

Diagnosis and reporting of cases of violence against children and adolescents: knowledge of dental students

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ABSTRACT

The aim of this study was to evaluate the knowledge of dental students about the diagnosis and notification in cases of violence against children and adolescents (VCA). This is a cross-sectional, descriptive and exploratory study conducted with dental students (n = 100) attending the eighth and tenth periods, between March and June 2018, at an undergraduate dental program in a northeastern Brazilian city. Data were collected through a self-administered questionnaire consisting of 22 questions. Data were tabulated and analyzed according to descriptive statistics and association test between variables, considering a p-value <0.05 as statistically significant. The importance of the topic was recognized by almost all students (99.0%); however, less than half (45.0%) considered that the information received during the undergraduate course was sufficient. It is noteworthy that the students demonstrated reasonable knowledge of the subject, with a percentage of correct answers of 75.27%. There was no significant difference regarding the number of correct answers between the eighth- and tenth-period students. Although 85.0% of students said that the correct conduct in case of suspected VCA is to report them to the local Guardianship Council, less than half said they knew the specific notification form and only 10.0% knew that the penalty for professionals who do not notify these cases is a fine ranging from 3 to 20 minimum wages. It was concluded that the students demonstrated satisfactory knowledge regarding the diagnosis of VCA and knew about the means of reporting these cases.

Descriptors: Child Abuse. Mandatory Reporting. Students, Dental.

1 INTRODUCTION

Violence against children and adolescents is a serious public health problem and has

shown alarming and growing numbers, especially in the last decades. In Brazil, between 1980 and 2014, the number of

homicides whose victims were children and adolescents increased by 476.4%^{1,2}. Other types of violence that do not lead to death, such as physical and sexual violence, are equally of concern, with neglect being the most prevalent in the pediatric population³.

Children and adolescents comprise the most exposed and vulnerable group that suffers violations of their rights, directly and indirectly, affecting their physical, mental and emotional health. Epidemiological and sociological studies show that children are often victims of violence since birth, initially with a predominance of male victims, children under 5 years that are abandoned and neglected, having parents as aggressors and the home being the main location where the violence occurs. With increasing age, the school is considered a place of risk and the streets for boys. During adolescence, boys also appear as agents of aggression, but especially as victims^{3,4}.

With the enactment of the Brazilian Child and Adolescent Statute in 1990, specific regulations on the subject highlighted the role of health and education professionals in identifying and reporting cases of violence against children⁵. In 2001, the Ministry of Health made it mandatory for all public health institutions and / or those affiliated to the Brazilian Unified Health System throughout the national territory, to fill out the Mandatory Reporting Form and forward it to the appropriate government sectors⁶. Following the implementation of these policies and actions, the Ministry of Health launched in 2010 a pedagogical document with the purpose of informing and guiding health managers and professionals towards a continuous and permanent action for comprehensive health care for children, adolescents and families in situations of violence⁴.

Since the implementation of Brazilian

Child and Adolescent Statute to the present moment, one can perceive the advances in health policies aimed at children in the health indicators, such as the reduction of infant mortality. However, violence against children and adolescents remains a common practice and the number of notifications related to violence against children in the country is scarce^{4,7}. This fact becomes a matter of concern, as statistical information is essential for the development of consistent care policies that are committed to the reality of violence in the country. Moreover, the notification, being mandatory, constitutes a crucial instrument to impose measures aimed at stopping the violence in the particular case^{8,9}.

Studies show that the majority of injuries resulting from child abuse involve the orofacial region: head, face, mouth and neck. Additionally, parents of abused children frequently change physicians to avoid the detection of the violence against the children and prefer to take the latter to be examined by the same dentist. These aspects put the dentist in a suitable position to identify these victims. However, many of these professionals are not in the habit of reporting or recording suspected cases of child abuse and one of the main reasons is the lack of training^{10,11}.

The Brazilian National Curricular Guidelines for Undergraduate Dental Programs¹², says that the professional profile of the recently-graduated dental student is a dentist that respects the ethical principles inherent to professional practice and acts at all levels of health care, being part of programs aimed at the promotion, maintenance, prevention, protection and recovery of health, sensitized and committed to the care of human beings, respecting and appreciating them. Still on the professionals' profile, the article points out the exercise of the profession in an articulated way with the social context,

recognizing it as a form of social participation and contribution.

In line with the Brazilian National Curricular Guidelines for Undergraduate Dental Programs¹², the topic of violence in the training of the dentist is important for the consolidation of a more efficient and socially just Dentistry. However, many studies still indicate deficiencies in professional training that enables the to immediately identify and report cases of child abuse^{7,13,14}.

These professionals' performance is essential and includes the observation, recording and reporting of suspected cases to Child Protective Services. Thus, the aim of the study was to evaluate the knowledge of undergraduate students attending the Dental School at Universidade Federal de Pernambuco (UFPE) about the diagnosis and reporting of cases of violence against children and adolescents.

2 METHOD

This study, characterized as exploratory, descriptive, quantitative, and cross-sectional, was carried out in the Dental School at UFPE in 2018. The project was submitted to and approved by the Ethics Committee in Research with Human Beings of the Health Sciences Center of UFPE (CAAE n. 69665817.5.0000.5208, Opinion n. 2.576.115).

The study population consisted of students attending the 8th and 10th periods, between March and June 2018, of both genders, duly enrolled in the Dentistry course. A single evaluator applied the questionnaire, which was answered by students after they read and signed the Free and Informed Consent Form. The questionnaire was applied in the classroom after a quick explanation about the research purpose and its completion lasted for approximately 30 minutes.

The research instrument consisted of a self-administered questionnaire (Figure 1), consisting of 22 objective questions and a single subjective question. The instrument was developed with questions adapted from the questionnaire by Kirankumar *et al.* (2011)¹⁵ about the diagnosis of violence against children and adolescents. In addition, there were also questions about student data, such as age and gender, as well as about their perception of the importance of the topic during undergraduate school, contact with the topic, suspected cases of violence during undergraduate school, self-assessment of the ability to notify these cases, reporting procedures, complaint and role of the dentist regarding the correct conduct.

The data were tabulated and analyzed using the SPSS 20.0 software (IBM, Armonk, NY, USA). Data were expressed as mean, median, standard deviation, minimum and maximum values for quantitative variables and absolute and relative frequency for qualitative variables. Fisher's exact test and the likelihood ratio test were used to verify whether there were associations with qualitative variables. The Mann-Whitney non-parametric test was performed to compare the means of the continuous variables. The statistical significance for all tests was set at $p < 0.05$.

3 RESULTS

Table 1 shows data on age, gender and course period. There was a predominance of female students, aged 21 to 25 years, with the lowest percentage (8.0%) in the age group of 30 years or older, with no significant difference.

The students had an average percentage of correct answers of $75.27 \pm 9.44\%$, varying from 46.67% to 100.00% and no statistically significant difference was observed between students in the 8th and 10th periods (p -value = 0.113) (table 2).

Questionnaire

1. Gender () M () F 2. Age: _____ yrs. 3. Attending the _____ course period.
4. Violence or mistreatment is one of the most relevant causes of child mortality. True () False ()
5. Do you think health professionals should protect the physical / emotional integrity of children or adolescents? Yes () No ()
6. Child abuse is mainly associated with the low socioeconomic strata. True () False ()
7. More than 50% of child abuse injuries occur on the head, face and neck. True () False ()
8. The bite marks seen on a child during the normal course of a dental consultation should be investigated as a possible indicator of child abuse. True () False ()
9. Burn marks are often associated with many cases of child abuse and are often shaped like hot objects. True () False ()
10. Palatal petechiae can be considered signs of physical and sexual abuse. True () False ()
11. Neglecting early childhood education, medical health and oral health is a kind of abuse. True () False ()
12. A 10-year-old girl was admitted at the Children's Hospital for 7 weeks for seizures and breathing difficulties. She had a history of multiple fractures, multiple skin lesions on the ears, face, chest, abdomen and extremities. These injuries showed several stages of healing and the respiratory disorder indicated multiple rib fractures. This is indicative of: Neglect () Physical Abuse ()
14. A 6-year-old boy has rampant caries and recurrent infection. His oral condition was diagnosed 9 months ago and her parents were informed about the need for rehabilitation treatment. They did not attend the scheduled appointments and finally showed up at the clinic because the child had a toothache so severe that he was unable to sleep. This is indicative of: Neglect () Physical Abuse ()
15. Do you think it is important to know about the subject during the dental undergraduate program? Yes () No ()
16. Have you received information, instruction or training on the diagnosis and notification of suspected cases of child abuse? Yes () No ()
17. In which discipline or activity? _____
18. Was the information obtained during the dental education about the diagnosis and reporting of child mistreatment by the dentist sufficient? Yes () No ()
19. Have you treated or suspected any case of ill-treatment during the dental undergraduate course? Yes () No ()
20. If the answer is yes to the previous question, would you be able to make the reporting? Yes () No ()
21. What are the means of reporting cases of violence against children and adolescents that you know?
 - () Inform the local health district.
 - () Notification by letter to the local Guardianship Council.
 - () Refer for evaluation by a multiprofessional team, including physician, psychologist and social worker.
 - () Inform the Child and Youth Court, Specialized Police Station for Child and Adolescent Protection or the Civil Police.
 - () Fill out a specific notification form.
22. If the professional does not report a suspected case of child abuse, are there any consequences? Yes () No ()
23. Which one(s)?
 - () The child or adolescent will continue to be a victim of abuse.
 - () Ethical lawsuit against the professional by the Dental Council.
 - () Fine of 3 to 20 minimum wages
 - () Community work

Figure 1. Questionnaire applied to the students

Table 1. Distribution of research participants by school period, according to gender and age group

Variables	Period		10 th		Total		p-value
	8 th		n	%	n	%	
	n	%	n	%	n	%	
<i>Gender</i>							
Female	34	66.7	31	63.3	65	65.0	0.721
Male	17	33.3	18	36.7	35	35.0	
<i>Age range (years)</i>							
21 to 25	41	80.4	35	71.4	76	76.0	0.486
26 to 30	6	11.8	10	20.4	16	16.0	
> 30	4	7.8	4	8.2	8	8.0	
Total	51	100	49	100	100	100	

Table 2. Descriptive measures of the percentage of correct answers to all questions with answer key between students in the 8th and 10th periods

Period	n	Mean	Standard deviation	Minimum	Maximum	P-value
8 th	51	76.34	8.98	46.67	86.67	0.113
10 th	49	74.15	9.87	46.67	100.00	
Total	100	75.27	9.44	46.67	100	

The results expressed as a percentage of correct answers to the questions about the diagnosis of mistreatment are shown in table 3. Most students answered the questions correctly, with a percentage of correct answers >80.0%. However, only 50% of the sample considered that VCA is not associated with the lower socioeconomic strata. It is also possible to observe that the percentage of correct answers of students attending the eighth period was slightly higher, when compared with those in the tenth period, although without statistical difference. The exception was the question about palatal petechiae, in which students attending the tenth period (87.7%) had a higher rate of correct responses when compared to those in the eighth period (86.3%). Moreover, the question on child neglect showed a percentage of correct answers of 98.0% for both periods.

The students' conduct regarding the detection of child abuse, as well as the consequences when there is no notification by the professional, is shown in the same table. Most respondents replied that the notification should be made through a letter to the Guardianship Council (85%); however, about half of them did not affirm that it was mandatory to fill out a specific notification form (44.0%). Regarding the non-notification of suspected cases by professionals, all students in the eighth period agreed that there would be consequences if the notification were not made, and only three students attending the tenth period did not agree with the statement (6.7%). Among the consequences if there is no notification, only the first two statements were more frequently selected. The alternative related to the fine of 3 to 20 salaries was selected only by three students from the eighth

period (5.9%), and seven students from the tenth period (14.3%).

Table 4 shows the results related to the approach to the topic of violence against children and adolescents, information on notification, care of suspected cases and the ability to report. Most of the students stated that

they had received information or instruction for the diagnosis of mistreatment, but they considered the information insufficient (55.0%). As for having experience, 15 students from the eighth period (19.6%) attended to cases with suspected mistreatment, as did 20 students attending the tenth period (30.6%).

Table 3. Distribution of the proportion in percentage of correct answers given by students attending the 8th and 10th periods related to the questions regarding the overall knowledge and diagnosis of violence against children and adolescents

Questions (knowledge)	Period				Total		p-value
	8 th		10 th		n	%	
	n	%	n	%	n	%	
Knowledge on the diagnosis							
Violence as a cause of child mortality	44	86.3	42	85.7	86	86.0	1.000
There is no association of violence with low socioeconomic status	24	47.1	19	38.8	43	43.0	0.426
More than 50% of child abuse injuries occur on the head, face and neck	41	80.4	39	79.6	80	80.0	1.000
Bite marks as an indicator of child abuse	48	94.1	46	93.9	94	94.0	1.000
Burn marks as an indicator of child abuse	49	96.1	46	93.9	95	95.0	0.675
Palatal petechiae as signs of physical and sexual abuse	44	86.3	43	87.8	87	87.0	1.000
Identification of medical and educational care neglect as signs of mistreatment	50	98.0	48	98.0	98	98.0	1.000
Identification of signs of physical abuse	44	86.3	38	77.6	82	82.0	0.304
Identification of signs of dental neglect	50	98.0	46	93.9	96	96.0	0.357
Knowledge on the reporting							
Inform the accountable health district	13	25.5	10	20.4	23	23.0	0.637
Notification by letter to the local Guardianship Council	42	82.4	43	87.8	85	85.0	0.578
Refer for evaluation by a multiprofessional team	29	56.9	38	77.6	67	67.0	0.034
Inform the Child and Youth Court, DEPCA* or the Civil Police	31	60.8	26	53.1	57	57.0	0.545
Consequences in cases of absence of notification by the professional	51	100.0	46	93.9	97	97.9	0.114
The child or adolescent will continue to be a victim of abuse	47	92.2	42	85.7	89	89.9	0.352
Ethical lawsuit against the professional by the Class Council	35	68.6	32	65.3	67	67.0	0.832
Fine of 3 to 20 reference wages	3	5.9	7	14.3	10	10.0	0.196

*DEPCA – Specialized Police Station for Child and Adolescent Protection

Table 4. Distribution of students by course period regarding the appreciation, training and experience with situations of suspected violence against children and adolescents

Questions	Period				Total		p-value
	8 th n	%	10 th n	%	n	%	
Health professionals must protect the integrity of the child / adolescent	51	100.0	49	100.0	100	100.0	-
The topic of violence is important for the training of dental surgeons	50	98.0	49	100.0	99	99.0	1.000
Received instruction on diagnosis and notification	47	92.2	44	89.8	91	91.0	0.738
Obtained adequate information during the undergraduate course	21	41.2	24	49.0	45	45.0	0.547
Has had experience with the diagnosis of or suspected mistreatment during the care of children and adolescents	10	19.6	15	30.6	25	25.0	0.251
Feels able to report	9	90.0	14	93.3	23	92.0	1.000

4 DISCUSSION

According to the Ministry of Health, violence against children and adolescents is the great challenge of the century and results in high economic and social costs for both the federal government and the families⁴. Data from the Brazilian Mortality Information System, in 2014, point out that accidents and violence were the main causes of mortality in children aged 1 to 10 years¹⁵. The present study shows that almost 90.0% of the students recognize violence as one of the most relevant causes of child mortality. Bodrumlu *et al.* (2018)¹⁷, in a study conducted with students from Turkey, observed that only 22.14% of the interviewed students observed this association.

The present study sample showed a predominance of female students (66.7%), most of them aged between 21 and 25 years (80.4%). This distribution was also observed in a study by Sousa *et al.* (2012)¹⁸, with 59 dental students from a undergraduate dental program also in northeastern Brazil.

Although violence is a multi-causal phenomenon that occurs throughout society as a whole, without socioeconomic level distinction, the violence that occurs in families with greater socioeconomic power is less visible, which makes health professionals associate domestic violence with the poorest families¹⁹. Most of the interviewed students associated violence with lower socioeconomic strata, results also observed by Jundi *et al.* (2017)²⁰ in a study carried out with postgraduate students at two dental schools in Jordan. The study by Bodrumlu *et al.* (2018)¹⁷ observed that 25.26% of the students were aware that child abuse can occur in high-income families.

Some studies show that the knowledge about the topic is not what is expected, as a considerable percentage of students and professionals are still unaware of the high prevalence of such injuries, and they do not know which regions of the body are most affected in cases of violence against

children^{14,20,21}. In this sense, the result of the present study is surprising, indicating a high percentage of correct answers (75.27%) and most questions with correct answers ranging between 80 and 90%. It is noteworthy that the topic is addressed in the discipline of integral care to adolescents, which takes place in the 7th period of the dentistry program at UFPE. It is assumed that, since violence is a recent topic on the Brazilian's health agenda⁴, the health professionals' knowledge tends to improve with the advances in policies and resulting actions.

It was observed that almost 95.0% of the students agree that burn marks are present in many cases of child abuse, and the same result is obtained when recognizing that bite marks are often a component of child abuse. The data found are similar to the results found by Hashim and Al-Ani (2013)²².

The dentist can play an important role in identifying and reporting cases of child physical abuse. In fact, they might be the first professional to notice cases of physical abuse, since 50 to 65% of injuries occur in the head and neck region, often being orofacial injuries, regions that are routinely examined by them^{23,24,25}. It was observed that most students (80.0%) were aware that more than half of child abuse injuries are located on the head, face and neck. This result was more satisfactory than that found by Wacheski *et al.* (2012)²⁶, in which 59.0% of the students identified the head and neck region as most frequently affected body region, being also similar to the findings of the study by Massoni *et al.* (2010)¹⁰.

Sexual violence is often inflicted on children or adolescents in intra- or extra-family relationships, either physically or psychologically. The dentist should be aware of signs of sexual abuse, which can be identified by the presence of lesions or signs of sexually

transmitted infections in the oral cavity. This was the subject of one of the questions present in the study by Wacheski *et al.* (2012)²⁶, where most of the students did not answer adequately before or even after receiving the information booklet, disclosing difficulties on the subject. However, when correlating sexual abuse with signs of it found in the mouth, the present study showed that almost 90.0% of the students agreed that palatal petechiae can be considered as signs of physical and sexual abuse.

Most students (98.0%) agree that neglecting early childhood education, medical and oral health is a type of abuse and, according to the American Academy of Pediatrics Committee on Child Abuse and Neglect and the American Academy of Pediatric Dentistry, the lack of basic conditions for the child's development is considered neglect, with lack of care related to the child's oral health can also be characterized as neglect²⁸. In Brazil, the Federal Constitution of 1988 says: "It is the duty of the Family, Society and the Government to ensure children and adolescents, with absolute priority, the right to life, health, food, leisure professionalization, culture, dignity, respect, freedom, and family and community coexistence, in addition to keeping them safe from all forms of neglect, discrimination, exploitation, violence, cruelty and oppression"²⁹.

More than 80.0% of students from both periods were able to identify the type of violence, in this case, physical violence and neglect, according to the aforementioned characteristics. Massoni *et al.* (2010)¹⁰ disclose that the diagnosis of child abuse must be focused not only on traumatic injuries, but also on the child and parents' behavior. Regarding neglect, according to Granville-Garcia *et al.* (2015)³⁰ there is a lack of knowledge by parents and guardians regarding neglectful conducts

against children, who are considered to be vulnerable and must receive basic care, according to the national legal system.

According to the Brazilian Federal Dental Council, it is the duty of the dentist to ensure the patient's health and dignity³¹. All interviewed students agreed that the professional should have the ethical responsibility to protect children from violence. Similar results were found in the studies carried out by Al-Jundi *et al.* (2017)¹⁹ and Hashim and Al-Ani (2013)²⁷. Moreover, students find the topic important during the undergraduate school course (99.0%). A study by Silva Jr *et al.* (2015)³¹ observed that of the 100 interviewed students, only two did not consider the topic important in the course and two did not know how to answer.

Other studies show that dentistry students receive information on the subject during undergraduate school^{14,18,33}, but the topic is addressed mainly at the end of the course, in the disciplines of Pediatric Dentistry, probably because it is the moment when child and adolescent care is taught, confirming the data obtained in the present study. El Sarraf *et al.* (2012)³³ found that 88% of the assessed professionals had little information on the subject during undergraduate school, contradicting the previously mentioned studies. Similarly, most students interviewed in studies by Jordan *et al.* (2012)²¹ and Silva Jr *et al.* (2015)³² reported not having obtained information on child abuse during undergraduate school.

It was observed that the students consider that the information obtained during undergraduate school was not enough. Similar results were found in the studies carried out by Serpa and Ramos (2011)³⁵ and Sousa *et al.* (2012)¹⁸, in which 90.0% of students considered the received information as

insufficient. Other studies have also shown the need to expand the knowledge of the dentist on the subject, due to the low notification rates of suspected cases of mistreatment^{34,36}.

Regarding the students' experience, it was observed that 25.0% of them had attended cases of suspected abuse, and only one student from each period did not consider themselves capable of reporting the cases. Different results were found in a study by Abreu *et al.* (2017)³⁶, in which the students claimed not to have seen suspected cases of abuse or orofacial trauma that could be related to child mistreatment and the vast majority (95.0%) never saw any cases of suspected physical abuse among their patients.

Regarding the means of reporting, notification by letter to the local Guardianship Council was the option most often chosen by the majority of respondents; however, only half of them had the knowledge to fill out a specific notification form. The present study is similar to several others^{18,22,35,37}. However, the result obtained is not the same as that found in the study carried out by Al-Jundi *et al.* (2012)²⁰; Jordan *et al.* (2012)²¹; and Mogaddam *et al.* (2016)³⁷, in which the results found showed that almost two thirds of the study population did not know where to report suspected cases of child abuse.

It should also be noted that, in the absence of a local Guardianship Council, it is recommended to notify the Childhood and Youth Courts, the Child Protective Services, or even report the case to the police authorities and request the referral for the forensic examination^{5,39}. Professionals who do not have access to notification carried out through the Guardianship Council should seek other means to ensure that the child or adolescent is protected from the mistreatment condition. For this reason, for a better assessment of the

students' knowledge, other options were offered and checked by the students, to a greater or lesser extent. Thirteen students from the eighth period and 10 from the tenth period agreed that suspected mistreatment should be reported to the local health district, whereas more than 50% of the students from both periods marked the option 'refer for evaluation by a multiprofessional team, consisting of a Physician, a Psychologist and a Social Worker'. More than half of the students from both periods agreed with the option 'Inform the Child and Youth Courts, Specialized Police Station for Child and Adolescent Protection or the Police'. A study by Gomes *et al.* (2011)³⁹ found that 83.3% of the students would report to the Guardianship Council, 29.6% would question their parents and 9.3% would refer to psychological treatment, among other attitudes.

The mistreatment reporting is the process that aims to interrupt the attitudes and behavior on the part of the aggressor and must be made to the local Guardianship Council. The Guardianship Council, when informed, will analyze the case and forward solutions. According to the Child and Adolescent Statute, failure to notify the case of suspected mistreatment can carry a penalty of 3 to 20 minimum wages, and twice as much in case of recurrence^{4,10,25,32,39}. All students in the eighth period and 97.0% of those attending the tenth period agreed that there will be consequences if there is no notification from the professional. The option that the child or adolescent will continue to be a victim of mistreatment was the one most frequently pointed out by students from both periods, followed by an ethical lawsuit against the professional by the Dental Council. However, the fine ranging from 3 to 20 minimum wages, was the least chosen alternative.

The study has limitations, such as the use

of information from a self-reported questionnaire and the lack of a validated questionnaire used by other authors. However, participation in the research was not refused by the students, which strengthens the presented results, demonstrating a satisfactory knowledge by Dental students about the diagnosis and notification of suspected or confirmed cases of violence against children and adolescents.

It is important for healthcare professionals (including dentists) to be aware that physical or sexual abuse can result in oral or dental injuries or conditions. They should also be aware of when and how to document suspicious injuries and how to obtain laboratory evidence, photographic documentation and / or consultation with specialists when appropriate²⁸. Therefore, it is essential that professionals be trained since undergraduate school and investment in continuing education is necessary on the topic of violence notification, a strategy advocated in the National Policy for Reducing Morbidity and Mortality from Accidents and Violence⁴¹ and in the National Policy for Health Promotion⁴², which prioritize the prevention of violence and stimulates a culture of peace. These measures aim to strengthen the country's surveillance system by increasing the number of notifications by health professionals, in an exercise of citizenship, care and protection of children and adolescents.

5 CONCLUSION

There was no significant difference in the responses obtained by students from different periods. However, it was observed that the response rate was higher among students in the eighth period, due to the closer contact time with the addressed topic. The students showed very satisfactory knowledge regarding the diagnosis of mistreatment, and many suspected of cases

attended within the scope of the undergraduate course. The vast majority demonstrated knowledge about the means of reporting cases of suspected mistreatment. Nevertheless, few were aware of the existence of a specific reporting form and the consequences predicted in the law for professionals who do not report suspected or confirmed cases of violence against children and adolescents. With the advancement of policies and actions resulting from the latter, health professionals' knowledge tends to improve.

RESUMO

Diagnóstico e notificação de casos de violência contra crianças e adolescentes: conhecimento de estudantes de Odontologia

O objetivo desse estudo foi avaliar o conhecimento de estudantes de Odontologia acerca do diagnóstico e da notificação em casos de violência contra crianças e adolescentes (VCA). Trata-se de um estudo transversal, descritivo e exploratório realizado com os estudantes (n=100) que cursavam oitavo e décimo períodos no semestre 2018.1, dos turnos diurno e noturno do curso de Odontologia da Universidade Federal de Pernambuco. Os dados foram coletados por meio de questionário autoaplicável, composto por 22 perguntas. Os dados foram tabulados e analisados segundo estatística descritiva e teste de associação entre as variáveis, considerando p-valor <0,05 como significância estatística. A importância do tema foi reconhecida pela quase totalidade dos estudantes (99,0%), no entanto, menos da metade (45,0%) considerou que as informações recebidas na graduação foram suficientes. Destaca-se, porém, que os estudantes demonstraram conhecimento razoável do assunto, com percentual de acertos de 75,27%. Não houve diferença significativa entre o número de acertos dos alunos do oitavo e décimo períodos. Embora 85,0% dos estudantes afirmaram que a conduta correta em caso suspeito de VCA seja fazer denúncia ao

Conselho Tutelar da localidade, menos da metade afirmou conhecer a ficha de notificação específica e apenas 10,0% conheciam que a pena para os profissionais que não notificarem é multa de 3 a 20 salários de referência. Conclui-se que os estudantes apresentaram conhecimento satisfatório no que diz respeito ao diagnóstico de VCA e domínio sobre os meios de denúncia para notificação específica.

Descritores: Maus-tratos Infantis. Notificação Compulsória. Estudantes de Odontologia.

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