

Child maltreatment in the curriculum framework of the Dentistry courses in Rio de Janeiro

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ABSTRACT

Child maltreatment is seen as one of the major public health problems according to the World Health Organization and the dentist can directly influence the diagnosis and make a denunciation of these cases, if having the knowledge and training needed. The present study aimed to assess whether the curriculum framework of the Rio de Janeiro's Dentistry courses provides enough knowledge and preparation to the academics about child maltreatment. For that, a field survey was conducted with data collection through the application of a semi-structured questionnaire in eight dental courses in Rio de Janeiro, totalizing a sample of 200 students in the last year of graduation. Of these, 53 (26.5%) belong to public institutions and 147 (73.5%) to private institutions. Among the participants, 74.5% said that the theme was addressed in the course, mainly in the disciplines of Legal Dentistry and Pediatric Dentistry. All of them affirmed the importance of the topic at graduation and only 29 (14.5%) did not believe it was among the dentist responsibility to diagnose these cases. Regarding the knowledge of the Child and Adolescent Statute (CAS), 129 (64.5%) students stated to know, while 107 (53.5%) ignore the legal implications for dentists. Bruises, fear and retraction of the child were the most cited signs and symptoms. As for the conduct, the majority said they would report to the Guardianship Council. It was concluded that the dental students in the sample have a regular knowledge about this subject.

Descriptors: Violence. Child. Education in Dentistry. Legal Dentistry. Dentistry Students

1 INTRODUCTION

Child maltreatment is seen as a serious public health problem, according to the World

Health Organization (WHO)¹. This violence is complex because it affects the health and quality of life of these individuals, often affecting their

fundamental rights, such as access to education, health and care for their development². Four types of maltreatment are commonly known: physical abuse, sexual abuse, psychological abuse and neglect³.

The Brazilian Penal Code⁴, in article 136, defines the crime of maltreatment as "exposing to danger the life or health of a person under his or her authority, custody or surveillance, for the purpose of education, teaching, treatment or custody, either by depriving them of food or essential care, or by subjecting them to excessive or inadequate work, or by abusing of means of correction or discipline".

The Statute of the Child and Adolescent (CAS) describes maltreatment in its article 232, as "subjecting a child or adolescent under his or her authority, custody or surveillance to vexation or embarrassment"⁵. According to the same law, in its article 245, the person responsible for the health care establishment has the obligation to report suspected or confirmed cases to the competent authority. The Ministry of Health, through Ordinance 1.968, of October 25, 2001, instituted its own form for notification of these cases attended to in the services of the Unified Health System, and included them in the compulsory notification list in Ordinance 104, of January 25, 2011.

In Brazil, the first reports of child maltreatment occurred in the 1970s⁶, however, attention to this social problem occurred only in the 1980s, with the creation of associations and centers for the protection of children. In the next decade, the SCA was promulgated, being considered an advance in the defense and protection of children and adolescents, even providing for the mandatory reporting by health professionals to the Guardianship Council of the respective locality, in case of suspicion or confirmation of maltreatment⁷.

In this sense, the dentist is in a favorable

position to diagnose and report possible cases of maltreatment, since 50% of lesions occur in the head, neck, face and mouth area⁸. Even so, some factors lead health professionals to omit themselves in these cases, such as the fear of losing patients, the uncertainty of the diagnosis, the reporting mechanism and the lack of knowledge of the true responsibility to report, as well as the fear of being legally involved⁹.

In addition, research shows that most dental surgeons reveal a lack of knowledge and standard of conduct when faced with suspected cases of child maltreatment, and this is usually associated with the absence or insufficiency of information obtained in the undergraduate course⁶. This context indicates the need for professional training, which can be obtained by including the subject in the curriculum framework of dental courses.

In view of the exposed, considering that the cases of child abuse are increasing, and that in Brazil, each year, 12% of children under 14 years of age are victims of some form of domestic violence³, the dentist, as a professional present in the routine of children and adolescents, has a direct role in the diagnosis and denunciation of these cases. So, the present study aims to analyze the knowledge about this subject of the students of the last year of graduation of courses of Dentistry from Rio de Janeiro.

2 MATERIALS AND METHODS

The study submitted refers to an observational and sectional field research, in which the data collection instrument was a semi-structured questionnaire (figure 1) with ten questions – two subjectives and eight objectives – related to child maltreatment and its approach during the undergraduate course.

Data collection was performed in eight courses of Dentistry in the State of Rio de Janeiro, with a sample of 200 students from the last

graduating year. The questionnaire does not contain a field for identification, and it was separated from the Informed Consent Form (ICF) as soon as it was answered. An electronic version of this questionnaire was inserted in Google Forms® (Google, San Francisco, USA), with a link

to the ICF attached for access by participants. The invitation to research was distributed among dental students, not only by direct approach, but also on social networks, which is why it is not possible to specify the number of people who did not agree to participate.

Age: _____ Sex: () F () M Institution studying: _____ Period: _____

1. Did you get information about child abuse at the dental school?
() Yes () No
2. In which disciplines is the subject addressed?
() Collective Health () Pediatric Dentistry () Legal Dentistry () _____
3. Did you have the discipline of Legal Dentistry? () Yes () No
4. Do you consider yourself capable of diagnosing and reporting a possible case of child violence? () Yes () No
5. Is the presence of the theme important in the course of Dentistry? () Yes () No
6. Do you believe it is the dentist's responsibility to diagnose cases of child maltreatment? () Yes () No
7. Do you know the Child and Adolescent Statute (CAS)? () Yes () No
8. What are the signs and symptoms of child maltreatment? _____

9. What would you do in front of a child who shows signs of having been a victim of child maltreatment and abuse? Check more than one if necessary.
() I would question the parents () I would communicate to the guardianship council () I would refer the doctor
() I would reassure the child () I would indicate some psychological treatment () I would warn the relatives
() I would not assist the patient () I would talk to a social worker () I would advise teachers
() I would seek to listen to the child () I would try to find out the aggressor
10. Are you aware of the legal implications for dental surgeons in cases of suspected child maltreatment?
() Yes () No

Figure 1. Questionnaire used for data collection

The data were tabulated in Excel® software spreadsheets (Microsoft, Seattle, USA) and evaluated through descriptive statistics. The project was submitted to the Research Ethics Committee of the Universidade Salgado de Oliveira and obtained approval, registered in document 2.720.414. (CAAE: 88733318.7.

0000.5289).

3 RESULTS

A total of 200 students participated in the study, with a mean age of 24.18 (\pm 4.26) years, with 158 female students (mean age 24.1 \pm 3.88) and 42 male students (mean age 24.18 \pm 5.21).

Of the participants, 55 (27.5%) were in the 7th period, 101 (50.5%) in the 8th period and 44 (22.0%) in the 9th period. It should be clarified that the courses last between 4 and 5 years. As for the educational institution, 53 (26.5%) of the participants belonged to public institutions and

147 (73.5%) to private institutions (table 1).

When asked if they obtained information about child maltreatment in the undergraduate dental course, the majority (74.5%) of students responded positively, in different disciplines, listed in figure 2.

Table 1. Distribution of participants according to gender, age (mean ± standard deviation) and institution

Sex	Male	Female	Total
N (%)	42 (21%)	158 (79%)	200 (100%)
Age (mean ± standard deviation)	24.1 (± 5.21)	24.18 (± 3.88)	24.18 (± 4.26)
Educational Institution			
Salgado de Oliveira University***	20	75	95 (47.5%)
Fluminense Federal University*	6	37	43 (21.5%)
University of Rio Grande**	8	20	28 (14.0%)
Veiga de Almeida University**	3	15	18 (9.0%)
Federal University of Rio de Janeiro*	2	7	9 (4.5%)
São José Faculty**	2	3	5 (2.5%)
Estácio de Sá University**	1	0	1 (0.5%)
State University of Rio de Janeiro*	-	1	1 (0.5%)
Total	42	158	200 (100%)

* public institutions; ** private institutions

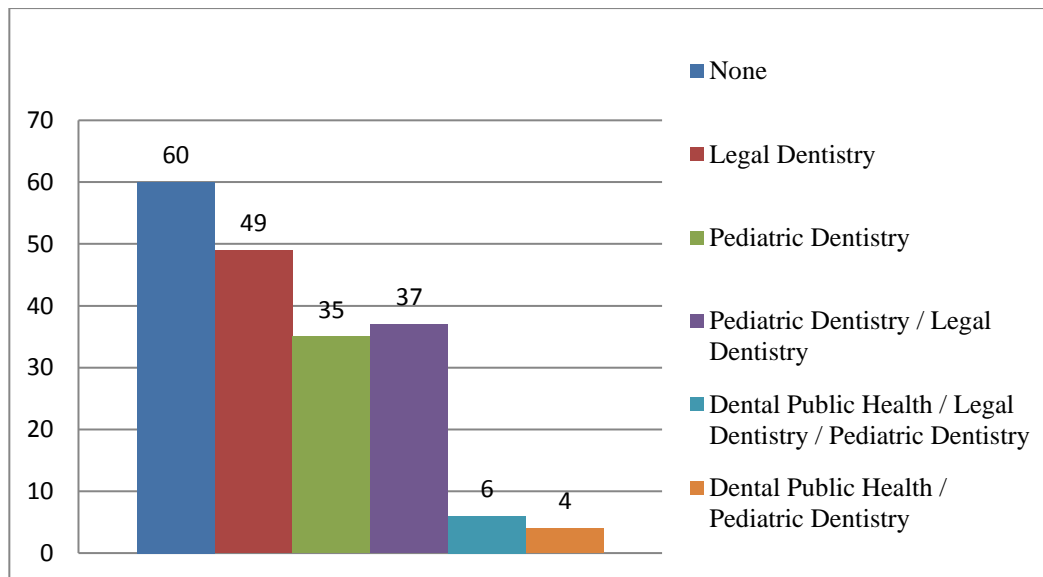


Figure 2. Discipline in which the subject is addressed in the course of Dentistry

Of the 200 students, 197 (98.5%) stated that they had studied Legal Dentistry during graduation. When asked if they were trained to diagnose and report a possible case of child violence 161 (80.5%) students responded positively. All agreed with the importance of the topic in the Dentistry course, and the majority

(85.5%) stated that it is also a dentist's responsibility to diagnose cases of child maltreatment. When asked about the legal implications for dentists in cases of suspected child maltreatment 107 (53.5%) said they were unaware of them, even with 129 (64.5%) students reporting to know the CAS (table 2).

Table 2. Answers to the closed-ended questions of the questionnaire applied

Question	Yes		No	
	N	%	N	%
Did you get information about child abuse at the undergraduate dental school?	149	74.5%	51	25.5%
Have you had the discipline of Legal Dentistry?	197	98.5%	3	1.5%
Do you consider yourself capable of diagnosing and reporting a possible case of child abuse?	161	80.5%	39	19.5%
Is the presence of the subject in the course of Dentistry important?	200	100%	-	-
Do you believe that it is the dentist's responsibility to diagnose cases of child abuse?	171	85.5%	29	14.5%
Do you know the statute of the child and adolescent (CAS)?	129	64.5%	71	35.5%
Do you know the legal implications for dentists in cases of suspected child maltreatment?	93	46.5%	107	53.5%

Among the answers to the open-ended questions about the signs and symptoms of child maltreatment, the presence of bruises, the child's fear and retraction were the most frequently cited. Signs and symptoms were counted separately from a free answer question, with no number restriction, or option's induction. For this reason, the percentage values do not total 100% (table 3).

Regarding what they would do facing a child with signs of aggression and mistreatment, 161 students (80.5%) replied that they would notify the Guardianship Council, 149 (74.5%) would try to listen to the child and 97 (48.5%) would call a social worker. The students' answers can be seen in table 4, which does not present a total of 100% since they could mark more than one option in this

question.

4 DISCUSION

Data reveal that annually in Brazil approximately 10 million children and adolescents suffer maltreatment¹¹, which occurs through a combination of individual, family and social factors¹². The severity of this problem shows the need for the dentist to be able to identify cases of child violence. Child maltreatment is classified as physical abuse, psychological abuse, sexual abuse and neglect. The physical abuse presents itself leaving evident or hidden marks in the body. Psychological abuse is the most common and difficult to identify, impairing the growth and development of the abused child.

Table 3. Signs and symptoms of child maltreatment cited by participants, listed in order of frequency of open question quotation

Signs and symptoms	N*	%*
Bruises	80	40.0
Retraction	63	31.5
Fear	63	31.5
Body Marks	27	13.5
Physical injuries	27	13.5
Body stains	18	9.0
Shyness	17	8.5
Burns	14	7.0
Behavior	11	5.5
Behaviour change	14	7.0
Injuries	8	4.0
Bruising	8	4.0
Spraying	7	3.5
Contradiction in the story told	6	3.0
Aggressiveness	6	3.0
Anxiety	6	3.0
Depression	5	2.5
Lip laceration	5	2.5
Difficulty of communication	4	2.0
Sadness	4	2.0
Other	121	60.5

Table 4. Conduct in front of a child who shows signs of having been a victim of aggression and maltreatment

Conduct	n*	%*
I would communicate to the guardianship council	161	80.5
I would seek to listen to the child	149	74.5
I would talk to a social worker	97	48.5
I would advise teachers	78	39.0
I would reassure the child	72	36.0
I would question the parents	56	28.0
I would indicate some psychological treatment	52	26.0
I would try to find out from the aggressor	39	19.5
I would warn the relatives	28	14.0
I would not assist the patient	1	0.5

* The percentage values of this table do not total 100%, because it is a multiple-choice question, with no restriction on the number of answers.

Sexual violence occurs through the induction of erotic and sexual practices forced by physical violence or threat. Neglect, on the other hand, is the omission of basic care for children and adolescents by their responsible⁷. All these forms of abuse can be recognized by dental surgeons as long as they have the correct training, which motivated the present study, whose results can be of great value in the development of new proposals and mapping of possible gaps in the training of dental professionals.

From the data collection and results of this study most participants were female and had a mean age of 24.1. The female gender was also predominant in other studies such as Sousa et al. (2012)⁸ and Silva et al. (2015)¹³.

Most academics stated that they had received information about child maltreatment during graduation. Similar results were found in the research by Sousa et al. (2012)⁸ in which 89.8% of the 59 participants from the University Centre of João Pessoa (PB) stated that they had received information during their graduation on the topic. However, in the study by Silva et al. (2015)¹³ with a sample of students from the Federal University of Espírito Santo, only 26% of the 100 interviewees - 5th to 9th period students - received information on the subject. The authors concluded that there was a deficiency in the content treated during the course. In relation to the discipline in which the theme was addressed, as well as in the study by Matos et al. (2013)⁹, the most cited by the students was Legal Dentistry (24.5%).

The majority (80.5%) of the sample reported being able to diagnose and report a possible case of child violence. Of these, 161 academics said they would report to the Guardianship Council. Similar results were found in the work of Serpa and Ramos (2011)⁶, with 75.8% mentioning the need to report to the

Guardianship Council. It should be noted, however, that this information was collected in an objective question, with options to be marked, and this frame could not be reproduced if an open-ended question was used.

In the present study, all participants responded positively when questioned about the importance of the topic in the Dentistry course. Child violence is not only a social problem. Because of its extent, it is also seen as a public health problem, being part of the health services of which the dentist is part¹⁴, and may thus have an influence on the reduction of these events.

When questioned if it is among the responsibilities of the dentist to diagnose cases of child maltreatment 85.5% of the students responded positively, a very similar amount to that found by Serpa and Ramos (2011)⁶. The dental surgeon, especially the pediatric dentist, can identify physical and emotional characteristics of child abuse in a careful and attentive manner¹⁵.

The CAS contributes significantly with information on the topic and provides, in its Article 13, the obligation to report suspected or confirmed cases of child maltreatment to the local Guardianship Council⁵. However, 35.5% of those surveyed reported not knowing about it.

Regarding signs and symptoms, in this study most participants cited physical injury (bruising) and behavior changes, such as child retraction and fear, agreeing with the study of Silva et al. (2015)¹³ with very similar results. Studies show bruises in different stages of healing as injuries commonly related to physical abuse¹⁶. On the other hand, the fear and retraction of the child may be due to various forms of child violence¹⁷.

Worth highlighting that although the interviewees correctly cited the signs and symptoms of maltreatment, the neglect that is the most common form of maltreatment against

children and adolescents¹⁸ was not mentioned by the students. So, it becomes evident the need for more attention to this subject in dental courses.

Of the participants, 53.5% reported not knowing the legal implications for dentists in suspected cases of child maltreatment. A similar result was found by Matos et al. (2013)⁹, a study in which 49% of undergraduates also stated that they were unaware of the legal implications. The Article 245 of the CAS establishes the penalty of a fine of three to twenty reference salaries for the professional who fails to report the authority of the cases he is aware, double applied in case of recurrence⁵.

Child violence is extremely complex and given the data obtained in this study it is clear that it needs to be addressed in undergraduate courses. The authors also regret the absence of the subject in the curriculum framework of 25.5% of the sample. Thus, the study contributed to provide a picture of the future dental surgeon from Rio de Janeiro regarding the training in the subject and its importance. However, more research in the area needs to be carried out in order to address the issue more frequently, disseminating the results and seeking to reduce the problem. In addition, it is essential that the associations of teachers specialized in Legal Dentistry and Pediatric Dentistry offer training in the subject.

5 CONCLUSION

It is concluded that, in general, the interviewed students from the last year of Dentistry course present partial knowledge of the subject. Most declared to have had information during graduation, being able to diagnose and report cases of child violence, and correctly cited signs and symptoms of child violence. But many of them are still unaware of the Statute of the Child and Adolescent and the legal aspects related to dentists.

It is suggested that the theme be approached in an interdisciplinary manner in the Dentistry courses, to form dentists capable to effectively contribute to combating child violence.

RESUMO

Maus-tratos infantis no currículo dos cursos de Odontologia do Rio de Janeiro

Os maus-tratos infantis são vistos como um dos maiores problemas de saúde pública de acordo com a Organização Mundial da Saúde e, no âmbito odontológico, o cirurgião-dentista pode influenciar diretamente no diagnóstico e denúncia desses casos, desde que possua a percepção e as informações necessárias. O presente estudo teve por objetivo avaliar se o currículo dos cursos de Odontologia do Rio de Janeiro fornece conhecimento e preparo suficiente para os acadêmicos acerca dos maus-tratos infantis. Para tanto, foi realizada uma pesquisa de campo com coleta de dados por meio da aplicação de um questionário semiestruturado em oito cursos de Odontologia do Rio de Janeiro abrangendo 200 estudantes do último ano da graduação. Destes, 53 (26,5%) eram de instituições públicas e 147 (73,5%) de instituições particulares. Dentre os participantes, 74,5% disseram que a temática foi abordada no curso, principalmente nas disciplinas de Odontologia Legal e Odontopediatria. Todos afirmaram a importância do tema na graduação e apenas 29 (14,5%) não acreditam ser de responsabilidade do cirurgião-dentista diagnosticar esses casos. Quanto ao conhecimento do Estatuto da Criança e do Adolescente, 129 (64,5%) estudantes afirmaram conhecer, entretanto 107 (53,5%) desconhecem as implicações legais para os cirurgiões-dentistas. Hematomas, retração da criança e medo foram os sinais e sintomas mais citados pelos estudantes. Quanto à conduta, a maioria afirmou que comunicaria ao Conselho Tutelar. Conclui-se que os acadêmicos de Odontologia da amostra possuem um conhecimento regular sobre o tema maus-tratos infantis.

Descritores: Violência. Criança. Educação em Odontologia. Odontologia Legal. Estudantes de Odontologia.

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