

# Evaluation of knowledge and conduct of doctors and dentists on violence against children and adolescents

*Avaliação do conhecimento e conduta de médicos e dentistas sobre a violência contra crianças e adolescentes*

*La evaluación de los conocimientos y la conducta de los médicos y dentistas sobre la violencia contra los niños*

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## Abstract

Violence against children is spreading, regardless of ethnic group, age, social class, gender or color. Because of lack of awareness, reports statistics and negligence of the population, violence that includes mistreatment, negligence and sexual abuse that could kill reaches a level of no concern coming from health professionals, highlighted by this study. On evaluating the awareness that physicians and dentists have about mistreatment by using questionnaires, the authors conclude that these professionals knew about the issue, recognized the characteristic signs and symptoms of abused children and the ones who cause them. However Children Care Organizations do not know how to document the evidences and when they have a suspect of the fact but they do not make a report. The author also emphasizes that the under-graduate courses are not lecturing about this subject.

**Descriptors:** Child Abuse; Domestic Violence; Negligence; Awareness; Dentists; Physicians.

## Resumo

A violência contra as crianças está se espalhando, independentemente de etnia, idade, classe social, sexo ou cor. Devido à falta de conscientização, estatísticas relatadas e negligência da população, violência, que inclui maus tratos, negligência e abuso sexual que poderia até matar, atinge um nível de nenhum interesse vindo de profissionais de saúde, com destaque para este estudo. Ao avaliar a conscientização que os médicos e dentistas têm acerca de maus-tratos por meio de questionários, os autores concluem que esses profissionais sabiam sobre o assunto, reconheceram os sinais e sintomas característicos de crianças vítimas de abuso e o que lhes causam. No entanto, Organizações de Cuidados de Crianças não sabem como documentar as evidências e quando eles têm uma suspeita do fato, elas não fazem um relatório. Os autores também enfatizam que os cursos de graduação não abordam o assunto.

**Descritores:** Maus-Tratos Infantis ; Violência Doméstica; Conscientização; Odontólogos; Médicos.

## Resumen

La violencia contra los niños está propagando independentemente de su etnia, edad, clase social, sexo o color. Debido a la falta de conciencia, y negligencia de la población reportada en estadísticas, la violencia, incluido el abuso, el abandono y el abuso sexual que incluso podría matar, alcanza un nivel de ninguna preocupación de los profesionales de la salud, especialmente para este estudio. En la evaluación de la conciencia de que los médicos y los dentistas tienen sobre los malos tratos a través de cuestionarios, los autores concluyen que estos profesionales lo sabían, reconocen los signos y síntomas de los niños víctimas de abuso y sus características. Sin embargo, las organizaciones de cuidado de niños no saben cómo documentar la evidencia y cuando tienen una sospecha del hecho, no hacer un informe. Los autores también hacen hincapié en que los cursos de pregrado no abordan el tema.

**Descriptores:** Maltrato a los Niños; Violencia Doméstica; Concienciación; Odontólogos; Médicos.

## INTRODUCTION

Violence against children makes silent victims, and parents in 90% of the cases are to blame. Usually mothers do not report because they are afraid of retaliation, as well as children not being able to show their feelings.

Many are the signs of these aggressions that are possible to be identified by trained professionals. Human bites, cigarettes and iron burnings, neck ringing, rectum bleeding, dental fractures, tongue and lip lesions are easily identified by physicians and dentists who should be instructed to recognize, to document and to report these cases<sup>1,2</sup>.

This identification leads to protection of the children but most of health professionals do not do it for lack of instruction.

Schwartz et al.<sup>3</sup> described oral manifestations and the legal aspects of child abuse. They said it is becoming more and more important especially to pediatric dentists to identify the signs of child molesting, to be aware about procedures on how to report suspect cases.

Laskin<sup>4</sup> wrote an editorial about identification of abused children, showing statistics, characteristic signs and symptoms reinforcing what he said in 1973, emphasizing that, by the percentage of injuries on the head and neck the dentist should be able to perform the diagnostic of this pathology with safety.

Malecz<sup>5</sup> checked the concern of American dentists to report suspect cases of abused children due to not being sure about the diagnostic (41%), fear of getting involved in a law suit (26%), lack of familiarity with the signs and symptoms (19%) and possible effects in odontological procedures (6%).

Croll et al.<sup>6</sup> reported that dentists can identify physical evidences of child molesting especially on the head, neck, face and mouth.

Wright e Thornton<sup>7</sup> reported the importance of a dentist in a multidisciplinary team that helps abused children. Wagner<sup>8</sup> described in his study the importance of identification of bite marks in children, because these are commonly associated with spanking and sexual abuse.

Loos<sup>9</sup> performed a study where he approached odontological negligence that, according to the American Academy of Dentistry for Children, occurs because of parents omission in seeking dental treatment for any buccal condition that hinders or interferes in the feeding, cause chronic pain, delay the growth and child development or interfere in their daily activities. Most of the traumas occur more commonly on the face followed by the nape and the buttocks according to reports of Atwall et al.<sup>10</sup>.

Welbury e Murfhy<sup>11</sup> pointed out that around 50% of the diagnosed cases of spanking show oral and facial traumas being the fractures frequently evident.

Cavalcante et al.<sup>12</sup> presented some help to pediatric dentists to identify spanking and what to do, because most of these traumas can be easily identified in the dental office, what usually does not occur<sup>13</sup>.

Pereira et al.<sup>14</sup> said that dentists should also observe the behavior of parents or responsible when they are in the dental office with the children.

Carvalho<sup>15</sup> said that the early diagnostic is very important for the physical and psychological integrity because it makes possible to help the family and the child, preventing consequences and recurrence as well as permitting treatment. He also said health professionals, especially dentists are not prepared to deal with these cases and the majority is not familiarized with the legal aspects to be followed and ethical conduct of the dentists does not mention occurrences of child abuse.

Worldwide child mistreatment is recognized as a significant public health concern but there is no consensus among researchers on the extent of the problem and whether nationally or globally rates of maltreatment are increasing or declining<sup>16-19</sup>.

The aim of this study was to check the level of information and conduct of doctors and dentists about mistreatment and violence against children and adolescents.

## MATERIAL AND METHOD

In order to conduct this research it was used a questionnaire with 10 questions that we distributed to 100 physicians and 100 dentists, that returned it to us after 15 days ( Figure 1).

**Figure 1.** Questionnaire applied to the professionals

- Field: Dentistry ( ) Medicine ( )  
 Specialty.....  
 1- Are you informed about violence against children  
 Y ( ) N ( )  
 2- Would you know how to act facing a case of child abuse?  
 Y ( ) N ( )  
 3- Have you ever suspected of a case of child abuse?  
 Y ( ) N ( )  
 4- If yes, what you have you done?  
 Nothing ( ) Reported ( )  
 5- Have you refrained from reporting not to be involved?  
 Y ( ) N ( )  
 6- Would you report a case of child abuse?  
 Y ( ) N ( )  
 7- Do you have information about a Department of Child Protection or any other sort of organization?  
 Y ( ) N ( )  
 8- If yes, what is the name of the organization?.....  
 9- Would you know how to identify signs or symptoms commonly observed in case of child abuse?  
 Y ( ) N ( )  
 10- Have you received any training about child abuse or mistreatment in college?  
 Y ( ) N ( )

## RESULTS

The results are shown in tables and charts for better comprehension and visualization.

**Table 1.** Distribution of inquired professionals

Field	# of professionals	Turned in	Answered questionnaires
Dentistry	100	80	73
Medicine	100	70	61
<b>Total</b>	<b>200</b>	<b>150</b>	<b>134</b>

**Table 2.** Distribution of inquired professionals

Specialty	# of Professionals	%
No Answer	6	8.22
Odontopediatrics	38	52.05
Buco-Maxilo-Facial Surgery	9	12.33
General Clinic	7	9.59
Orthodontics	5	6.85
Restaurative Dentistry	3	4.11
Periodontics	1	1.37
Endodontics	1	1.37
Estomatology	1	1.37
Public Dentistry	1	1.37
Preventive and Social Dentistry	1	1.37
<b>Total</b>	<b>73</b>	<b>100</b>

**Table 3.** File containing the answers from the Dentists

<b>Question # 1</b>	Yes (60)	No (12)	No answer (1)
<b>Question # 2</b>	Yes (45)	No (28)	No answer (-)
<b>Question # 3</b>	Yes (27)	No (45)	No answer (1)
<b>Question # 4</b>	Nothing (18) Justice ( 8) No answer (44) Mother (2) Social Worker (1)		
<b>Question # 5</b>	Yes (3)	No (61)	No answer (9)
<b>Question # 6</b>	Yes (70)	No (3)	No answer (-)
<b>Question # 7</b>	Yes (50)	No (22)	No answer (1)
<b>Question # 9</b>	Yes (44)	No (27)	No answer (2)
<b>Question# 10</b>	Yes (8)	No (65)	No answer (-)

**Table 4 –** Specialties of inquired Doctors

Specialty	# of Professionals	%
No answer	2	3.28
Pediatrics	19	31.15
Orthopedics	10	16.39
Radiology	8	13.11
Ophtalmology	3	4.92
Otorhinolaringology	3	4.92
Neurology	2	3.29
Cardiology	2	3.29
Dermatology	2	3.29
Neurosurgery	2	3.29
General Clinic	2	3.29
Urology	1	1.63
Infectology	1	1.63
General Surgery	1	1.63
Gynechology and Obstetrics	1	1.63
Medical Emergency and Paramedics	1	1.63
Labor Medicine	1	1.63
<b>Total</b>	<b>61</b>	<b>100</b>

**Table 5.** File containing the answers from the Doctors

<b>Question # 1</b>	Yes (57)	No (4)	No answer (-)
<b>Question # 2</b>	Yes (55)	No (6)	No answer (-)
<b>Question # 3</b>	Yes (39)	No(22)	No answer (-)
<b>Question # 4</b>	Nothing (6) Justice ( 28) No answer (25) Mother (-) Social Worker (-) Guardian Council (2)		
<b>Question # 5</b>	Yes (2)	No(49)	No answer (10)
<b>Question # 6</b>	Yes (57)	No (3)	No answer (1)
<b>Question # 7</b>	Yes (50)	No(11)	No answer (-)
<b>Question # 9</b>	Yes (50)	No (9)	No answer (2)
<b>Question# 10</b>	Yes (21)	No(40)	No answer (-)

**Table 6.** Question # 8 – Departments of Child Protection mentioned by Doctors

No answer	17
Guardian Council	31
Juvenile Judge	17
Police Station	12
Public Prosecutor	6
Child and Adolescent Rights Council	5
Social Assistance	4
CRAMI	2
CONDICA	2
Police Station for Women	2
Justice	2
Civil Police	2
Public Ministry	1
Regional NGO	1
Department of Minor Well Being	1
Center for study and prevention of domestic violence against children and teenager	1

**Table 7.** Question # 8 – Departments of Child Protection mentioned by Dentists

No answer	27
Guardian Council	31
Juvenile Judge	20
Prosecution Office	6
Police	6
Police Station for Women	5
Child and Adolescent Department	4
UNICEF	2
Police Station for Minors	2
Sentinel Project	1
Public Defense	1
Social Worker	1
COMDICA	1
CRAMI	1
House for Child Assistance	1
Shelter for Children and Adolescents	1

## DISCUSSION

To have an adequate interference, professionals should be willing to take in consideration either violence or negligence as a possibility in the diagnostic. Some evidences on the child, parents or in

the explanation about the child condition that led to the consultation, could lead the professional to suspect about child mistreatment especially because the responsible for this do not show the care they have when they visit a doctor. So this professional could be the first one to identify a mistreated child.

To participate in this study, we selected professionals who deal with children more often.

When the professionals were inquired about how much they know about the issue, it was meant to get information if they have ever faced this problem through clinical experience or the media.

In question number one, 60 dentists out of 73 (82.19%) and 57 doctors out of 61 (93.44%) said they were aware about violence against children and adolescents. This makes us think that at least in some points of their professional or academic life the subject has been brought to their knowledge.

As for those who are not aware about the issue (24.37%) it is necessary to conduct some studies.

It is unknown the reason why this subject is not being lectured in College (question # 10). It is believed that students as well as faculty do not get such kind of information. It is necessary to break the cycle through reports and actions by responsible people.

Concerning the Child Protection Department (question # 7, # 8) it is evident that there is an agreement among the professionals (table 4, 5). According to the Estatuto da Criança e do Adolescente<sup>20</sup> (Child Bill of Rights) the Tutelary Council should be the most adequate for this kind of information.

In cases of emergency the number to be accessed for report is 190, not being necessary to show evidences, just suspects.

Not turning in the questionnaire or not answering shows lack of interest and education regarding violence against children (Table 1). Omission could be also considered.

Because this issue is not included in the College requirements both in Medicine and Dentistry (question # 10) some professionals do not feel comfortable to suspect and diagnose violence and mistreatment. Such question is not being taken in consideration<sup>21</sup>. So the professionals do not have ways to diagnose accurately.

Besides the difficulty in identifying cases, another question occurs: Is the professional secret being broken?

Reporting is very important for fighting violence. It is beneficial for simple cases and it is a control of violence.

Legally speaking, the health professional should report confirmed or suspect cases of violence, but it has been questioned by the professionals.

Professionals should observe the children clothes upon their visit to the office, if they are appropriate to that kind of weather or not. If not adequate it could be a case of negligence or an attempt to hide physical signs of abuse according to Kittle et al.<sup>22</sup> e Jesse<sup>23</sup>.

According to the Child and Adolescent Bill of Rights – Health Department<sup>24</sup>, the health professional as a responsible citizen for health promotion, providing odontological service has a legal responsibility to report any case.

According to information obtained in College (question # 10) 89.4% (65 out of 73) of the dentists and 65.57% (40 out of 61) of the doctors answered that they did not get information about mistreatment.

Questions # 2, 8 and 9 show a connection, being in strategic order because one question can contradict the other. An example is the sequence of questions where the professionals are inquired about how to act facing a case of violence against children (question # 2). In this one 49.31% (36 out of 73) of the dentists and 83.61% (51 out of 61) of the doctors answered yes, making us believe that they know about the Department of Child Protection (question # 7, 8 – Table 3 and 4).

Documentation about the cases are as important as the identification because the legal conduct of the case is related to essential facts.

When inquired about familiarity with some Protection Organization to ask for some help (question 8) 68.49% (50 out of 73) of the dentists and 81.97% (50 out of 61) of the doctors, say that they heard about these departments (Tables 3 e 4).

Regarding suspect cases of violence against children (question # 3), 61.64% (45 out of 73) of the dentists say that they have never suspected, while 63.94% (39 out of 61) of the doctors suspected of the fact.

The results are conflicting. There is a question if doctors are more attempt or better prepared. According to the bibliography, the dentists do not take part in multi-professional teams for the diagnosis of this pathology<sup>13</sup>, but parents or responsible may go to the dentist before going to the doctor and in this case, it looks like indifference or negligence.

When inquired about the report of cases of violence against children (question # 6) 95.9% (70 out of 73) of the dentists and 93.44% (57 out of 61) of the doctors said that they affirmed they would do it and (question # 5) 83.56% (61 out of 73) of the dentists and 80.33% (49 out of 61) of the doctors would report even if this implied in liability. But when inquired about what they had done about suspect of mistreatment (question # 5 closely related in question # 4), 84.93% (62 out of 73) of the dentists and 50.82%

(31 out of 61) of the doctors did nothing or turned in unanswered questions making us assume evident cases of omission.

Regarding signs or symptoms of violence (question # 9) 60.27% (44 out of 73) of the dentists and 81.97% (50 out of 61) of the doctors answered that they are aware and able to identify.

Based on the bibliography and results obtained from this study it is important to stimulate the making of more studies similar to this one. This way both professionals and population in general would be alert and whenever they suspect about child abuse and violence they would report, helping to prevent this atrocity to happen.

## CONCLUSION

Health professionals have enough knowledge to diagnose cases of mistreatment and child abuse as well as the Departments in charge of Child Protection, but they are negligent not reporting suspect or confirmed cases.

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## **CONFLITO DE INTERESSES**

Os autores declaram não haver conflitos de interesse.

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