burn	97 (74,0%)
Fracture of the jaw bones	110 (84,0%)
Tooth avulsion	80 (61,1%)
Dental trauma	100 (76,3%)
Caries	18 (13,7%)
Periodontal disease	19 (14,5%)
Syphilis	93 (71,0%)
Gonorrhea	82 (62,6%)
HPV	96 (73,3%)
Changed tooth color	24 (18,3%)
Others	1 (0,8%)
<b>Consider yourself capable of identifying cases of violence in children and adolescents</b>	
No	66 (50,4%)
Yes	65 (49,6%)
<b>Reason why you consider yourself incapable of identifying cases of violence in children and adolescents</b>	
Insufficient knowledge	22 (16,7%)
Inexperience	51 (38,9%)
I consider myself capable of identifying	57 (43,5%)
Lack of confidence	1 (0,8%)

When asked about the orofacial characteristics that can be seen in victims

of violence, tooth decay; Periodontal disease and altered tooth color were the

characteristics least mentioned by students (Table 2).

The majority of those surveyed (89.3%) responded that the dentist has an ethical and legal duty to report suspected or confirmed cases of abuse and neglect, parallel to this, 10.7% would not know where to report (Table 3).

Regarding clinical experience, 5.3% of students responded that they believed they had already seen a case of abuse in the University's clinics. Of these, 73% claimed not to have taken any action and 12.2% said they had informed the teachers, but nothing had been done (Table 4). Furthermore, 55.7% claimed they did not feel able to report it. When asked whether they had already received information about the conduct, identification, and notification of a child and adolescent dental patient suspected of abuse, 59.5% responded that they had not received it and only 27.5% said they had received it at the University (Table 4).

## DISCUSSION

The number of academics who stated the need to seek information about what to do if they identified abuse in a patient (57.3%) is noteworthy, as they reported finding it easy to point out characteristics and indicators of child and adolescent abuse, as well as listing the guardianship council as the main place for complaints.

The study also highlights a lack of information and approach to content in the educational institution, causing insecurity and difficulty for participants in identifying and reporting cases of abuse against children and adolescents. As a positive factor, it is noteworthy that even with a possible lack of information and approaches to the topic, 89.3% of those interviewed recognize the ethical and legal duty of the dental surgeon in the face of suspected or confirmed cases of abuse and neglect.

**Table 3 - Descriptive analysis of responses from Dentistry students regarding the responsibility and conduct of the dentist.**

Variables	Total n (%)
<b>What duty does the surgeon have in the face of suspected or confirmed cases of abuse and neglect?</b>	
Only ethical duty	8 (6,1%)
Only legal duty	0
Ethical and legal duty	117 (89,3%)
I don't know how to answer	6 (4,6%)
<b>Where to report cases of child and youth violence</b>	
To the victim's family	1 (0,8%)
Police	20 (15,3%)
Child protection council	96 (73,3%)
Nearest hospital	0
I don't know	14 (10,7%)

**Table 4 - Descriptive analysis of responses from dentistry students regarding identification and reporting of child and adolescent violence**

Variables	Descriptive n (%)
<b>Do you believe that you have ever seen a case of child and adolescent abuse in university clinics?</b>	
No	124 (94,7%)
Yes	7 (5,3%)
<b>If yes, what was your conduct in the case that you considered suspicious?</b>	
You reported it to the teachers	2 (2%)
You reported it to the teachers, but nothing was done	5 (3,8%)
You have never seen any suspected cases	105 (80,2%)
None	19 (14,5%)
<b>Do you feel qualified to report cases of child and adolescent abuse during dental care?</b>	
No	73 (55,7%)
Yes	58 (44,3%)
<b>Have you ever received information about the conduct, identification, and notification of a child and adolescent dental patient with suspected abuse?</b>	
No	78 (59,5%)
Yes	53 (40,5%)
<b>What is the source of this information received?</b>	
Internet	17 (13,0%)
University	36 (27,5%)
Television	2 (1,5%)
Newspapers and magazines	1 (0,8%)
Other media	4 (3,0%)
I have not received any information	69 (52,7%)
All of the above	1 (0,8%)

Violence can be understood in many ways, but many of these facets of aggression are normalized by society in general<sup>10</sup>. The fact that less than 1% of the sample perceived isolation or lack of affection as forms of violence is a warning, and may indicate a reflection of a society that also normalizes these attitudes, as they are issues that are imprudently accepted by society. For comparison, the number found was even lower than that of the State University of Paraíba, where 2.2% of respondents reported other types of abuse

besides physical, psychological, sexual, and neglect.<sup>11</sup>

The other forms of violence were correctly identified, with physical, psychological, and sexual violence being the most noted, a result that was expected since they are the forms most addressed in national child protection campaigns. This result was similar to a study conducted with undergraduate dentistry students from the Universities of Planalto Catarinense and Federal of Espírito Santo, in which 90% of students cited these types of violence as being related to abuse. The finding confirms

the need for an in-depth approach to the topic, in order not only to help combat and identify violence in its multiple forms but also to promote the breaking of some possible stigmas associated with the issue.

A high number (86.3%) of students stated that it was possible to identify signs of aggression through the presence of clinical signs and patient data, which is supported by the literature that indicates that between 50 and 65% of injuries resulting from child abuse occur in the face and oral cavity region<sup>12-13</sup>. The small number (4.6%) who stated that they only identified abuse if the patient reported it can be celebrated as a low rate. For the same question and answer asked in a questionnaire similar to that of the present study in the Dentistry course at the Federal University of Espírito Santo<sup>14</sup>, the result found was almost double (9.26%). However, even though it is lower, the data deserves attention, aiming for even lower rates, as it demonstrates both a lack of preparation in perceiving signs due to failure to identify them, as well as a lack of knowledge of the legal ethical duties of dentists, indicating a certain professional neglect of their duties.

In addition, 4.6% of students stated that they were able to identify aggression and mistreatment only through the patient's history, showing similarity to the percentage of 8.33% in the study conducted at the Federal University of Espírito Santo<sup>14</sup>. This data is worrying, since the various factors need to be considered together in a possible case of mistreatment of a child or adolescent. As Eloy (2012)<sup>15</sup> highlights, a child who is a victim of abuse, for example,

sexual abuse, has information experienced only by him/her and by his/her aggressor and may withhold or manipulate information out of fear or insecurity. Thus, the patient's history and even dialogues that occur during the consultation are essential, since the dental office can be a supportive and safe environment for reporting a situation of violence, but complementary evidence can and should also be sought in clinical presentations, and it is essential that the student knows how to listen to and evaluate the history as well as interpret possible warnings and physical signs.

It is quite striking that the percentage of students who would not treat the patient if they identified a situation of child abuse is zero. This figure is strange not only because it is zero, but also because it is in contrast to the results of other studies, such as that of the Dentistry course at the Federal University of Espírito Santo, where 66% said they would not treat the patient in a similar case<sup>14</sup>. This result found at Unimontes indicates a concern on the part of students both in providing the requested service and in finding ways to resolve their doubts or questions in order to carry out correct conduct, given that the most expressive response was: I would seek information on what to do in the service (57.3%), demonstrating interest. Regarding the orofacial characteristics related to child and adolescent violence, the physical signs of hematoma (96.2%), edema (85.5%), bone fracture (84%), and bite (82.4%) obtained high response rates, corroborating the study by Ramos (2009)<sup>16</sup> which identified hematoma as the oral sign most cited by students and that of Carvalho

(2007)<sup>17</sup> who noted the physical injuries edema, hematoma, fractures and bite as the main ones. However, caries (13.7%) and periodontal disease (14.5%) were little considered, as well as the study carried out by Martin et al. (2021)<sup>7</sup> which also obtained a low rate of these responses. In this scenario, it is important to emphasize that such dental negligence is a failure of the parent or guardian to seek treatment for the deficient condition that the child or adolescent finds themselves in<sup>18</sup>. However, it is necessary to investigate the situation, since untreated cavities and periodontal disease do not always mean dental neglect, since those responsible may have financial, intellectual, or social obstacles that must be analyzed.

A little over half of the students (50.4%) did not consider themselves capable of identifying cases of child and adolescent violence, as in the study carried out in Amazonas<sup>19</sup>, where only 44.4% of the participants considered themselves capable of identifying signs of mistreatment. This difficulty may be related to the complexity of identification, since the victim tends to omit information or even lie about the reason for the injuries found, out of fear of the aggressor<sup>20</sup>. Furthermore, the literature<sup>21</sup> indicates little debate and little approach to this topic during undergraduate Dentistry courses, which makes students incapable and insecure in identifying situations of violence against children and adolescents, justifying the rates found of 15.3% claiming to not have sufficient knowledge on the subject and 38.2% not having experienced this type of care during their undergraduate studies. The survey showed that 89.3% of

undergraduates recognize that dentists have an ethical and legal duty to identify and report suspected or confirmed cases of child abuse, reaffirming the results of other studies in the literature<sup>9,21,22,23</sup>. The CAS establishes a legal obligation to report suspected or confirmed cases, which is also provided for in the Code of Dental Ethics 24. However, it is observed that professionals still resist reporting cases of violence, as demonstrated in a study conducted in the city of Caicó<sup>25</sup>. In Table 3, it was found that 73.3% of those surveyed reported that the most correct way to detect child abuse is to report it to the child protection agency, and only 10.7% responded that they did not know where to report it. These results differ from studies by Carvalho et al. (2006)<sup>17</sup>, in which none of the interviewees answered correctly about the appropriate conduct in these cases. On the other hand, they agree with the study conducted in Porto Alegre, with a random sample of pediatricians<sup>7</sup>, which also obtained more than 70% of responses that the correct procedure would be to report the case to the Child Protection Council. In this sense, the high percentage found in this study of correct answers regarding the conduct of reporting may be related to the constant media coverage of this body and its close relationship with the defense of children and adolescents.

A minority of undergraduates (5.3%) reported having already seen some case of child and adolescent abuse during undergraduate clinical programs, while 94.7% stated that they had never seen one, a result similar to those found in national literature<sup>7,9</sup>, in which the majority of

students did not witness these cases in clinical programs. Among the students who claimed to have already seen victims of abuse, 14.5% did not take any action in the case. This result highlights the need to debate this topic in college, in order to adequately prepare students to work in the protection of these children and adolescents. Regarding reporting, 55.7% stated that they were not able to take this action. At the same time, 59.5% claimed not to have received any information on the subject, showing worse results when compared to those found by researchers (48.9%)<sup>7</sup> and (34.9%)<sup>9</sup>.

The results highlight the need to reformulate the curriculum of the Dentistry course to include the topic of violence against children and adolescents. This would ensure that students are able to diagnose, document, report, and treat cases of these children, which is essential to prevent recurrences and train professionals capable of combating violence against children and adolescents. In addition, integrating this topic into the curriculum would provide a better understanding of the legal and ethical aspects involved in protecting children and

adolescents. Students would also develop skills to work in multidisciplinary teams, collaborating with other professionals in the areas of health, social assistance, and law enforcement. In this way, future dentistry professionals would be prepared to act in a comprehensive manner, covering prevention, intervention, and promotion of public policies aimed at protecting children and adolescents against any form of violence.

## **CONCLUSION**

According to the results found, it is concluded that most students have good knowledge about orofacial manifestations, types of violence and the conduct to be taken in cases of mistreatment against children and adolescents. However, in clinical practice, they do not feel able to identify and report these cases, justified by lack of experience, insufficient knowledge, and lack of information on the subject.

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## **RESUMO**

Os maus-tratos infantojuvenis constituem um grave problema social, que envolve múltiplos aspectos e provoca repercussões negativas por toda a vida da vítima e família. O presente estudo avaliou o conhecimento e as condutas dos acadêmicos de Odontologia da Universidade Estadual de Montes Claros (Unimontes) diante de casos suspeitos de violência infantojuvenil. A pesquisa foi conduzida por meio de questionário virtual com 137 acadêmicos do 4º ao 10º período de Odontologia. Constatou-se que a maioria (94%) reconhece os principais tipos de maus-tratos, como violência física, psicológica, negligência, abandono e abuso sexual e 86,3% afirmou que identificaria maus-tratos na clínica por sinais clínicos e dados do paciente. Uma parcela considerável dos participantes (50,4%) declarou sentir-se incapaz de identificar casos de violência, principalmente devido à falta de experiência. As características orofaciais menos associadas às vítimas de violência foram cárie, doença periodontal e coloração alterada do dente. Conclui-se que, embora os acadêmicos tenham conhecimento teórico sobre as manifestações orofaciais e os tipos de violência, na prática clínica, muitos não se sentem aptos a identificar e notificar casos de maus-tratos e ainda há falta de informações sobre o assunto durante a graduação.

## **PALAVRAS-CHAVE**

Maus-tratos infantis; Violência; Estudantes de odontologia.

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