Knowledge and attitudes of dentists in the public health system of Pelotas-RS regarding child maltreatment

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ABSTRACT

The present study aimed to identify and analyze the knowledge and attitudes of dentists in the public health system in Pelotas-RS regarding child maltreatment (CM). Data were collected through semi-structured questionnaire. Sociodemographic information, work-related data and knowledge and attitudes of dentists were collected. Descriptive statistical analysis and associations between independent variables and knowledge and attitudes of dentists were performed using Fisher's Exact Test and Chi-Square Test ($p<0.05$). Of the 45 dentists included in the sample, more than half reported that they had never received information on the subject, 71.1% understood the dentist's responsibility in the identification of suspicious cases, 50% were unable to inform about the legal implication of the lack of notification and 86.7% believed that the doctor or nurse should be notified so that they can take action. It was observed that 60% of professionals never suspected a case of CM and 25% of those who suspected took action. There was statistical association between the dentist's responsibility and gender and the time since graduation, between correct attitude towards a suspicious case and postgraduate degree and also between legal implication with age and time since graduation. Knowledge and attitudes of dentists about CM were better among younger professionals, females, with less time since graduation, having or attending some postgraduate course. Dentists know their importance towards this violence, but they show difficulties regarding attitudes that they should take.
Descriptors: Child Abuse. Violence. Forensic Dentistry. Education, Dental.

1 INTRODUCTION

Violence is a theme that has been closeted in society for a long time, but it is currently gaining visibility. In the 1990s, the Child and Adolescent Statute (ECA) was created, under law Number 8.069, were it is described that *"no child or adolescent will be subject to any form of negligence, discrimination, exploitation, violence, cruelty and oppression, punishable under the law for any attack, by action or omission, to their fundamental rights"*[1]. However, thousands of children have this right constantly violated, as child maltreatment (CM) is considered a public health problem in Brazil and worldwide[2-4].

CM can be refered as domestic violence against children or child abuse and is characterized as any act or omission of parents or guardians, individuals in condition of superiority, capable of causing physical, psychological or sexual injuries to the child or teenager[5]. This type of violence makes victims more likely of developing other problems throughout their childhood and adult life, ranging from physical disorders to psychological consequences, such as depression and low self-esteem[6].

Dentists are in a a privileged position to identify and discover signs of this type of violence[7,8], since most injuries that result from this type of aggression occur in the face, head and neck region[3,7,9]. Therefore, it is essential that these professionals receive appropriate training, which allows them to identify CM and proceed with the correct conducts[10].

It is important to emphasize that health professionals are obliged to notify to competent institucions suspected or confirmed cases, at the risk of penalty[11]. It appears that from the attitude of notifying, a link can be created between two distinct parts of the system, which are the health care service and the judicial system[12]. In this context, it is worth emphasizing the intersectoriality in health work processes, which can be considered an important element for health promotion. Therefore, it is essential for the correct function of this dynamic, that the various sectors and components maintain this close contact, dialoguing with each other in order to meet the needs of the community and promote its well-being[13].

However, despite several rights, laws, multidisciplinary teams, mandatory notification and privileged position of dentists, there is still underreporting of cases[14]. There are studies that associate the unpreparedness of professionals in dealing with these victims that seek health services with the absence of this content in undergraduate courses[9, 15]. This is associated with other factors such as fear of involvement and because it is a subject that is still little explored, which can negatively impact the accuracy of the identification of violence and attitudes towards suspected CM cases [16].

Basic Health Units (BHUs) constitute a favorable environment for effective and effecient action in a case of CM because they are the main gateway for users of the Unified Health System (UHS) and for integrating professionals from various areas who work as a team[17]. Thus, the aim of this study was to describe the knowledge and attitudes of dentists working at BHUs in Pelotas-RS regarding CM cases and to verify the relationship of these knowledges and attitudes with sociodemographic aspects and the work process of these professionals.

2 METHODS

This is a cross-sectional study approved by the Ethics Research Committee of the Faculty of Dentistry, Federal University of Pelotas (Ethics Committee Approval 3.282.976, CAAE 11600219.7.0000.5318).

The study was carried out in the municipality

of Pelotas-RS, where the convenience sample was composed of dentists working at BHUs. Therefore, the inclusion critérioa for this study was being a dentist linked to the Primary Care Network in the municipality of Pelotas. Professionals who held management positions, those who were only active in health promotion programs in schools or worked in Dental Specialty Centers were excluded from the study.

Data were collected through semi-structured, self-administered and anonymous questionnaire. All professionals who agreed to participate in the research signed the Free and Informed Consent Form. The questionnaire had 26 questions, 3 open and 23 closed, divided into three analytical domains: sociodemographic and professional training data (block A), knowledge acquired about the topic and importance (block B) and attitudes regarding suspicious MTI cases (block C).

In block A, data on gender, age, time since graduation, care model, work routine and graduate degree (master's and doctorate) were collected.Variables age and time since graduation were collected in years and dichotomized through their median. BHU care model was categorized into Family Health Strategy (FHS), mixed (both models of work: ESF and Traditional) and traditional (without the presence of the FSH team). The dentist was also categorized as being a part of FHS and not being part of FHS or working in traditional BHU, which did not include this team. The professional's work routine was categorized into acting only in the public sphere or dividing the work routine between public and private services. Graduate courses (master's or PHD) were dichotomized into in course or finished and not in course or not having the degree.

In block B, data regarding variables of knowledge about the topic, if dentists had and where they had acquired information on the topic, their capacity and responsibility to identify cases and action against a suspicion, as well as the obligation to notify (legal implication) were obtained. The ability to identify CM cases was measured using a scale from 0 to 10, in which value of zero was not capable and ten was fully capable. Regarding the action towards a suspicion, for it to be considered correct, the answer should be that the case would be notified to the competent institution, possibly also associated with the registration in the medical record and keeping the child under follow-up in the system. Also, in this block, questions were asked about receiving training on the subject, and if not, whether the respondent would like to receive it; knowledge about notification forms; the trust in child protection institutions and discussion of CM in BHU and among co-workers.

In block C, about attitudes towards CM cases, variables related to the professional's suspicion, whether the professional had been the first to suspect the case, and how the conduct had been done were included. Regarding the conduct towards a CM case, it when the dentist notified the case to the competent institucion and sought follow-up of the individual in the cases already notified was categorized as correct; the other answers were classified as incorrect or without suspicion for those who never suspected of a CM case.

The application of the questionnaire took place during training sessions and/or work meetings offered by the City Hall of Pelotas, which brings together public health dentists in the municipality. A previously trained undergraduate student was responsible for supervising the application of questionnaires, explaining the research and clarifying any doubts. Data collection was carried out from May to October 2019. The professional who did not attend to at least three attempts to meetings/trainings was considered loss.

Data were coded and double tabulated in a spreadsheet and exported to the Stata 12.0 *software* (StataCorp, College Station, TX, USA). Descriptive statistical analysis was performed, in

which variables were observed according to their relative and absolute frequencies. Fisher's Exact test and Chi-Square test were used to identify associations of issues related to dentists and the BHU (sociodemographic and work data) and the knowledge of dentists about their responsibility in identifying CM cases, how to act towards a suspicion and the legal implication of not taking action, as well as with attitudes towards CM cases. Data were considered statistically significant when reaching value of $p<0.05$.

3 RESULTS

Of the 55 dentists linked to the public health system, two professionals were excluded for being active in management positions. Of the 53 dentists eligibles in the 37 BHUs of 42 BHUs in Pelotas, eight were considered loss due to their absence from meetings or medical or maternity leaves. Therefore, 45 professionals of the public health system of Pelotas participated in the study. There were no refusals to participate.

Table 1 shows the characterization of dentists related to demographic aspects, professional training and the service in which they are inserted. It could be observed that the sample was predominantly composed of females (88.9%), in the age group of 28-42 years (57.8%), with up to 16 years since graduation (53.3%), with work routine divided between public and private services (71.1%) and who did not have a graduate level (75.6%). Regarding the service characterization, the vast majority of BHUs had a mixed care model (42.2%) and 62.2% of professionals did not belong to ESF or worked in a traditional model, which does not have the team in its constitution.

Table 1. Characterization of dentists and the municipal public health system of Pelotas (n=45)

Variables	n	%
Sex		
Female	40	88.9
Male	5	11.1
Age (in years)		
28-42	26	57.8
43-69	19	42.2
Time since graduation		
Up to 16 years	24	53.3
More than 16 years	21	46.7
BHUs care model		
FHS	15	33.3
Mixed	19	42.2
Traditional	11	24.5
Dentists belonging to FHS		
No/Traditional	28	62.2
Yes	17	37.8
Work routine		
Public	13	28.9
Public/Private	32	71.1
Graduate degree		
No	34	75.6
Yes or in progress	11	24.4

Table 2 shows the knowledge about CM of dentists working in the public health system of Pelotas. More than half of dentists reported that they had never received information on the topic in their undergraduate course (55.6%) and in their professional practice (53.3%). Regarding the the responsibility of dentists in identifying CM cases, 71.1% of professionals understood it to be their responsibility. Regarding the legal implication for the dentist in case of non-notification, 43.2% believed there was legal implication and 50% were unable to inform. Almost the entire sample (97.8%) had never participated in any type of qualification or training after entering the public service. No participant reported knowing the notification form.

Table 2. Knowledge about child maltreatment of dentists from the public system in the municipality of Pelotas (n=45)

Variable	n	%
Information during graduate course		
No	25	55.6
Yes	16	35.5
Do not know/Do not remember	4	8.9
Information during professional practice		
No	24	53.3
Yes	19	42.2
Do not know/Do not remember	2	4.5
Dentist's responsibility		
No	5	11.1
Yes	32	71.1
Do not know	8	17.8
Legal Implication of non-notification*		
No	3	6.8
Yes	19	43.2
Do not know	22	50.0
Training about CM		
No	44	97.8
Yes	1	2.2
Do not know	-	-
Knowledge of the notication form		
No	45	100
Yes	-	-
Do not know	-	-
Trust in institutions*		
No	3	7.0
Yes	22	51.2
Do not know	18	41.8
Discussion about CM in the BHU		
No	17	37.8
Yes	18	40.0
Do not know	10	22.2

*Missing Data; CM: child maltreatment

Regarding the question of how much dentists consider themselves capable of identifying CM cases, it was found that the mean of 5.65±2.1 (in 0 to 9), with most participants (27.9%) defining their identification capacity at value of 5.

In graph 1 regarding how to act towards a suspicious case, where professionals could register more than one answer option, it was found that the vast majority (86.7%) believed that one should notify the doctor or nurse about a suspected case for them to take action.

Considering the correct conducts to be taken, 48.9% of dentists believed that they should notify cases to competent institutions, 60% considered correct to mantain the child under follow-up at the service and 60% reported that it must be correct to register the CM ocurrence in the medical record.

Regarding the analytical domain of attitudes, it was observed that 60% (n=27) of professionals never suspected any CM case. Among those who suspected (n=18), 15 were not the first professionals to raise this suspicion and 11 took some kind of attitude towards the suspected case (table 3).

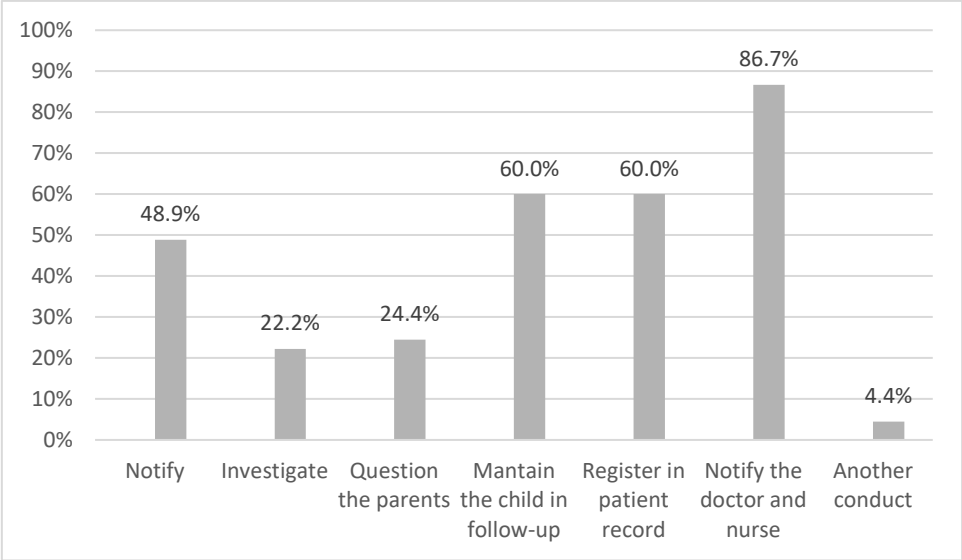
The conducts taken were reported through an open question. It was found that the vast majority of dentists forwarded cases or discussed with others professionals (physician, nurse and social worker) for them to take some action. There was a case in which the suspicion was referred to the child's school. Finally, there were two professionals who reported that their cases had already been notified and were being followed up with a doctor and nurse, and two other cases notified to the competent institution.

Table 4 shows associations between sociodemographic and work data with the knowledge of dentists. There was statistical association between correct answer to the question of the dentist's responsibility and the gender of professionals, where 77.5%, of female professionals and 20% of male professionals answered the question correctly. Statistical significance was also observed among correct answer regarding the dentist's responsibility and time since graduation: 87.5% of dentists who had graduated less than 16 years answered correctly about the course of action against 52.4% of those who had graduated for longer time.

There was statistical association between knowledge about the correct action against a suspicious CM case (considering those who responded that they would notify the protection institutions) and having a graduate degree (master's and PhD), where 81.8% of professionals who already have or are taking this level of education answered correctly, compared to 38.2% of those who did not have this type of degree.

Regarding the correct alternative about the knowledge of the legal implication for the dentist that does not notify a suspected CM case, there was statistical association with the age of professionals and time since graduation. Dentists who are in the age group of 28-42 years (younger) had higher hit rate (56%), as well as those with less time since graduation (61.9%).

There was no statistical association between sociodemographic and work data and the professionals' attitudes regarding suspicious CM cases (table 5).



Graph 1. Distribution of sample according to conducts regarding suspicious child maltreatment cases (n=45)

Table 3. Attitudes of dentists in the municipality of Pelotas regarding child maltreatment (n=45)

Itens do questionário Questionnaire items	**n**	**%**
"Have you ever suspected of a case?"		
No	27	60.0
Yes	18	40.0
"Were you the first professional to suspect?"		
No	15	33.3
Yes	3	6.7
Not applicable (never suspected)	27	60.0
"Has any attitude been taken?" *		
No	1	2.3
Yes	11	25.0
Does not remember	5	11.4
Not applicable (never suspected)	27	61.3

*Missing Data

Table 4. Association between dentists' characterization variables and their knowledge about child maltreatment (n=45)

Variable	Dentist's responsibility					Action regarding a suspicious child maltreatment case					Legal implication of the non-notification of suspicion**				
	Incorrect	%	Correct	%	p-Value	Incorrect	%	Correct	%	p-Value	Incorrect	%	Correct	%	p-Value
Sex					**0.020¦**					1.000¦					0.370¦
Female	9	22.5	31	77.5		20	50.0	20	50.0		21	53.8	18	46.1	
Male	4	80.0	1	20.0		3	60.0	2	40.0		4	80.0	1	20.0	
Age (years)					0.094*					0.167*					**0.049***
28-42	5	19.2	21	80.8		11	42.3	15	57.7		11	44.0	14	56.0	
43-69	8	42.1	11	57.9		12	63.2	7	36.8		14	73.7	5	26.3	
Time since graduation					**0.019¦**					0.175*					**0.013***
Up to 16 years	3	12,5	21	87.5		10	41.7	14	58.3		9	39.1	14	60.9	
More than 16 years	10	47.6	11	52.4		13	61.9	8	38.1		16	76.2	5	23.8	
BHU care model					0.081¦					0.565*					0.248¦
FSH	2	13.3	13	86.7		6	40.0	9	60.0		10	71.4	4	28.6	
Mixed	9	47.4	10	52.6		11	57.9	8	42.1		11	57.9	8	42.1	
Traditional	2	18.2	9	81.8		6	54.6	5	45.4		4	36.4	7	63.6	
Dentists belonging to FHS					0.311¦					0.299*					0.113¦
No/traditional	10	35.7	18	64.3		16	57.1	12	42.9		13	46.4	15	53.6	
Yes	3	17.7	14	82.3		7	41.2	10	58.8		12	75.0	4	25.0	
Work routine					0.287¦					0.109¦					0.335¦
Public	2	15.4	11	84.6		4	30.8	9	69.2		9	69.2	4	30.8	
Public/Private	11	34.4	21	65.6		19	59.4	13	40.6		16	51.6	15	48.4	
Graduate degree					0.467¦					**0.017¦**					0.164¦
No	11	32.3	23	67.6		21	61.8	13	38.2		21	63.6	12	36.4	
In progress	2	18.2	9	81.8		2	18.2	9	81.8		4	36.4	7	63.6	

**Missing Data ¦p Value obtained by Fisher Exact Test *p Value obtained by Chi-Square Test

Table 5. Association between CD characterization variables and attitude regarding suspicious violence cases (n=44)

Variable	Taking action regarding a suspicious child maltreatment case **						
	Incorrect	%	Correct	%	Never suspected	%	p-Value
Sex							1.000 !
Female	5	12.8	10	25.7	24	61.5	
Male	1	20.0	1	20.0	3	60.0	
Age (years)							0,912!
28-42	3	11.6	7	26.9	16	61.5	
43-69	3	16.7	4	22.2	11	61.1	
Time since graduation							1.000!
Up to 16 years	3	12.5	6	25.0	15	62.5	
More than 16 years	3	15.0	5	25.0	12	60.0	
BHU care model							0.644!
FSH	2	14.3	5	35.7	7	50.0	
Mixed	2	10.5	3	15.8	14	73.7	
Traditional	2	18.2	3	27.3	6	54.5	
Dentists belonging to FHS							0.900!
No/Traditional	4	14.3	6	21.4	18	64.3	
Yes	2	12.5	5	31.3	9	56.2	
Work routine							0.505!
Public	1	7.7	2	15.4	10	76.9	
Public/Private	5	16.1	9	29.03	17	54.8	
Posgraduate degree							0.470!
Doesn't have	4	12.1	10	30.3	19	57.6	
Has or is in course	2	18.2	1	9.1	8	72.7	

**Missing Data !p Value obtained by Fisher Exact Test

4 DISCUSSION

The evaluation and analysis of knowledge and attitudes of dentists in the municipal health system of Pelotas-RS regarding CM allows drawing a health care profile related to this topic. So, subsidies are offered to investigate possible failures in recognizing the role that professionals play in suspected CM cases and also in the conduct they take against it. From the results of this study, it was noticed that most dentists in the public health system of the municipality working at BHUs recognize their responsibility in identifying CM cases, but have difficulties in handling cases, and are also unaware of the legal implication applied to professionals who do not take action in case of a suspicion.

It was also found that the time since graduation was associated with two questions related to the knowledge of dentists, with the correct answer being more prevalent for those with less time since graduation, both for the knowledge of the dentist's responsibility in identifying CM and for the knowledge of the legal implication. These findings may reveal a better approach to this issue in recent years[18]; or even as a result of the presence of this topic on social media, which is capable of spreading information to the entire population[19].

Additionally, this association may be related to the fact that this topic was included in the contents in the undergraduate course of the Faculty of Dentistry of the Federal University of Pelotas, and based on the curriculum restructuring that took place in 2003, as it is estimated that most dentists from the municipal system are from this institution. The same paradigm shift may also have occurred in other educational institutions from 2002, when the National Curriculum Guidelines (NCG), for undergraduate Dentistry courses, were updated by Resolution CNE/CES No. 3, of February 19 of 2002, which emphasizes the training of critical, humanistic, reflective professional, in a comprehensive way, promoting the integration of health care[20]. This encourages discussions on various topics, amongst which CM, which a factor that may have contributed to the curriculum change in universities to include some kind of information on this topic.

Approximately 1/3 of professionals reported having received information on this topic during graduation. The lack of information in undergraduate courses about MTI is frequently reported in literature[15,21-24], , but even in courses that address the topic, lack of preparation of professionals to deal with these cases has been identified[25]. Studies have shown that there is a portion of professionals who receive this information during undergraduate and graduate courses, but highlight that only receiving this information do not seem to be enough to result in adequate conduct towards a suspicious CM case. This demonstrates the need to include the topic in the actions of Continuing Health Education for Dentistry professionals, giving them support in their professional performance[26-29]. However, it seems that this is not a practice in the service, since only one dentist reported to have received training on CM.

Due to the type of training required at graduation, it becomes explicit the need and importance of working with CM, which is still a topic covered in a very introductory way and mainly at the end of graduation[30]. Considering the importance of developing the discussion of the topic throughout graduation, Ivanoff and Hottel (2013)[31] proposed a hibrid and multidisciplinary curriculum with problem-based learning dynamics divided into 4 different phases, ranging from stages such as

introduction of the violence characteristics , association of lectures and discussion of cases on the topic to simulation of notification to authorities and pratical exercises[31]. Thus, the aim is for Dentistry training to be more comprehensive.

Although a good portion of the sample reported being capable of identifying CM in a certain way, corroborating findings of Azevedo *et al.* (2012)[32], other studies have shown that there is still underreporting of cases by health professionals, which can expose the existence of a gap between the identification of cases and and notification[8,32-36]. Even thought they consider themselves being able to identify a suspicious case, many dentists do not know how to proceed. The reduced rate of notifications may be associated not only with the lack of content on this topic in the curriculum of undergraduate courses and the lack of training, but also to fear in performing notifications and lack of knowledge about the legal protection that dentists have for these cases[8,26,37]. From the answers of dentists, there seems to be a transfer of responsibilities to other professionals who work on the BHU team.

Regarding the general leadership competence, the DCN recommend that *"in multidisciplinary teamwork, health professionals should be able to assume leadership positions, always bearing in mind the well-being of the community. Leadership involves commitment, responsibility, empathy, decision-making skills, communicating and managing effectively and efficiently"*[20]. However, this context seems to be little addressed in the undergraduate curriculum, which can lead to attitudes and omissions observed in the present study.

Furthermore, in the study by Luna *et al.* (2010)[38], there was statistical association between having attended graduate courses (in all its modalities, including specialization and residency) and knowledge about the need for notification, as these professionals were more involved with cases, which may corroborate the findings of the present study, which only assessed whether CD had completed or was in course of a master's and/or PhD degree. This fact may possibly be due to the profile of dentists that seek graduate courses, which are motivated to always renew their knowledge or even for having more contact with professors, co-workers and classes on the topic, which can make information more accessible.

Primary Care is characterized as an important space for the recognition of suspicious CM cases, as it is considered as the gateway for individuals to the health system and also a space where professionals work in teams, providing the necessary articulation to fight CM[39]. Therefore, the transfer of responsibility of cases may also be favored by UBS teamwork.

During the undergraduate Dentistry course, student should have the necessary knowledge to exercise the general leadership competence in the profession, to assume the position of leader in multidisciplinary teams, in order to take action[20]. Thus, it was observed that it is important that coping with CM is an interprofessional practice focused on health care, and that dentists should understand that they also have legal support in the notification process and that they are able to carry out cases together with the team.

The violence notification form allows for the detailing of the record of faithful information about the occurrence and must be accessible in the institution's routines. Through this compulsory notification, it is possible to know the real prevalence and severity of cases, thus defining the appropriate form of actions to deal with the problem. However, the present study observed that no professional was aware

of this form, corroborating findings from previous studies[37,40]. This lack of knowledge can be related to management and organization of the service, as the notification form is part of the health care, , as well as other records of the work process, which should be presented to professionals. It can also occur due to the understanding that the role of registration does not belong to the dentist, but to other team members, such as the social worker and nurse. There may also be lack of interest on the part of the dentist in seeking to know more about the topic and the correct conduct to be taken.

The strategy of Continuing Education in Health brings the UHS as a routine and collective learning in which professionals are the main responsible for reception, care and interventions, in order to carry out qualified and resolute work[41]. In this context, it is important to have Continuing Health Education on tCMs for the knowledge of the entire processes.

The effects of the feminization of the profession are not completely clear, but studies have reported that the relationship between patient and female professional has greater empathy, affection and better communication. Therefore, these professionals are considered as more human, considerate and carful [42,43]. These factors can explain the association in the present study as women had greater perception of responsibilities of the profession regarding this type of violence.

Among the study limitations, it is highlighted that data collection was carried out through self-answered questionnaire, which depended on the full understanding for the complete filling of all questions and on the willingness of participants. Furthermore, answers may have been given according to social acceptance, seeking the best accepted answer and not the one that actually occurs, despite the confidentiality guaranteed to participants. Another important issue is that these data reflect the knowledge and attitudes of the public health system of Pelotas, not allowing extrapolation of these findings to professionals from other cities and regions, as their reality can be quite different

Therefore, the strengthening of this topic in the undergraduate curriculum in Dentistry and the continuous interprofessional training, in order to promote permanent education on the topic in health services, are essential measures to improve the understanding and identification of suspicious CM cases in order to follow the appropriate conducts recommended by law.

5 CONCLUSION

Although professionals recognize that it is the responsibility of the dentist to identify CM cases , a certain difficulty was observed in relation toattitudes regarding this type of violence. There was no association between attitude regarding a suspicious CM case and the work process. However, there was greater knowledge amongst the more recently graduated dentist, suggesting that the CM topic is more present in their graduation and professional performance.

RESUMO

Conhecimentos e atitudes de cirurgiões-dentistas da rede pública de Pelotas-RS frente aos maus-tratos infantis

O presente estudo objetivou identificar e analisar os conhecimentos e as atitudes dos cirurgiões-dentistas (CD) da rede pública de Pelotas-RS frente aos maus-tratos infantis (MTI). Os dados foram coletados por um questionário semiestruturado. Coletaram-se informações sociodemográficas, relativas ao trabalho, conhecimentos e atitudes dos CD. Realizou-se uma análise estatística descritiva e associações entre as variáveis independentes com os conhecimentos e atitudes por meio do teste de Exato de Fisher e Qui-quadrado ($p<0,05$). Dos 45 CD incluídos na amostra,

mais da metade afirmaram nunca ter recebido informações sobre o tema, 71,1% entenderam ser responsabilidade do CD a identificação de casos suspeitos, 50% não souberam informar a respeito da implicação legal sobre a falta de notificação e 86,7% acreditaram que se deve avisar ao médico ou enfermeiro para que eles tomem alguma atitude. Observou-se que 60% dos profissionais nunca suspeitaram de um caso e 25% dos que suspeitaram tomaram alguma atitude. Houve associação estatística entre a responsabilidade do CD e o sexo e o tempo de formação, da atitude correta frente a um caso suspeito e a pós-graduação, e ainda, da implicação legal com a idade e tempo de formação. Os conhecimentos e atitudes dos CD sobre MTI foram melhores entre profissionais mais jovens, do sexo feminino, com menor tempo de formados, possuindo ou cursando alguma pós-graduação. Os CD conhecem sua importância frente a essa violência, porém apresentam dificuldades quanto às atitudes a tomar.

Descritores: Maus-tratos Infantis. Violência. Odontologia Legal. Educação em Odontologia.

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