


## DENTAL SURGEON CONDUCT IN CASES OF CHILD ABUSE: LITERATURE REVIEW

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**Hudson Victor Florentino da Conceição<sup>1</sup>, Ana Júlia Ferreira de Andrade<sup>2</sup>, Juliana Mendes Carvalho<sup>3</sup>, Daniela Abreu de Moraes<sup>4</sup>**

### ABSTRACT

Violence against children and adolescents is considered a social and public health problem, with a high prevalence in recent years and which can manifest itself in various ways. Health professionals, especially dental surgeons (DCs), play a significant role in recognizing and reporting child abuse. Therefore, the objective of the present work is to analyze and discuss the conduct of the DC in these cases. For this, a bibliographic research was carried out, through an exploratory review of the literature. The following databases were used: PubMed, BVS, and Google Scholar with publication restrictions between 2019 and 2024 through combinations of the descriptors "Child Abuse" and "Dentistry". The literature portrays that child abuse, including physical, psychological, sexual abuse and neglect, has serious consequences for the child. The dental surgeon has the duty to identify signs of violence, such as oral injuries, and notify the Guardianship Council. Brazilian law requires health professionals to report suspected abuse, even without confirmation. Finally, it was pointed out that the CD has a crucial role in the identification of child abuse. When identifying signs of violence, the professional must immediately notify the authorities, according to the Statute of the Child and Adolescent (ECA). However, to act ethically and legally, it is necessary that the dentist is properly trained and qualified, overcoming his barriers.

**Keywords:** Child Sexual Abuse. Role of the Dentist. Anxiety to Dental Treatment.

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<sup>1</sup> Student of the Dentistry course at the University Center of the District Federal

<sup>2</sup> Student of the Dentistry course at the University Center of the District Federal

<sup>3</sup> Student of the Dentistry course at the University Center of the District Federal

<sup>4</sup> Assistant Professor of Pediatric Dentistry and Orthodontics, University Center of the Federal District Doctor in Health Sciences at the University of Brasilia in the area of Pediatric Dentistry

## INTRODUCTION

Violence against children and adolescents is considered a social and public health problem, with a high prevalence in recent years and which can manifest itself in various ways<sup>1</sup>. The World Health Organization (WHO) describes child abuse as any form of physical or emotional violence, sexual abuse, neglect or exploitation, which harms the health, development or dignity of the child<sup>2</sup>.

The channel of the Ministry of Human Rights and Citizenship reveals that in Brazil, children and adolescents are the most vulnerable social groups. The latest results confirm that, of the 435 thousand complaints, 186 thousand (37.87%) refer to violence against these public, totaling more than 1 million human rights violations. It is important to note that a complaint can involve multiple forms of human rights violations<sup>3</sup>.

Health professionals, especially dental surgeons (DCs), play a significant role in recognizing and reporting child abuse. They are in a favorable position to identify physical signs of violence, due to their frequent and direct contact with areas of the body prone to abuse, such as the head, neck, and oral cavity<sup>4</sup>.

When abuse is recognized or suspected, professionals are legally and morally obligated to report to the authorities. The Statute of the Child and Adolescent (ECA) is a federal law from 1990 that determines that cases of confirmation of violence, or even suspicion of it, must be reported. For this, it is necessary to understand the context of abuse and the types of mistreatment for a correct identification<sup>5</sup>.

However, the lack of knowledge about how to proceed, the lack of preparation to deal with the situation and other barriers, such as the absence of a history of abuse, the uncertainty of the diagnosis, the fear of participating in the process and the lack of knowledge of the legislation, can lead to the omission or underestimation of cases of violence. In addition, the secret behavior of abuse, common in the family environment, contributes to the underreporting of cases<sup>6,7</sup>.

In view of this, the performance of the DC in cases of child abuse is an extremely relevant topic, making it necessary to explore how DCs can recognize, address and collaborate in the development of more effective strategies to protect these victims and identify best practices to ensure their safety and well-being.

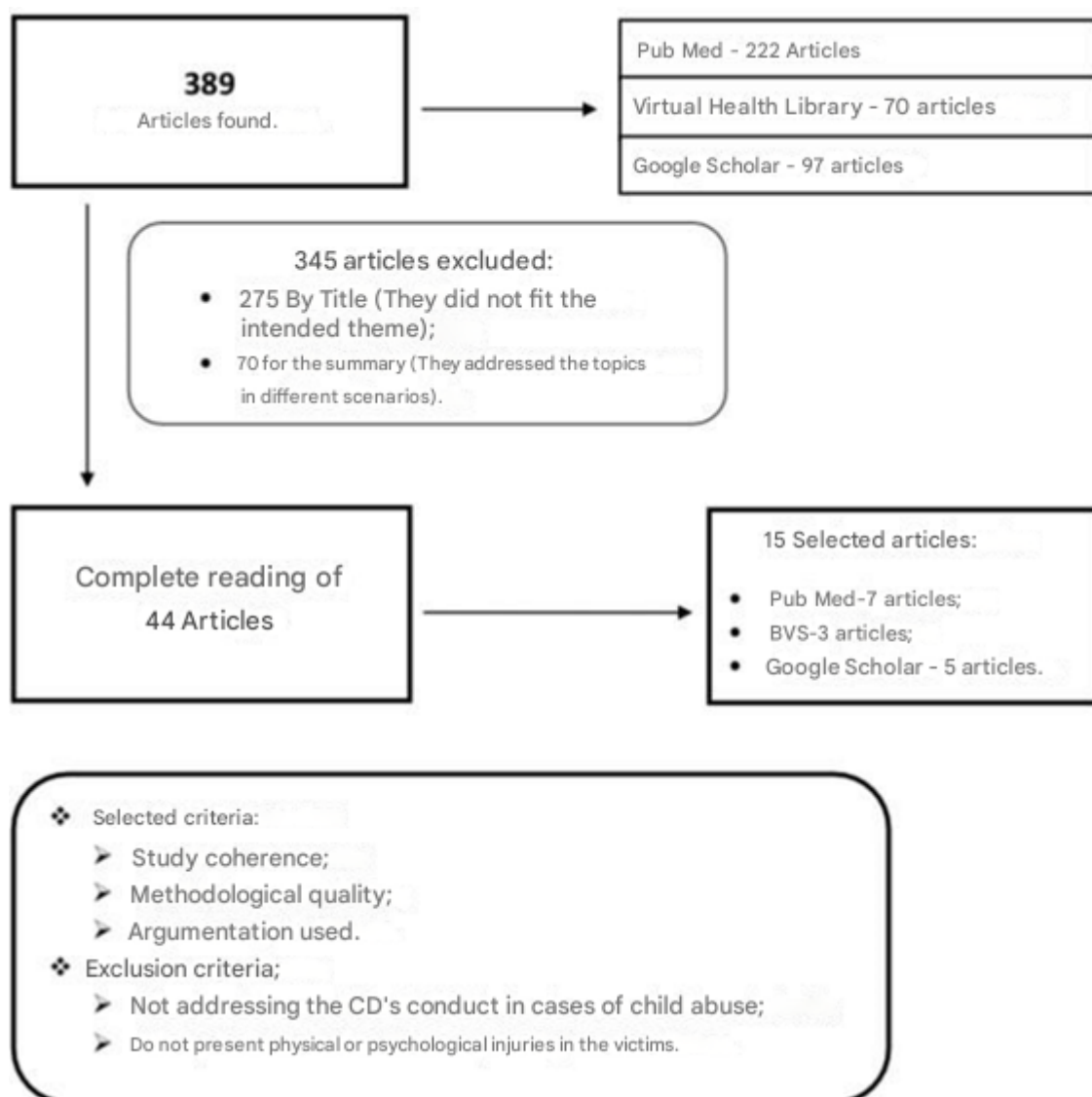
The general objective of this study is to analyze and discuss, through a literature review, the conduct of the HC in cases of child abuse, seeking to identify the cases, as well

as the necessary approaches by the professional to patients who have suffered abuse or are suspected of this crime.

## **MATERIALS AND METHODS**

A bibliographic research was carried out, through an exploratory literature review, carried out between August and November 2024. In this type of research, the aim is to improve ideas and discover intuitions. The following databases were used: PubMed, VHL, and Google Scholar with publication restrictions between 2019 and 2024. The search was carried out through combinations of the following descriptors in English, with the Boolean operators "Child Abuse" and "Dentistry".

The inclusion criteria initially used to select this material were all types of articles published in the last five years; in Portuguese and English, resulting in 389 articles, 222 in PubMed, 70 in the VHL and 97 in Google Scholar. After this step, the titles were read, leading to the exclusion of 275 articles because they did not fit the intended theme. For the remainder, the abstracts that led to the exclusion of more than 70 articles that addressed the theme in scenarios different from the one proposed for this study were analyzed. The third step consisted of the full reading of the remaining 44 articles, focusing on the coherence of the study, methodological quality, discussions, results and conclusions, and these. Those that did not address the conduct that the dentist should adopt in cases of child abuse were excluded, as well as ways to identify the physical and psychological changes in the victims. Therefore, resulting in a total of 15 texts intended for narrative review, distributed as follows: 07 in PubMed, 03 in the Virtual Health Library (VHL), and 05 in Google Scholar, as outlined by the flowchart shown in image 01.



In addition to the databases, data available on the website of the Ministry of Human Rights and Citizenship of Brazil were also used to compose the work.

## LITERATURE REVIEW

### CHILD VIOLENCE

Child abuse includes harmful behaviors ranging from harsh punishment to intentional physical aggression<sup>5</sup>. The WHO characterizes violence against children in four types: physical, sexual, emotional (or psychological) abuse and neglect. All these types cause emotional, social, and psychological damage to children, regardless of the context, which can be at home, at school, in virtual environments, or other places<sup>8,1</sup>.

### Physical abuse

Physical abuse of a child involves actions such as burning, hitting, kicking, punching, shaking, or injuring in any other way. The parent or guardian may not intend to harm the child, but this may occur as a consequence of excessive discipline or physical punishment inappropriate for the child's age<sup>9</sup>.

### **Psychological abuse**

Psychological abuse is more difficult to identify, as it does not leave physical signs, but involves actions or neglect that affect the child's psyche, such as rejection, indifference, and hostility. This harms the child's emotional and social development, and is one of the most subtle and complex types of violence to detect<sup>5</sup>.

### **Sexual abuse**

Sexual abuse refers to situations in which the child is sexually exploited by someone in a position of power or authority. This type of abuse can result in deep emotional scars, affecting self-esteem, causing depression and isolation<sup>10</sup>.

## **IDENTIFICATION OF CASES OF ABUSE**

In most head and face injuries caused by violence and child abuse, teeth play an important role in diagnosing the victim. Signs of throbbing and areas of hair loss caused by intense hair pulling are often seen on the scalp or head area, in the frontal and crown areas<sup>5</sup>. Studies show that the head and neck region is where approximately 50% of injuries occur in cases of violence<sup>1</sup>.

### **Physical and behavioral signs**

Dentists can identify various types of oral injuries, such as abrasions, fractures, lacerations, and burns in areas such as the tongue, lips, palate, and gums<sup>11</sup>. It is essential that the dentist observes not only the physical signs, but also the child's verbal and nonverbal messages during the consultation<sup>8</sup>. Psychological problems observed in children who are victims of sexual abuse may include fear, anxiety, anger, depression, and behaviors such as compulsive lying and distrust in adults<sup>10</sup>.

### **Dental negligence**

Dental neglect can be defined as a continuous failure to meet a child's fundamental oral health needs, which can cause significant damage to the child's oral health, general health, or development, and may be intentional or due to a lack of knowledge of those responsible for them, and is marked by poor oral health, lack of hygiene, and inadequate care<sup>8,12,1</sup>. This phenomenon can manifest itself in several forms, including emotional, sanitary, nutritional, educational, and physical neglect, as well as abandonment and lack of supervision. The lack or delay in seeking dental treatment, non-compliance with the guidance received, and the absence of basic oral health care are characteristics of dental negligence<sup>12</sup>.

## DENTAL SURGEON IN THE IDENTIFICATION AND PROTECTION OF VICTIMS

The ECA, established on July 13, 1990, is the main Brazilian legislation aimed at the rights and protection of children and adolescents, protecting them from any discrimination, violence and exploitation<sup>10</sup>. Article 13 of the ECA stipulates that cases of suspected or confirmed physical punishment, cruel or degrading treatment and ill-treatment against a child or adolescent must be reported to the Guardianship Council of the respective locality, without prejudice to other legal measures<sup>8</sup>. This responsibility includes health professionals, such as the DC, who have the ethical duty to report suspected child abuse<sup>10</sup>.

The DC faces difficulties in identifying and reporting cases of child abuse. Among their main difficulties are: lack of adequate knowledge, concerns about confidentiality, fear of negative consequences of whistleblowing and legal implications<sup>7</sup>. Underreporting of these cases compromises the professional's obligation to care for the health and dignity of patients, as described in the Dental Code of Ethics (CEO), Chapter 3, Article 9. Failure to comply with this obligation may result in fines provided for in article 245 of the ECA, which establishes punishment for professionals who do not report such cases<sup>12</sup>.

DCs play an important role in the prevention of child abuse, following guidelines known as "4Rs": recognizing risk factors and manifestations, recording information, reporting to the competent authorities, and referring patients to protection agencies for these victims<sup>13</sup>. During the dental consultation, it is essential that the professional observes signs of physical pain in specific parts of the body, difficulties in sitting or changes in the child's emotional state<sup>9</sup>.

When abuse is suspected, the DC should follow an appropriate protocol for diagnosis, performing a complete clinical examination, requesting complementary tests if necessary,

recording the detailed medical history and the lesion questionnaire in the medical record, which is essential for the notification of maltreatment<sup>12</sup>. At the time of reporting, it is necessary to include detailed information, such as the name and address of the child and the guardian, description of the victim's physical and behavioral state, the identification of the suspected abuse or neglect, if known, and other data that may contribute to the investigation<sup>9</sup>.

The Guardianship Council is the first body to be activated, followed by the police authorities. In cases of suspected child abuse, the DC must provide emergency care and notify the Guardianship Council immediately, either by phone, in writing or in person, preserving confidentiality when necessary. If there is no Guardianship Council available, the notification must be made directly to the Child and Youth Court, to child protection agencies or directly to the police and request referral for the examination of the corpus delicti for investigation<sup>11</sup>.

It is important to emphasize that notification must occur even in the face of suspicions, without the need for prior confirmation of the abuse, since delays can compromise an intervention. Confidentiality is essential to protect both the victim and the community, ensuring anonymity when possible<sup>8</sup>.

Type of abuse	Signs and Symptoms
Physical	Bite marks; Lacerations; Abrasions or bruises on the tongue, lips, oral mucosa, hard and soft palate, gums, alveolar mucosa; Dento-alveolar lesions, avulsions, jaw fractures, burns and "tattoo" lesions (marks forcibly made on the child's face by parents/caregivers).
Sexual	Sexually transmitted infections such as gonorrhea and chlamydia; Physical damage; Hemorrhage; Petechiae at the junction of the soft hard palate; Oral or perioral warts.



Emotional	Parafuncional habits (e.g., bruxism, onychophagia, etc.); Erosive wear; Negative impact on emotional state; Educational performance deficit; Anxiety; Depression; Toothache (tooth decay lesions).
Difficulties of the CD	Lack of adequate knowledge; Confidentiality concerns; Fear of negative consequences; Legal implications.

#### 4 DISCUSSION

Child abuse, as described in the literature review, continues to be a public health problem, with high prevalence both in Brazil and worldwide. Simeão et al. (2023) defined child violence as any act or omission by parents, relatives, guardians, institutions, and society that results in physical, emotional, sexual, and moral harm to the victims<sup>14</sup>. The WHO classifies child abuse into four main categories: physical, emotional, sexual abuse and neglect. These types of abuse not only affect children's physical health, but also their emotional, psychological, and social development<sup>2, 1</sup>.

The impact of abuse in the dental environment is evident, considering that HCs have direct access to areas that are frequently affected by aggression, such as the head, neck, and oral cavity<sup>8, 12, 10</sup>. This contact puts this professional in a strategic position to identify signs of violence and carry out appropriate notification. The performance of the DC, however, should not be isolated; It is essential that he works together with a multidisciplinary team. Therefore, in a study pointed out by Nunes et al. (2021), DCs do not create a working connection with other professionals, which may explain the low recognition and reporting rates observed in this review<sup>7</sup>. This joint action is essential to ensure that all the child's needs are met, increasing the chances of protection and recovery for victims of abuse<sup>13</sup>.

Physical abuse occurs when the child is intentionally injured or harmed, either by aggression or mistreatment<sup>8</sup>. Singh et al. (2020) point out that injuries such as bruises, burns, scratches, and dental fractures can be identified during clinical



examination<sup>9</sup>. According to Oliveira et al. (2020), the oral cavity is often the main focus during cases of physical abuse<sup>15</sup>. During the examination, the DC can identify signs of violence, such as lacerations, fractures, or burns on the tongue, lips, and palate, which indicate possible aggressions<sup>13</sup>.

The literature presents divergences when discussing the relationship between child sexual abuse. It is known that the oral cavity is a frequently affected area, highlighting the importance of paying attention to specific lesions, such as petechiae or trauma to the palate, which may indicate oral abuse<sup>14</sup>. On the other hand, Mele et al. (2023) state that oral injuries are rare in these cases, which makes it difficult to establish a direct relationship between injuries and abuse. This creates a challenge for oral health professionals, who must be attentive, even in the absence of evident lesions, also considering other clinical and behavioral signs<sup>13</sup>.

The observation of psychological signs, such as anxiety, intense fear, sadness or social isolation during consultations, can be essential to identify cases of abuse. However, Rios et al. (2022) point out that psychological abuse can have both objective and subjective aspects, and this subjectivity, together with the absence of a clear history of abuse, makes the diagnosis more complex to identify<sup>5</sup>.

Dental negligence, although it is a form of child abuse that is little talked about, can be as harmful as others<sup>5</sup>. The lack of basic oral health care and the absence of adequate treatment can cause serious problems, directly impacting the child's development. The study by Silva-Júnior et al. (2019) points out that negligence is linked to dental caries, being an important indicator, especially when accompanied by signs such as poor oral hygiene, halitosis, and odontogenic infections<sup>2</sup>.

One of the main challenges that dentists face in protecting victims of abuse is underreporting<sup>12</sup>. The literature review highlights that several obstacles, such as lack of knowledge about legal procedures, fear of legal repercussions, and uncertainty regarding the diagnosis, make it difficult to report. In addition, the issues of confidentiality and secrecy are delicate; Often, the professional does not know to what extent he can or should act<sup>6, 7</sup>.

The analysis of the articles reveals a complex reality regarding the recognition and notification of cases of child physical abuse by DCs. Although these professionals claim to recognize these cases, few actually report them, as pointed out by Nunes et al. (2021)<sup>7</sup>. Oliveira et al. (2020) highlights that, among the DCs that identified suspected or confirmed cases, only 41.4% notified, evidencing the discrepancy between recognition and action<sup>15</sup>.

However, Ridsdale et al. (2024) report an improvement in the confidence of HCs in reporting maltreatment, with a decrease in the number of professionals who suspected abuse but did not report it, indicating a positive impact of awareness campaigns<sup>16</sup>. On the other hand, Mele et al. (2023) emphasize that most DCs feel the need for additional training on case identification and notification, suggesting that lack of training is still a significant barrier<sup>13</sup>.

Brazilian legislation, including the ECA and the CEO, makes it clear that DCs have an obligation to report suspected cases of child abuse<sup>10</sup>. The literature review highlights that the lack of notification can lead to punishments, such as fines, in addition to harming professional ethics. On the other hand, the legislation itself ensures anonymity and confidentiality, allowing action in defense of the child without exposing himself to personal or professional risks. In order for DCs to feel prepared to fulfill this duty, it is essential to promote awareness, training and continuous training, in addition to providing psychological and legal support, with specific policies that help them in their work<sup>5, 6</sup>.

## CONCLUSION

The literature review shows that the conduct of the CD in cases of child abuse requires a careful, ethical and legally based approach. In addition to being aware of physical and behavioral signs that may indicate violence, the professional must act proactively, immediately notifying the competent authorities when suspecting any type of abuse, as provided for in the ECA. The DC plays an essential role in the early identification of maltreatment, since it has privileged access to areas frequently affected by aggression, such as the head, neck and oral cavity. However, it is essential that he is adequately trained and oriented on legal and ethical protocols, overcoming barriers such as lack of knowledge and fear of legal repercussions, in order to ensure the protection and well-being of the child, collaborating with a multidisciplinary team to provide comprehensive support to the victim.

## REFERENCES

1. Derosso K, Amaral Júnior OL. Role of the dental surgeon in cases of child sexual abuse: a review of the literature. Rev. Fac. Odontol. Porto Alegre (Online); 65(1): e133694, jan. 2024.
2. da Silva-Júnior IF, Hartwig AD, Goettems ML, Azevedo MS. Comparative Study of Dental Pain Between Children With and Without a History of Maltreatment. J Oral Facial Pain Headache. 2019 Summer; 33(3):287–293. doi: 10.11607/ofph.2291. Epub 2019 Mar 20.
3. BRAZIL. Ministry of Human Rights and Citizenship. National Human Rights Ombudsman Data Panel – Current data, 2024. Available at: [https:// www.gov.br/mdh/pt-br/ondh/painel-de-dados/2024](https://www.gov.br/mdh/pt-br/ondh/painel-de-dados/2024)
4. Vidal HG, Caldas IM, de França Caldas A Jr, Toledo de Miranda Coelho LG, Alvim de Souza EH, Pereira ML. Physical violence against children and adolescents in Recife: a 5-year retrospective study. J Forensic Odontostomatol. 2019 May 1; 37(1):20-25.
5. Rios, EB, Rodrigues GS, Rocha SA, Oliveira LFB. Knowledge of dentists who work in basic health units in the face of child abuse and mistreatment . Rev. APS ; 25(1): 47-57
6. Emiliano GBG, Oliveira LMC, Varela JAA, Paiva KLN, Souza GCA. Knowledge and conduct of Dental Surgeons in the state of Rio Grande do Norte on complaints and notifications of child abuse. Rev. Bras. Odontol. Leg. RBOL ; 11(1): 51-62, 20240601.
7. Nunes, LS et al. Prevalence of recognition and reporting of child physical abuse by dental surgeons and associated factors. Ciência & Saúde Coletiva [online]. 2021, v. 26, pp. 5013-5022.
8. Silva SS, Santos CO, Figueiredo CVO. The importance of the dental surgeon in the face of child abuse: a literature review. Rev Cient Multi. v.2, n.5, 2021.
9. Singh V, Lehi G. Child abuse and the role of a dentist in its identification, prevention and protection: A literature review. Dent Res J (Isfahan). 2020 May-Jun; 17(3): 167–173.
10. Silva TFA, Oliveira MVCA, Lacerda JA, Costa DD. Importance of the dental surgeon in the diagnosis of orofacial manifestations and child sexual violence: a literature review. Rev. Saúde. With 2023; 19(3): p 3436-3446.
11. Rosa ACMA, Miasato JM, Teixeira DA, Oliveira LMC, Silva LAH, Tesch FC. The conduct of the dental surgeon in the face of invasive maltreatment: a literature review. UNINGÁ Magazine, v. 58, eUJ3585, 2021.
12. Lira AG, Sousa IP, Antunes RB. Child abuse: main orofacial manifestations and how to intervene: literature review. Cathedral Magazine (ISSN 1808-2289), v. 4, n. 1, year 2022. p 63-70.
13. Mele F, Introna F, Santoro V. Child abuse and neglect: oral and dental signs and the role of the dentist. J Forensic Odontostomatol. 2023 Aug 27; 41(2):21-29.

14. Simeao GC, Daniel ZC, Bettega PVC, Silva FB, Prosdócimo ML, Occhi- Alexandre IGP. Dental neglect and child abuse: a literature review. *Gestão & Saúde Journal* Vol. 25 No. 1 (2023). p 281-291
15. Oliveira FS, Ferreira RC, Alencar GP, Ferreira EF, Zarzar PM. Reporting of child physical abuse by a group of Brazilian primary care health professionals and associated factors. *Child Abuse & Neglect*. Volume 107. September 2020. 104571.
16. Ridsdale L, Gilchrist F, Balmer RC, Skelton R, Sidebotham PD, Harris JC. British Society of Paediatric Dentistry: A policy document on dental neglect in children. *Int J Paediatr Dent*. 2024 Mar; 34(2):160-168.