

Perception and knowledge of child abuse among dental students in Paraná, Brazil

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ABSTRACT

Child abuse (CA) has a negative impact on a child's development, and health care professionals have a legal obligation to report suspected cases. Therefore, knowledge regarding the diagnosis of CA and the appropriate professional's actions to address CA is necessary. The aim of this cross-sectional study was to evaluate the knowledge and perceptions of dental students in Paraná, Brazil, regarding CA. A semi-structured questionnaire addressing participants' demographic characteristics, perceptions, and knowledge about CA was administered using *Google Forms*. Knowledge score was calculated as the sum of correct responses, ranging from 0 to 14 points. Data were analyzed using descriptive and inferential statistical methods. Knowledge score was analyzed in terms of participant characteristics using the Mann Whitney U test or Spearman correlation test; the level of significance was 5%. A total of 146 dental students (30.41% response rate) participated in the study. The median knowledge score was 10 (range, 6–14). Of these dental students, 98.6% reported knowing the definition of CA, and 54.3% (n=75) reported having received information about the topic in classes. Regarding professional's actions, 49% (n=71) reported not knowing what measures to take in a suspected case of CA. A significant positive correlation was observed between knowledge scores and curricular period. It was concluded that students had adequate knowledge to diagnose CA; however, aspects related to appropriate professional's actions remain unclear. Furthermore, knowledge scores were higher in the advanced stages of the dental curricula. Regarding perceptions, dental students appeared to be insecure with taking action in a case of suspected CA.

Descriptors: Child abuse. Education, Dental. Diagnostic.

1 INTRODUCTION

In 2019, the Brazilian channel for child abuse (CA) notification, “dial 100” (which is the telephone number to report human rights violations in Brazil), received > 74,000 reports of violation of the rights of children and adolescents across the country. In the same year, 17,029 reports of sexual abuse, 33,374 cases of physical abuse, 36,304 cases of psychological abuse, and 62,020 cases of neglect were registered¹. According to the Alert Note from the Brazilian Society of Pediatrics in 2020, the number of CA notifications to the Guardianship Councils and Police Stations fell by 20%–25% compared with previous months due to the coronavirus disease 2019 (COVID-19) outbreak and subsequent quarantine. However, this does not mean that these rates are, in fact, decreasing. The lack of reporting CA was likely related to the lack of contact with schools, the reduced number of Guardianship Council professionals in operation, and the intense relationship between children and their families. These factors may have actually masked increases and aggravation of CA during this period².

Physical abuse is an intentional act that can cause physical injury. Sexual abuse is related to the sexual pleasure of an adult or an older young person imposed on a child who is not able to understand or consent to such practices. The most difficult form of abuse to detect and prove is psychological because it refers to the lack of emotional support and the recognition of child emotional needs. Neglect is the predominant form of abuse and is defined as recurrent lack of care for a child, whether physical, emotional, educational, or medical³⁻⁶.

Situations portending the risk for CA could be diagnosed by physical and sexual

signs and/or alterations in a child’s behavior. Information regarding the act of abuse—reported by the victim and by third parties—should be compared, and differences between the explanations should be considered in the diagnosis. In the case of physical abuse, professionals should identify lesions on the body that are usually not the result of accidents. Another point to be identified is the different stages of lesion evolution or delay in seeking health care^{3,4}.

Brazilian Child and Adolescent Statute (ECA) – Article 13 of law 13,010/2014 – states: “*Without prejudice to other legal measures, cases involving maltreatment of children or adolescents, suspicion or confirmation, will obligatorily be notified to the local Guardianship Council*”^{7,8}. For health professionals who do not report cases of CA that are known, confirmed, or suspected, Article 245 mandates a fine of three to twenty reference wages, which is duplicated in case of recurrence⁸⁻¹⁰.

For dental professionals, the Brazilian Dentistry Code of Ethics establishes guidance about conduct when interpreting Article 5, item V, which addresses the obligation to ensure patient health and dignity¹⁰. Although the National Curriculum Guidelines define a professional who is able to assume this obligation¹¹, it is noted that the workload for this topic in the dentistry curriculum is low. Biss *et al.* evaluated whether the topic of CA was addressed in undergraduate dentistry courses in Brazil. Only 16.09% of the coordinators responded to the questionnaires sent and, of these, 14 declared that addressing the topic was mandatory, although 16 (21.19%) reported that the workload for the topic was ≤ 8 h¹². Moreover, it is noted that most books in pediatric dentistry do not address CA.

All types of CA are harmful to a child's health, survival, development, and dignity. It is essential that dental professionals are able to diagnose CA, given that manifestations of these lesions involve the head and neck in 50% to 77% of cases^{4,5,13,14}, which are the focus areas among these professionals.

Therefore, the present study aimed to evaluate the knowledge and perception of CA among dental students in Paraná, Brazil, with regard to lesion type(s), diagnosis, and appropriate action(s) to be taken.

2 METHODS

This observational, cross-sectional study was approved by the Committee of Ethics in Research Involving Human Beings of the Health Sciences of the Federal University of Paraná (CAAE 14588919.4.0000.0102). Dental students were invited to participate through posts on social networks, e-mail, or in classrooms. Those who agreed to participate provided informed written consent. This study was reported in accordance with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)¹⁵.

The sample comprised dental students from universities in Paraná, Brazil; students < 18 years of age were excluded. The study was conducted between August and December 2020.

A semi-structured questionnaire was developed based on previous studies¹⁶⁻¹⁹, and consisted of 19 multiple-choice questions, which were divided into four sections. The first section addressed participant characteristics, and the other three addressed the perception, knowledge, and action(s) to be taken in cases of CA.

In the section addressing perception, participants were queried about the definition of CA, if they had already received information

about it, by what methods they were taught, if they believed that the topic was important for undergraduates, and if they knew how to act in cases of CA. Previous experiences related to CA were solicited, such as if they had already encountered this situation, which type of CA, and if they notified the requisite institution. For some questions addressing perceptions, multiple responses were possible.

The section addressing knowledge of CA diagnosis consisted of questions regarding the most affected region of the body, differential diagnosis of CA, and the identification of oral lesions related to sexual abuse. Furthermore, the participants were asked about legal implications involved in ignoring or neglecting cases of CA. Considering actions to be taken in CA cases, participants were asked if several CA situations presented should be or not reported. Data were collected from September to December 2019 using a questionnaire available on *Google Forms*.

Data were analyzed using SPSS™ version 24.0 (IBM Corporation, Armonk, NY, USA). Independent variables were categorized and descriptively analyzed. Age was dichotomized as ≤ 25 years and > 25 years, sex was categorized into female and male, and universities were dichotomized as public or private. The dependent variable was knowledge of CA. Responses were dichotomized as correct or incorrect, while responses regarding appropriate actions taken were dichotomized as adequate and inadequate.

The response considered to be correct for the most affected region of the body was the head and neck^{4,5,13,14}. For the first case, the correct diagnosis was physical abuse; for the second case, the correct diagnosis was neglect; and for the third case, it was accidental trauma, as such, none of the CA diagnosis options was considered to be correct. Regarding oral lesions

related to sexually transmitted infections (STIs) that could be found in cases of sexual abuse^{20,21}, the responses considered to be correct were “exophytic growth, with a rough surface that appears a cauliflower-like and, depending on the degree of keratinization, the lesion may be white, pink and/or red, being more common on the tongue, lip, and hard palate”²², and “ulcerated lesion with indurated margins, asymptomatic, without exudate, which usually is solitary (hard chancre), being the lip the most affected region in the oral cavity”²³.

The correct institution to notify in cases of CA is the Guardianship Council^{3,7,8,10}. The correct way to notify this body are to dial “100”, call 190, and to send a follow-up e-mail²⁴⁻²⁶. Regarding the legal implications involved in ignoring/neglecting CA cases by health professionals, the response considered to be correct was “mandates a fine of three to twenty reference wages, which is duplicated in case of recurrence”⁸⁻¹⁰.

Regarding the actions to be taken in the three cases presented, for the first two cases, the notification to the Guardianship Council was considered to be adequate; in the third case, notification was considered to be inadequate. In situations of uncertainty and certainty of CA, the notification was considered to be adequate for both cases³.

For inferential statistical analysis, a knowledge score was generated according to the number of correct responses, and was calculated as the sum of the correct responses for the 13 questions. Each correct response accounted for one (1) point. The question regarding oral lesions related to sexual abuse had two correct responses, accounting for up to 2 points, and 1 point when only one correct response was chosen. Incorrect responses were scored no points. The final knowledge score

could range from 0 to 14 points: the higher the score, the higher the degree of knowledge was considered.

The knowledge score was considered to be a numerical variable without normal distribution according to the Kolmogorov-Smirnov test ($p < 0.05$). Differences between the knowledge score and independent variables were calculated using the Mann-Whitney U test. The correlation between the knowledge score and the participants’ age, as well as the curricular period, was calculated using the Spearman correlation test. The level of statistical significance was set at 5%.

3 RESULTS

The study sample comprised 146 participants. The response rate among the 480 invited students was 30.4%. The mean (\pm SD) age was 24.01 ± 5.87 years, with 77.4% females, and 91% from public universities. Regarding curricular period, 34.5% were from the sixth curricular period (table 1).

Approximately 98.6% ($n = 144$) of participants reported knowing what CA was, and 138 (94.5%) reported having already received information about CA; however, only 54.3% ($n = 75$) received this information from university classes. Regarding previous experiences with CA, 22.6% ($n = 33$) claimed to have encountered this situation, and 57.6% of these did not notify the requisite institution. Other data regarding students’ perceptions of CA are summarized in table 2.

Table 3 reports student knowledge in relation to diagnosis and action taken when encountering a case of CA. The median knowledge score was 10 (range, 6–14). Comparing the knowledge score with the sample characteristics, statistically significant differences were not observed in terms of university type, sex, or age (table 4). Finally,

the curricular period was positively correlated with knowledge score (table 4).

Table 1. Sample characteristics.

Variables	n*	%
<i>Age</i>		
≤25 years old	101	75.9
> 25 years old	32	24.1
<i>Sex</i>		
Female	113	77.4
Male	33	22.6
<i>University</i>		
Public	133	91.1
Private	13	8.9
<i>Academic Level</i>		
Under graduate	114	78.1
Master degree	19	13.0
Doctorate degree	7	4.8
Specialization	4	2.7
<i>Curricular period</i>		
Second	10	8.8
Fourth	22	19.5
Fifth	9	8.0
Sixth	39	34.5
Seventh	8	7.1
Eighth	13	11.5
Nineth	12	10.6

* n<146 for some variables due the lack of responses.

4 DISCUSSION

CA is known to be harmful to a child and can reverberate throughout adult life, resulting in damage to physical, intellectual, and physiological development²⁷. Thus, protective measures against CA should be adopted by health care professionals and society. Therefore, it is necessary that dental professionals have knowledge about CA, and be able to diagnose and adopt the correct measures in such cases.

In the present study, it was observed that 98.6% (n = 144) of respondents had the perception of knowing what CA was; however, only 51% (n = 74) reported knowing how to act in cases of CA, which is consistent with previous data reported in the literature. Serpa

and Ramos (2011)²⁸ reported that 86.9% of the participants claimed to be able to define CA, but only 41% reported knowing what actions to take in suspected cases.

Almost all participants responded that they had already received information about CA. This may explain the participants' performance in relation to CA diagnosis. In general, the results demonstrated that dental students were able to diagnose CA. It is noteworthy that only 54.3% of the students reported having received this information as part of the curriculum. In comparison, Silva Jr *et al.* (2015)¹⁷, who evaluated dental students' knowledge about CA at the Federal University of Espírito Santo, Brazil, reported that most students had deficient knowledge of CA, and

74% claimed that they had not received support the need to include the topic of CA in information about this topic. These data dental curricula.

Table 2. Study participants' perception regarding child abuse.

Variables	n*	%
<i>Do you know what child abuse is</i>		
Yes	144	98.6
No	2	1.4
<i>Have you already received information about CA</i>		
Yes	138	94.5
No	8	5.5
<i>If you have already received information about CA, by what methods was you taught</i>		
Classes	75	54.3
Lecture	66	47.8
Congress	15	10.9
Article	20	14.5
Internet	80	58.0
Other	8	5.8
<i>Do you believe that the topic "child abuse" is important for undergraduates</i>		
Yes	141	97.9
No	3	2.1
<i>Would you know how to act in a case of child abuse</i>		
Yes	74	51.0
No	71	49.0
<i>Do you believe that you will be able to diagnose a case of child abuse after undergraduate</i>		
Yes	98	67.6
No	47	32.4
<i>Have you already encountered a situation of CA</i>		
Yes	33	22.6
No	113	77.4
<i>If you have already encountered a situation of CA, which type was it</i>		
Neglect	23	67.6
Physical abuse	12	35.3
Psychological abuse	17	50.0
Sexual abuse	11	32.4
<i>If you have already encountered a situation of CA, did you notify the requisite institution</i>		
Yes	14	42.4
No	19	57.6

* n<146 for some variables due the lack of responses.

Table 3. Study participants' knowledge regarding the diagnosis and acts to be taken in cases of child abuse.

Question	Answer	n*	%
The most affected region of the body by child abuse	Correct	71	48.6
	Incorrect	80	54.8
Physical abuse diagnosis	Correct	124	84.9
	Incorrect	22	15.1
Action to be taken in a case of physical abuse	Adequate	146	100
	Inadequate	-	-
Neglect diagnosis	Correct	138	97.2
	Incorrect	4	2.8
Action to be taken in a case of neglect	Adequate	140	95.9
	Inadequate	6	4.1
Differential diagnosis between child abuse and accidental trauma	Correct	112	76.7
	Incorrect	34	23.3
Action to be taken in a case of accidental trauma	Adequate	118	80.8
	Inadequate	28	19.2
Oral lesions related to sexual abuse	Correct	27	19.9
	Partially Correct	66	48.5
Requisite institution for notification of CA cases	Incorrect	43	31.6
	Correct	114	78.1
Ways to notify the Guardianship Council	Incorrect	32	21.9
	Correct	49	33.6
Action to be taken in the uncertainty of a suspect case of child abuse case	Incorrect	97	66.4
	Adequate	94	64.8
Action to be taken in the certainty of a suspect case of child abuse	Inadequate	51	35.2
	Adequate	144	99.3
Implications involved in ignoring or neglecting a case of child abuse	Inadequate	1	0.7
	Correct	23	16.7
	Incorrect	115	83.3

* n<146 for some variables due the lack of responses.

Table 4. Descriptive analysis of the knowledge score according to the sample characteristics.

Characteristic	Knowledge score		P value
	Median (min-max.)	Correlation	
<i>Sex</i>			
Female	10.00 (6-14)		0.397
Male	9.00 (7-12)		
<i>University</i>			
Public	10.00 (6-14)		0.275
Private	10.00 (7-11)		
<i>Age</i>	-	0.141	0.132
<i>Curricular period</i>	-	0.225	0.025*

* Statically significant by the Spearman correlation test.

Regarding questions about CA diagnosis, the question that yielded the lower hit index was about cases involving oral lesions related to sexual abuse. This result can be explained by the fact that approximately 28% of the sample was enrolled in the initial undergraduate periods, and had not yet received stomatology content. As such, as reported by Josgrilberg *et al.*²⁹, these students did not know how to associate principal STIs with possible oral manifestations. An important finding of this study was the positive correlation between knowledge score and curricular period. More specifically, the higher the curricular period, the higher the knowledge score. This finding suggests that dental students have CA content in the advanced curricular periods, and it demonstrates that this topic needs to be addressed transversely and in an interdisciplinary manner — in other words, across the several disciplines or curricular unities of dentistry courses³⁰.

Approximately 55% of the participants did not correctly identify the most affected region of the body in CA cases, demonstrating that recognition of CA is deficient. Most CA signs and lesions occur in the head and neck region, thus favoring diagnosis by dental professionals¹⁸.

The implications involved in warranting CA cases also presented a low hit index (approximately 17%). This revealed the lack of knowledge about the importance of dental professionals in identifying CA, and the lack of recognition of their ethical and legal obligations. A similar result was reported by Costa and Tinoco (2019)³¹, in which 53.5% of the participants reported not knowing the legal implications for dental professionals who do

not a suspected case of CA. This finding reinforces the need for the CA content to be addressed transversely and in an interdisciplinary manner in dentistry courses by emphasizing legal concepts in the curricular component of forensic dentistry and deontology.

Action(s) taken when encountering CA cases also proved to be worrying when the index hit decreased from 99.3% to 64.8% in the certainty and uncertainty of a CA case, respectively. Notification should be made to the Guardianship Council, even in suspected cases. This is not a police action, given that the aim of notification is to act in the best interest of child protection and family support². This finding also corroborates those of Dalledone *et al.* (2015)¹², who evaluated the experience, knowledge, and conduct of dental professionals who work in basic health units in the city of Curitiba, Brazil. The authors observed that suspected cases of CA were under-reported, with fear and lack of knowledge being the most common reasons. These explanations can be attributed to the fact that, among the 33 participants who claimed to have already encountered a case of CA, 57.6% reported that they did not notify the requisite institution.

Findings from the present study are similar to those reported in the literature, despite the limitations related to the sample size and representativeness. Given that most participants are from Curitiba, our results indicate the need for discussion between the coordination and structuring of teaching nuclei of courses taught in this city. In general, the results demonstrated that dental students had adequate knowledge to diagnose CA; however, aspects related to appropriate

professional action(s) remain unclear. We also observed students' insecurity in relation to acting on a CA case. Thus, it is suggested that the topic be addressed in an interdisciplinary manner at the beginning of undergraduate education, thus training dental professionals to be prepared, secure, and able to effectively contribute to child protection and fulfilling their roles as both professionals and citizens.

5 CONCLUSION

Dental students demonstrated adequate knowledge about the diagnosis of CA. However, appropriate professional actions in CA cases remains unclear. The knowledge score for CA demonstrated a significantly positive correlation with the curricular period. Most participants reported having already received information about CA. Students appeared to be insecure about acting on a case of suspected CA.

RESUMO

Conhecimento e percepção dos acadêmicos de Odontologia do Paraná sobre maus-tratos infantis

Os maus-tratos (MT) na infância têm grandes repercussões na vida da criança. Os profissionais de saúde têm a responsabilidade legal de notificar os casos suspeitos. Para tanto, é necessário o conhecimento sobre diagnóstico e condutas frente aos MT. Este estudo observacional transversal teve por objetivo avaliar o conhecimento e a percepção dos acadêmicos do curso de Odontologia sobre MT infantis. Um questionário semiestruturado contendo questões sobre características demográficas, percepção e conhecimento quanto aos MT foi aplicado pelo *Google Forms*. O escore de conhecimento foi calculado pela soma de acertos, variando de 0 a 14 pontos. Os dados obtidos foram analisados estatisticamente de forma descritiva e inferencial. O escore de

conhecimento foi analisado em relação às características por meio do teste U de Mann-Whitney ou correlação de Spearman, com nível de significância de 5%. Um total de 146 acadêmicos (30,41%) participaram da pesquisa, a mediana obtida foi 10 (Min-6 Máx-14). Quanto à definição de MT, 98,6% (n=144) dos acadêmicos afirmaram conhecê-la e 54,3% (n=75) relataram ter recebido informações sobre o tema em aula. Quanto à conduta, 49% (n =71) alegaram não saber agir frente aos casos de MT. Houve correlação positiva significativa entre o escore de conhecimento e os períodos curriculares. Conclui-se que alguns aspectos do tema MT, como o diagnóstico, são bem conhecidos pelos acadêmicos, porém os aspectos relacionados à conduta são poucos conhecidos. Conclui-se também que o escore de conhecimento foi maior nos estágios mais avançados do curso. Quanto às percepções, notou-se insegurança dos acadêmicos em agir frente aos casos de MT na infância.

Descritores: Maus-Tratos Infantis. Educação em Odontologia. Diagnóstico.

REFERÊNCIAS:

1. Brazil. Observatório da Criança e do Adolescente. Cenário da infância e adolescência no Brasil. [Cited Sep. 7, 2020]. Available from: <https://observatoriocrianca.org.br/cenario-infancia/temas/violencia/629-denuncias-feitas-ao-disque-100-modulo-criancas-e-adolescentes-segundo-tipos-de-violacao?filters=1,255>.
2. Sociedade Brasileira de Pediatria (SBP). Nota de Alerta. 18 de Maio – Combate ao Abuso e à Exploração Sexual e Outras Violências Contra Crianças e Adolescentes em Tempo da Quarentena por COVID-19. Departamento Científico de Segurança; 2020. [Cited Sep. 7, 2020]. Available from: <https://www.sbp.com.br/>

- [fileadmin/user_upload/22528bNA_18mai_o_Combate_abuso_sexual_em_tempo_COVID-19.pdf](#).
3. Sociedade Brasileira de Pediatria (SBP), Centro Latino-Americano de Estudos de Violência e Saúde Jorge Carelli (CLAVES), Escola Nacional de Saúde Pública (ENSP), FIOCRUZ, Secretaria de Estado dos Direitos Humanos, Ministério da Justiça. Guia de atuação frente a maus-tratos na infância e na adolescência: orientações para pediatras e demais profissionais que trabalham com crianças e adolescentes. 2a ed. Rio de Janeiro: FIOCRUZ; 2001. [Cited Sep. 7, 2020]. Available from: https://www.sbp.com.br/fileadmin/user_upload/maustratos_sbp.pdf.
 4. Crespo M, Andrade D, La-Salette Alves A, Magalhães T. The dentist's role in the child abuse: diagnosis and report. *Acta Med Port*. 2013; 26(4):939-48.
 5. Kaur HA, Chaudhary S, Choudhary N, Manuja N, Chaitra TR, Amita SA. Child abuse: Cross-sectional survey of general dentists. *J Oral Biol Craniofacial Res*. 2016; 6(2):118-23.
 6. Nagarajan SK. Craniofacial and oral manifestation of child abuse: A dental surgeon's guide. *J Forensic Dent Sci*. 2018; 10(1):5-7.
 7. Brazil. Estatuto da Criança e do Adolescente. Lei 8069/90 | Lei nº 8.069, de 13 de julho de 1990. Brasília, 1990. [Cited Sep. 7, 2020]. Available from: <https://presrepublica.jusbrasil.com.br/legislacao/91764/estatuto-da-crianca-e-do-adolescente-lei-8069-90#art-13>.
 8. Serafim APR, Rodrigues LG, Prado MM. Child abuse: a look at parent's omission in attention to the oral health care of their children. *Rev Bras Odontol Legal*. 2016; 3(1):95-105.
 9. Brazil. Estatuto da Criança e do Adolescente. Art. 245. Lei 8069/90. Brasília, 1990. [Cited Sep. 7, 2020]. Available from: <https://www.jusbrasil.com.br/topicos/10581985/artigo-245-da-lei-n-8069-de-13-de-julho-de-1990>.
 10. Sales-Peres A, Silva RHA, Lopes-Júnior C, Carvalho SPM. Odontologia e o desafio da identificação de maus-tratos. *Odontolín-Científ*. 2008; 7(3):185-9.
 11. Ministério da Educação (Brazil). Conselho Nacional de Educação. Diretrizes Curriculares Nacionais do curso de graduação em Odontologia. Brasília: Ministério da Educação; 2018. [Cited Sep. 7, 2020]. Available from: http://portal.mec.gov.br/index.php?option=com_docman&view=download&alias=127951-pces803-18-1&category_slug=outubro-2019&Itemid=30192.
 12. Biss SP, Duda JG, Tomazinho PH, Pizzatto E, Losso EM. Child abuse: curriculum evaluation of dental courses in Brazil. *Rev ABENO*. 2015;15(1):55-62.
 13. Dalledone M, Borges de Paola AP, Correr GM, Pizzatto E, Souza JF, Losso EM. Child abuse: perception and knowledge by Public Health Dentistry teams in Brazil. *Braz J Oral Sci*. 2015; 14(3): 224-9.
 14. Fisher-Owens SA, Lukefahr JL, Tate AR. Oral and dental aspects of child abuse and neglect. *Pediatrics*. 2017; 140(2):1-8.
 15. Vandembroucke JP, Elm EV, Altman DG, Gøtzsche PC, Mulrow CD, Pocock SJ, et al. Strengthening the Reporting of Observational Studies in Epidemiology (STROBE): Explanation and elaboration. *Int J Surg*. 2014; 12(12):1500-24.
 16. Wacheski A, Lopes MGK, Paola AP,

- Valença P, Losso EM. O conhecimento do aluno de Odontologia sobre maus tratos na infância antes e após o recebimento de uma cartilha informativa. *Odonto*. 2012; 20(39): 7-15.
17. Silva Jr MF, Pagel MD, Campos DMKS, Miotto MHMB. Knowledge of dental students about child maltreatment. *Arq Odontol*. 2015; 51(3):138-44.
18. Sousa GFP, Carvalho MMP, Granville-Garcia AF, Gomes MNC, Ferreira JMS. Conhecimento de acadêmicos em odontologia sobre maus-tratos infantis. *Odonto*. 2012; 20(40):101-8.
19. Matos FZ, Borges AH, Neto LM, Rezende CD, Silva KL, Pedro FLM, et al. Assessment of knowledge of undergraduate students x dentist in diagnosis of child maltreatment. *Rev Odontol Bras Central*. 2013; 22(63):153-7.
20. Alves PM, Cavalcanti AL. Diagnóstico do abuso infantil no ambiente odontológico. Uma revisão da literatura. *Publ UEPG Ci Biol Saúde*. 2003; 9(3/4):29-35.
21. Pfeiffer L, Salvagni EP. Current view of sexual abuse in childhood and adolescence. *J Pediatr*. 2005; 81(5): S197-S204.
22. Andrade SA, Pratavieira S, Paes JF, Ribeiro MM, Bagnato VS, Varotti FP Oral squamous papilloma: a view under clinical, fluorescence and histopathological aspects. *Einstein*. 2019; 17(2):1-4.
23. Siqueira CS. Diagnóstico de sífilis em lesões orais. Estudo comparativo utilizando-se as técnicas histoquímica e imuno-histoquímica [thesis]. São Paulo: Faculdade de Odontologia, Universidade de São Paulo; 2012. [Cited Sep. 7, 2020]. Available from: <https://www.teses.usp.br/teses/disponiveis/23/23141/tde-11092012-115336/publico/CarlaSilvaSiqueira.pdf>.
24. Ministério Público do Estado de Goiás (Brasil). Guia prático do conselheiro tutelar. Goiânia: Ministério Público do Estado de Goiás; 2016. [Cited Sep. 7, 2020]. Available from: http://www.mpggo.mp.br/portal/arquivos/2016/12/13/09_48_51_388_Guia_Prático_do_Conselheiro_Tutelar_2016.pdf.
25. Losso EM, Dalledone M, Duda JG, Bertoli FMPE, Pizzatto E, Correr GM, et al. Maus-tratos infantis: o papel dos cirurgiões-dentistas na proteção das crianças e adolescentes. Curitiba: Universidade Positivo; 2015. [Cited Sep. 7, 2020]. Available from: http://primeirainfancia.org.br/wp-content/uploads/2016/05/Cartilha_MausTratos_Dentistas_Final-Flares-Baratto.pdf.
26. Almeida AHV, Silva MLCA, Musse JO, JAM Marques. The responsibility of health notifications in cases of violence against children and adolescents according to its code of ethics. *Arq Odontol*. 2012; 48(2):102-15.
27. Ministério da Saúde (Brazil), Secretaria de Atenção à Saúde, Departamento de Atenção Básica. Saúde da Criança: Crescimento e Desenvolvimento. Cadernos de Atenção Básica. Brasília: Ministério da Saúde; 2014. [Cited Sep. 7, 2020]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/saude_crianca_crescimento_desenvolvim ento_1ed.pdf.
28. Serpa EBM, Ramos AAS. Perception of UFPB dental students on child abuse. *Int J Dent*. 2011; 10(4):234-41.
29. Josgrilberg EB, Carvalho FG, Guimarães MS, Pansani CA. Maus-tratos em crianças: a percepção do aluno de odontologia. *Odontol Clín-Cient*. 2008; 7(1):35-8.

30. Busato CA, Pereira TCR, Guaré RO. Child Abuse from the perspective of Dental Students. Rev ABENO. 2018; 18(1):84-92.
31. Costa AP, Tinoco RLR. Child maltreatment in the curriculum framework of the Dentistry courses in Rio de Janeiro. Rev ABENO. 2019; 19(2):54-62.

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