

Orofacial manifestations in violent children sexually: the role of dentist surgeon in diagnosis

Manifestações orofaciais em crianças violentadas sexualmente: o papel do cirurgião dentista no diagnóstico

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ABSTRACT

Sexual abuse against children and adolescents is one of the main public health problems around the world that can cause physical and psychological short and long-term consequences. The objective of this study is to review the literature on signs and symptoms related to sexual abuse in children and adolescents that can be identified by the dentist. The most common orofacial manifestations are composed of lacerations, bruises or abrasions on the lip, tongue, labial and lingual frenums, gingiva, oral mucosa, dental trauma, ecchymosis, bites and scratches. Oral lesions from sexual violence are difficult to diagnose, because they can be confused with accident or disease, but signs such as erythema, ulcer, petechiae on the palate can be a sign of sexual practice through forced oral sex, in addition to the presence of symptoms of sexually transmitted infections in the orofacial and oropharyngeal region. Many victims do not show the physical signs mentioned above, therefore, the psychological aspects must be taken into account. The fear on the part of healthcare professional of seeing violence is a fact, since they fear the reaction of family members, the incorrect diagnosis and lack of knowledge of how to carry out the notification. In cases of suspected sexual abuse, the dentist must record it in the patient's medical record, followed by notification to Organs. It is concluded that the dentist is a professional capable of acting in the identification of cases involving child sexual abuse.

Keywords: child sexual abuse, orofacial manifestation, role of the dentist, child abuse, legal dentistry.

RESUMO

O abuso sexual contra crianças e adolescentes é um dos principais problemas de saúde pública em todo o mundo que pode causar conseqüências físicas e psicológicas a curto e longo prazo. O objetivo deste estudo é revisar a literatura sobre sinais e sintomas relacionados ao abuso sexual em crianças e adolescentes que podem ser identificados pelo dentista. As manifestações orofaciais mais comuns são compostas de lacerações,

contusões ou abrasões no lábio, língua, frenesi labial e lingual, gengiva, mucosa oral, traumatismo dentário, equimose, mordidas e arranhões. Lesões orais por violência sexual são difíceis de diagnosticar, pois podem ser confundidas com acidente ou doença, mas sinais como eritema, úlcera, petéquias no palato podem ser um sinal de prática sexual através do sexo oral forçado, além da presença de sintomas de infecções sexualmente transmissíveis na região orofacial e orofaríngea. Muitas vítimas não apresentam os sinais físicos mencionados acima, portanto, os aspectos psicológicos devem ser levados em consideração. O medo dos profissionais de saúde de ver a violência é um fato, pois temem a reação dos familiares, o diagnóstico incorreto e a falta de conhecimento de como realizar a notificação. Nos casos de suspeita de abuso sexual, o dentista deve registrá-lo no prontuário médico do paciente, seguido de notificação aos Órgãos. Conclui-se que o dentista é um profissional capaz de atuar na identificação de casos de abuso sexual infantil.

Palavras-chave: abuso sexual infantil, manifestação orofacial, papel do dentista, abuso infantil, odontologia legal.

1 INTRODUCTION

Child abuse or mistreatment is any act or omission that physically, psychologically, sexually, negligently, or commercially exploitative abuse children, causing a range of health and developmental problems ¹. Sexual abuse is a global health problem and most of the victims are children and adolescents ^{1,2}. Sexual violence consists in carrying out acts that oblige children and young people to be used to satisfy one or more adults in a sexual way. And through this means emotional blackmail, threats and physical aggression can be used ¹.

In most cases, rape is done by people who participate in the coexistence of the child or adolescent ^{3,4}. Most victims are female ^{1,4,5,6}. Sexual practice involving physical contact consists of touches, caresses, kisses on the mouth, oral sex, acts with or without penetrations. But it does not occur only with physical touch and children should be alerted about the signs of those who suffer these violations. Such abuse can also be carried out through erotic speech, viewing pornographic material for minors, exhibitionism or the act of observing the intimate parts of victims ^{4,5,6}.

Sexual violence is the quieter type of child abuse compared to others, and can cause great psychological and physical consequences, harming the health of the victim, one of them being the conception of sexually transmitted diseases (STDs) ^{6,7,8,9}. Contagion is achieved through sexual contact without condom use with an infected person ⁴.

The mistreatment of children and adolescents has been gradually increasing and spreading in recent years. On the world stage, as a result of the coronavirus pandemic, which has been happening since the end of the year 2019, the number of cases of sexual abuse has increased significantly, but there has been a huge decrease in the complaints. More than 17,000 complaints were filed by Dial 100 before the pandemic in the year 2019. In 2021, by May 12, more than 6,000 reports of child sexual violence were registered. Due to the closure of schools and kindergartens, places of socialization of the child and being more exposed to its possible abuser, the complaints made for Dial 100 diminished compared to the year before the pandemic ^{10,11,12}.

The most common physical injuries of the abuse are in the head, neck, face and mouth, so it is of great importance that dentists know how to diagnose them, since they act in regions of the head and neck. Orofacial manifestations are composed of lacerations, bruises or abrasions on the lip, tongue, lip and lingual brakes, gum, oral mucosa, dental fracture, tooth dislocation, dental avulsion, ecchymosis, bites and scratches ^{1,2,3}. In addition to lesions from sexually transmitted diseases (STDs), it can manifest itself in the oral cavity through ulcerative lesions, bullous vesicles and secretions ^{1,3,4}. The injuries are suggestive of abuse, because children play and move independently, and not all STDs will be due to sexual abuse ⁵.

The most prevalent buccal injuries arising from sexual violence are actually something more difficult to diagnose, because it can be confused with accident or disease. But mouth signs such as erythema, ulcer, petechiae on the palate and brake lacerations can be significant sexual practice through forced oral sex, including the presence of STD symptoms in the orofacial and oropharyngeal region such as condylomatous manifestations, herpes, gonorrhea secretion, candidiasis, syphilis, HIV/AIDS, can be signs of child sexual abuse. Pathologies such as syphilis and HIV/AIDS are rarer to arise, but should be taken into consideration ^{1,4}.

In addition, signs such as swallowing difficulty, lack of control of sphincters, and walking problems can be evidence of sexual violation. Many of the sexually abused children do not show obvious clinical signs, so the behavior of the child should be observed by the professional during the consultation as excessive shyness, lack of confidence, discomfort of sitting in the dental chair, lack of control during the care and the child not allow to insert dental instruments in the mouth ^{1,3,4}.

The dental surgeon, being a specialist in the orofacial region, should be attentive to these possible lesions and emotional behaviors. The first step is to carry out an

anamnesis and a detailed clinical examination, because through this can help to arrive at the correct diagnosis and prevent negligence from occurring ³.

In cases of the possibility of sexual abuse, the dentist should record everything about the consultation in the patient's medical records, such as the report of the victim and of the person responsible, the characteristics of the psychological state of the child or adolescent, the behavior of the victim vis-à-vis the person responsible. The professional can request further examinations and take photographs. Then you must make the notification to the competent bodies ^{3,4,5}.

The fear on the part of health professionals of seeing violence is a fact. Since they fear mainly the reaction of the family members, the incorrect diagnosis and lack of knowledge of how to carry out the notification ³. It is imposed by the Statute for Children and Adolescents (ECA) and by the Federal Council of Dentistry, that the professional has the legal duty to notify cases in the face of child abuse ^{2,3}. Notification is mandatory and must be addressed to the Child and Youth Tutorial or Judicial Council in a secret manner, or the complaint must be made to Dial 100 ³.

The aim of this study is to show signs and symptoms related to sexual abuse in children and adolescents that can be identified by the dentist.

2 LITERATURE REVIEW

Studies in the literature have shown that sexual violence is a global public health issue in which the dentist is a part. This subject is very important for its formation and involves several factors, such as social, political, economic and cultural issues ^{1,2,3,4}. The predominance of the victims was found to be children and adolescents of the female sex, but it can happen with any age or both sexes ^{1,2,4,5,6,7,8}. Generally, the aggressors are male ^{1,6}. Unfortunately, the research reveals that the abusers are usually of the intra-familial scope ^{1,3,4,6,7,8,9,10}.

A survey of published studies on the increase of cases of sexual abuse in recent years ^{1,3,10,11,12}. Due to the Covid-19 pandemic, children were distanced from the public and institutional support system, such as schools and contact with the health professional, so it became more difficult to identify child violence. The study reveals that there has been a significant decline in the number of reports of sexual abuse made to Dial 100 and on the other hand, there has been an increase in the cases, since the victims are closer to their possible abuser in this period of the pandemic ^{10,11,12}.

Most studies have shown that the prevalence of injuries in physically abused children is in the orofacial region ^{1,2,3,4,5,6,7,8,9,13}. Injuries caused by sexual assault may be present in the oral cavity, regardless of their presence in the genital organs. Most studies reveal that the main clinical orofacial manifestations that may be indicators of possible sexual abuse in pediatric patients are petechiae found at the junction of the hard and soft palate caused by fellatio, bite marks, scratches, bruises by suction in the neck, dental trauma, laceration of lip brakes and linguals - mainly in children from 1 to 8 years of age - and may present bruises or ulcerations on the lips, tongue and oral mucosa by sexual practice also ^{3,4,5,6,7}.

Figure 1 - Palate ecchymosis due to fellatio



Source: Neville BW, Damm DD, White DK. 1999. Page 181 ¹⁴.

Figure 2 - A torn lip brake without sufficient explanation is suspected of child abuse for infants and children.



Source: Bosschaart AN, Hermansson A, van Zeben-van der Aa T. 2014. Page 22. Available at: https://cdn.gn1.link/iapo/imageBank/xii_manual_portugues_capitulo_1.pdf ¹⁵.

One of the observations made in two studies is that lacerations of the tongue and lip brakes may occur accidentally in children who are learning to walk, but if the lesion is found in a child outside the age range, it is highly suggestive of sexual abuse ^{6,7}. Frenules can be ruptured by forced oral sex ^{2,3,4}. Bite marks are also difficult to identify,

because they can be confused with bites from animals or even from other children. However, the human bite is usually superficial and ovoid-shaped with the presence of bruises, abrasions or ecchymoses, due to the act of sucking during the bite. On the other hand, the animal bite, is presented in a deep form together with lacerations and avulsions of the tissues ^{3,7}.

Figure 3 - The one year and four month old baby, hospitalized with bite marks on the body and sexual violence.



Source: Available at: <https://g1.globo.com/am/amazonas/noticia/2016/06/no-am-bebe-com-marcas-de-mordida-e-vitima-de-estupro-segue-internado.html> ¹⁶.

Figure 4 - Dog bite.



Source: Available at: <https://extra.globo.com/noticias/mundo/menino-leva-21-pontos-no-rosto-ao-ser-mordido-por-cao-enquanto-tirava-selfie-19711808.html> ¹⁷.

There are other lesions that may be more specific and clear about sexual violation, the dentist should be aware of sexually transmitted diseases (STDs) in the oral cavity, such as condyloma acuminata, syphilis, oral and perioral gonorrhea, candidiasis, herpes and the resulting manifestations of HIV/AIDS ^{1,3,4,5,6,7,8,9}. Gonorrhea is the most frequent

pathology in children who are victims of sexual violence. Symptoms may appear on the lips, tongue, palate, face, and especially pharynx. May cause erythema, ulceration and lesions with the presence of pustules, vesicles and pseudomembranous^{7,8}. Although syphilis and the oral manifestations of HIV/AIDS are rare pathologies, they should not be ruled out, it is necessary to investigate the origin of the disease^{1,8}.

Acuminated condyloma is caused by human papilloma virus (HPV) and the appearance of this disease in children may be indicative of them being sexually assaulted, due to direct sexual contact being the main route of contamination. It can manifest itself in the oral region in the form of a grouped wart, a cauliflower aspect, fixed, pinkish, with a delimited border and painless^{7,8,18}. "The differential diagnosis for the acuminated condyloma begins with its oral manifestation where, unlike the papilloma, it is grouped with other condylomas. This has slender islands supported on epithelial papillae larger than the common wart and squamous papilloma¹⁸."

Another important point that can be evaluated is through anamnesis and detailed physical examination carried out by the dentist, as in the case of a five-year old girl, who attended the dental clinic accompanied by the person responsible with the complaint of "lump near the gum in roof of the mouth". The professional suspected a sexually transmitted disease by the Human Papilloma Virus (HPV), confirmed later by specific examinations. Another observation made during the intraoral examination is the lesion present on the palate that can happen due to oral sex (Figure 5)¹⁹.

Figure 5 - Acuminate condyloma and Palate Injury.



Source: https://m.facebook.com/AgoraNewsPiracicaba/posts/174588137499868/?refsrc=deprecated&_¹⁹.

Figure 6 - Six-year-old boy with HPV on the lip.



Source: Available at: <https://g1.globo.com/sao-paulo/itapetininga-regiao/noticia/2015/08/mae-que-soube-de-estupro-de-garoto-ao-ir-dentista-vai-procurar-psicologo.html>²⁰.

Through clinical observation of the lip injury of a six-year-old child, the dentist at a health clinic may suspect sexual abuse. The professional assumed that the boy had HPV, a sexually transmitted disease, due to the shape and coloring of the lesion. (Figure 6)²⁰.

On the other hand, the contagion of sexually transmitted diseases can be through childbirth, when the baby comes into contact with the contaminated lesion of the mother in the genital region^{7,8}. That is why the initial step is to carry out a good anamnesis to investigate the personal and family history of the patient. Followed by complementary exams, intra- and extra-oral clinical examination, performed in a detailed manner^{3,5,6,7,8}. In the literature it is important to observe the general appearance of the patient as the dress and emotional behavior. Characteristics such as depressive, dythymic, anxious, rebellious, aggressive and/or delinquent, timid and the interaction with the responsible^{1,3,4,5,6,7,8,9,10,13}.

Knowledge of how to identify clinical or psychological signs and symptoms and how to intervene appropriately, how to carry out the notification to the public bodies, is of great importance for the professional, in order to prevent negligence from occurring^{2,3,4,5,6,7,13}. Investigations carried out in the reading explicitly that the negligence committed by the professional occurs due to the fear of losing patients, lack of trust in the protective organs, fear of parents, doubt of making a mistake in the diagnosis, the unawareness of how to make the notification and to whom to turn^{1,3,4,5,6,7,8}. It is important to mention that the complaint is not an accusation, but a request to investigate and assist the case. Few dentists have the issue of violence addressed in undergraduate or postgraduate studies, as well as the duties and conduct defined by the Federal Council of Dentistry. Therefore, it makes many cases of sexual abuse underreported^{2,3,4,5,6,7,13}.

It is imposed by law and reported in the Federal Council of Dentistry, which makes explicit in Article 9, Section VII of the Code of Professional Ethics, that the dental

surgeon has the duty to notify any case of suspected or confirmed mistreatment to the competent authorities. Otherwise, the dentist will be infringing the Code of Dental Ethics, and may be prosecuted criminally^{2,3,5,6}. And also, it is imposed by the Statute of the Child and Adolescent (ECA), that the professional has the legal duty to notify cases in the face of child abuse^{2,3,4,10,13}.

All findings in cases where there is suspicion of sexual violence, the examination during dental care should be done in a thorough manner, carrying out questions for the child or for the responsible person, should the victim not answer. The professional should document in detail in the patient's clinical records or medical records, make a detailed description of the clinical examination, of the lesions, of the emotional state of the child, the report of the responsible person and of the victim, and in cases where there is the presence of lesions, one can take photographs and X-rays^{1,3,5,6}. It is up to the dentist to report to the Child and Youth Protection Board or Judiciary, besides notifying the case to the police authority. The complaint can be made through Dial 100 also - Dial National Denunciation, in order to prevent other aggressions from happening again^{3,4,5,6,8,10,13}.

2.1 PHYSICAL CONSEQUENCES

As a result of rape, it can cause serious problems in the health of the child and adolescent such as unwanted pregnancy, the conception of sexually transmitted diseases (STDs), physical disabilities such as damage to the urethra, hymen, internal and external area of the vagina and/or anus and lesions in the oral mucosa, can cause hemorrhages, hypovolemic shocks, fecal incontinence, menstrual irregularities and chronic pelvic pain^{8,9,10}.

STDs are another problem for public health, it can cause infertility, sexual dysfunction, abortion, premature babies' births and with health problems, cancer and death. Therefore, the dental surgeon plays a large role in the early diagnosis of these lesions caused by the disease, thus being able to avoid future consequences on the physical health of the victims⁸.

2.2 PSYCHOLOGICAL CONSEQUENCES

There is evidence that sexual abuse causes emotional trauma in children and young people, and may persist into adulthood. These victims can become vulnerable, so they can be raped at other times or they can become adult abusers by repeating cycle⁸. The short-term psychological damage is the fear of the aggressor and of the sex of the

aggressor; social isolation; anxiety; depression; eating disorders, dissociative and sleep disorders; feelings of rejection, confusion, humiliation, shame and fear; behaviors of aggressiveness and rebelliousness; lack of trust; improper sexual behavior. In this type of violence, the dentist will not find visible signs, so it is considerable to pay attention to the patient's behavior ^{3,4,6,7,8,9,10,13}.

In school, child development can be affected due to post-traumatic stress, anxiety, and hyperactivity, so the student can have difficulties making friends and paying attention ^{3,5,6,7,8,13}. Other late-level consequences can manifest through suicidal behaviors; more acute phobias; greater anxiety intensity, depression, anger, and isolation; distorted images of the world and difficulty perceiving reality; chronic sense of danger; alcohol and other drug abuse; sexual dysfunctions; menstrual dysfunctions ^{8,9,10,13}.

According to one of the literature, psychological disorder has a relationship with mouth changes, since chronic bites on the lip and mucosa are more frequent in stressed and anxious people. So, as a result of the abuse can end up causing lesions in the oral mucosa such as mucocele ¹³. The mucocele is the mucin spill inside the soft tissues, caused by the rupture of the salivary duct. Generally, the appearance of these lesions is on the lower lip and back of the tongue to local trauma that are caused by bites. The prognosis of mucocele is excellent, provided that there is the removal of the etiological factors, which can occur to the recurrence, if it does not eliminate it ¹³.

Figure 7 - Mucocele from bite trauma.



Source: Silva AF, Silva SOA, Lima LCN, Pinheiro JC, Silva GB, Figueiredo CVO, Carvalho SPM. Available at: <https://revistas.brazcubas.br/index.php/roubc/article/view/853/939> ¹³.

Through the observation of emotional behavior and the collection of important data of an eleven-year old patient, the dentist arrived at the diagnosis through the mother's account of the habit of biting her lips, being anxious, sad, silent and had been suffering physical and psychological abuse of the stepfather, besides suffering bullying in school. Thus, the health professional can conclude that the recurrence of the lesions in the oral mucosa was due to stress caused by the mistreatment (Figure 7) ¹³. It is important to follow the victim to the psychologist after the trauma and the sensitivity of the professional to face this complex situation, avoiding negative consequences on the personal development of the child ^{9,13}.

3 DISCUSSION

With the present study, it can be observed that the most prevalent orofacial manifestations in the oral cavity are lacerations, hematomas or abrasions on the lip, tongue, lip and lingual brakes, gum, oral mucosa, dental trauma, bruises, bites and scratches ^{1,2,3,4,5,6,7}. In addition to injuries from sexually transmitted diseases (STDs) ^{1,3,4,5,6,7}. Regarding STIs, the majority included oral gonorrhea, syphilis, condyloma ^{1,3,4,5,6,7,8}. On the other hand, herpes was observed, in addition to these ^{1,4,5,6,8}. Candidiasis and manifestations of HIV/AIDS were not described in all literature, but were mentioned in some studies ^{1,4,8}.

Most pointed out that signs such as petechiae palatinas and sexually transmitted diseases present in the oral cavity, can be highly indicative of sexual abuse ^{1,3,4,5,6,7}. Several injuries can be confused with accidents such as bite marks and brake lacerations, which can be caused by other reasons. There was an observation about bite marks, which should be suspect when they show a certain pattern, in an ovoid form and with the presence of ecchymosis ^{3,7}. And the laceration of the lip and lingual brake without a concrete justification or outside the age range, can be caused by forced oral sex ^{2,3,4,6,7}.

As for the injuries caused by the sexual practice in pediatric patients, several confirmed that it is something very suggestive, because children will not present obvious clinical signs, so the emotional characteristic of the child should be taken into consideration during dental care ^{1,2,3,4,5,6,7}.

In their majority, they prove that sexual violation generally occurs in the intra-familial environment ^{1,3,4,6,7,8,9,10}. On the prevalence, the female sex is the most affected, in the light of the present studies ^{1,4,5,6,7,8}. They reported that the abused child may end up

becoming an abuser in the future or end up being more vulnerable to being abused again⁸.

With regard to cases of sexual abuse in recent years, there has been a significant increase^{1,3,10,11,12}. At the end of 2019, in the Covid-19 pandemic, there was a decrease in the complaints that are made to Dial 100. With social isolation, he showed that this situation intensified by the absence of supervision, which made it difficult to identify cases that occur in intra-familial coexistence, thus harming the child's physical and mental health^{10,11,12}.

With respect to sexual abuse, it can cause great psychological trauma in the lives of victims^{2,3,5,6,7,8,9,10,13}. In most investigations, they stated that it can harm the development of the child in school and in living with other people^{3,5,6,7,8,9,10,13}. According to searches made, the victim in the future may have a number of problems such as the use of excess drugs, alcoholism and serious psychological problems such as depression^{6,8,9,13}.

The literature reports that psychological disorders have relationships with oral alterations. So they made observations about mucocele, which are constant insults in anxious and nervous people, characteristic of children who are being physically abused¹³.

About the physical consequences such as injuries to the genitals, unwanted pregnancy, hemorrhages and their consequences, fecal incontinence, menstrual irregularities and the sequelae arising from sexually transmitted diseases, can occur due to rape. So, it is necessary to have the knowledge of how to give the ideal support to the victims, thus avoiding physical damage and improving their quality of life^{8,9}.

Most of them find that health professionals working in regions of the head and neck tend to be the first people to identify signs of mistreatment. They revealed that dentists work in a favorable region to diagnose injuries arising from sexual violence^{1,3,4,5,6,7,13}. In relation to dentists, a large number of them present similar results, stating that they have difficulty in identifying, conducting the case and denouncing situations of child sexual abuse, due to the lack of information on the subject. As well as demonstrate that many cases are underreported for various reasons, but the main one is the fear on the part of the professional in making a mistake in the diagnosis, since the subject about violence is little addressed in graduation^{2,3,4,5,6,7,13}.

According to surveys carried out, in any suspected case of sexual abuse, the professional should carry out notification to the Board of Trustees for possible investigation and assistance to the victim^{2,3,5,6,8,10,13}. In addition, it was observed that in

the absence of it can carry out the complaint to the Children and Youth Court ^{2,3,4,5}. Another responsible body is the Public Prosecutor ^{3,13}. On the other hand, the police authority can also appeal ^{2,3,5,7}. In addition, Dial 100 becomes a possibility to carry out complaint ³.

4 FINAL CONSIDERATIONS

Injuries resulting from child sexual abuse may be present in the oral cavity, so the dentist may be the first professional to identify child sexual violence injuries. The main orofacial manifestations in sexually abused children are petechiae palatinas by felation, bite marks, scratches, ecchymosis by suction in the neck, dental trauma, lacerations, hematomas and abrasions of lip and lingual brakes, tongue, lips and oral mucosa, as well as the signs and symptoms of sexually transmitted diseases in the orofacial and oropharyngeal region.

Dentist surgeons have difficulties in identifying and conducting cases of abuse due to lack of content in graduation. As a result, there is omission and many complaints are not carried out. It is up to the professional to recognize early the signs and symptoms related to child sexual abuse, taking into consideration physical and psychological factors. The dentist should also be aware of the legal actions that need to be taken to ensure the safety and well-being of the child as notification to the competent bodies in order to avoid negligence. In cases of suspected sexual violence, the dental surgeon must notify the Child and Youth Tutorial Board or Judiciary, or make the notification by dialing to the number 100 or police.

It is concluded that the dentist is a professional capable of acting in the identification of cases involving child sexual abuse, being able to prevent the child's suffering from perpetuating itself, preventing the appearance of oral diseases, avoiding future consequences on the health and personal development of the pediatric patient.

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