



Chapter 14

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

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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, and 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 professionals of seeing violence is a fact since they fear the reaction of family members, the incorrect diagnosis, and the 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' competent bodies. 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.

1 INTRODUCTION

Child abuse or mistreatment is any act or omission that mistreats children in a physical, psychological, sexual, negligent, or commercial exploitation way, causing a series of problems in their health and development 1. Sexual abuse is a problem of world health and most of the victims are children and adolescents 1,2. Sexual violence consists of carrying out acts that force children and young people to be used to sexually satisfy one or more adults. And through this medium, emotional blackmail, threats, and physical aggression can be used 1.

In most cases, rape is committed by people who are close to the child or adolescent 3,4. Most victims are female 1,4,5,6. Sexual practice involving physical contact consists of touching, caressing, kissing on the mouth, oral sex, and acts with or without penetration. But it doesn't just happen with physical touch and

children should be warned about the signs of those who suffer these violations. This type of abuse can also be carried out through erotic speech, showing pornographic material to minors, exhibitionism, or the act of looking at the intimate parts of the victims 4,5,6.

Sexual violence is the most silent type of abuse against children compared to others and can cause major 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 carried out through sexual contact without the use of a condom with an infected person 4.

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 2019, the number of cases of sexual abuse has increased significantly, but there has been a huge decrease in complaints. More than 17,000 complaints were registered by Dial 100 before the pandemic in 2019. In 2021, until May 12, more than 6 thousand complaints of child sexual violence were registered. Due to the closure of schools and daycare centers, places where children socialize, and because they are more exposed to their possible abuser, complaints made to the Disque 100 decreased compared to the year before the pandemic 10,11,12.

The most common physical injuries from abuse are on the head, neck, face, and mouth, so dentists must know how to diagnose them, as they work in the head and neck regions. Orofacial manifestations consist of lacerations, bruises, or abrasions on the lip, tongue, labial and lingual frenulum, gingiva, oral mucosa, tooth fracture, tooth dislocation, tooth avulsion, ecchymosis, bites and scratch 1,2,3. In addition to lesions from sexually transmitted diseases (STDs), which may manifest in the oral cavity through ulcerative lesions, bullous vesicles, and secretions 1,3,4. Injuries are suggestive of abuse, because children play and move independently, and not every STD will result from sexual abuse 5.

The most prevalent oral injuries resulting from sexual violence are something more difficult to diagnose because they can be confused with an accident or illness. But oral signs such as erythema, ulcer, petechiae on the palate, and lacerations of the frenulum can be a sign of sexual practice through forced oral sex, including the presence of symptoms of STDs 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 appear but must be taken into account 1,4.

Furthermore, signs such as difficulty swallowing, lack of sphincter control, and problems walking can be evidence of a sexual violation. Many sexually abused children do not show obvious clinical signs, so their behavior should be observed by the professional during the consultation, such as excessive shyness, lack of confidence, discomfort in sitting in the dental chair, lack of control during the appointment, and the child not allowing it. inserting dental instruments into the mouth 1,3,4.

The dental surgeon, being a specialist in the orofacial region, must be aware of these possible injuries and emotional behaviors. The first step is to carry out an anamnesis and a detailed clinical examination, as this can help to arrive at the correct diagnosis and prevent negligence from occurring 3.

In cases of possible sexual abuse, the dentist must record everything about the consultation in the patient's medical record, such as the report of the victim and the guardian, the characteristics of the psychological state of the child or adolescent, and the behavior of the victim towards the guardian. The professional may request additional tests and take photographs. Then, it must notify the competent bodies 3,4,5.

The fear on the part of health professionals of seeing violence is a fact. Since they mainly fear the reaction of family members, the incorrect diagnosis, and lack of knowledge on how to notify 3. It is imposed by the Child and Adolescent Statute (ECA) and by the Federal Council of Dentistry, which the professional has a legal duty to notify the cases facing child and youth abuse 2,3. Notification is mandatory and must be sent to the Guardianship Council or the Children's and Youth Court, confidentially, or the complaint must be made to Dial 100 3.

The objective of this study is to present 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 of which the dental surgeon 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. It was found that the predominance of victims is female children and adolescents, but it can happen at any age or both sexes 1,2,4,5,6,7,8. Generally, the aggressors are male 1,6. Unfortunately, research reveals that abusers are usually within families 1,3,4,6,7,8,9,10.

A survey of published studies on the increase in cases of sexual abuse in recent years was carried out 1,3,10,11,12. Due to the Covid-19 pandemic, there was a distancing of children from the public and institutional support systems, such as schools and contact with health professionals, so it became more difficult to identify child violence. The study reveals that there was a significant decline in the number of reports of sexual abuse made to the Disque 100 and, on the other hand, there was an increase in cases, since 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. Lesions caused by rape may be present in the oral cavity, regardless of their presence in the Organs genitals. 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, ecchymosis due to suction on the neck,

dental trauma, laceration of the labial and lingual frenulum - mainly in children from 1 to 8 years old - who may also present bruises or ulcerations on the lips, tongue and oral mucosa due to sexual practice 3,4,5,6,7.

Figure 1 – Palatal ecchymosis resulting from fellatio.



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

Figure 2 – A torn labial frenulum without sufficient explanation is suspected of child abuse for babies and children.



Source: Bosschaart AN, Hermansson A, van Zeben-van der Aa T. 2014. Pg. 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 lingual and labial frenulum can occur accidentally in children who are learning to walk, however, if the lesion is found in a child outside this age range, it is highly suggestive of sexual abuse 6,7. The frenulum can be ruptured through forced oral sex 2,3,4. Bite marks are also something difficult to identify because they can be confused with bites from animals or even other children. However, the human bite is generally superficial and ovoid with the presence of bruises, abrasions, or ecchymoses, due to the act of sucking during the bite. An animal bite, on the other hand, profoundly presents itself, together with lacerations and tissue avulsions 3,7.

Figure 3 – The baby aged one year and four months, was 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.

Other lesions may be more specific and clear about sexual violation, the dental surgeon must be aware of sexually transmitted diseases (STDs) in the oral cavity, such as condyloma acuminata, syphilis, oral and perioral gonorrhea, candidiasis, herpes, and manifestations resulting from HIV/AIDS 1,3,4,5,6,7,8,9. Gonorrhea is the most frequent pathology in children victims of sexual violence. Symptoms may appear on the lips, tongue, palate, face, and especially the pharynx. It can cause erythema, ulcerations, and lesions with the presence of pustules, vesicles, and pseudomembranes 7,8. Although syphilis and the oral manifestations of HIV/AIDS are rare pathologies, they should not be discarded, it is necessary to investigate the origin of the disease 1,8.

Condyloma acuminata is caused by the human papillomavirus (HPV) and the appearance of this disease in children may indicate that they are being sexually abused, as direct sexual contact is the main route of contamination. It may manifest itself in the oral region in the form of a grouped wart, cauliflower-like, fixed, pink, with a delimited border and painless 7,8,18. "The differential diagnosis for condyloma acuminata begins with its oral manifestation where, unlike papilloma, it is grouped with other condylomas. This one has thin islands resting on epithelial papillae that are larger than the common wart and the squamous papilloma 18."

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

Figure 5 – Condyloma acuminata and lesion on the palate.



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-search-psicologo.html> 20.

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

On the other hand, sexually transmitted diseases can be transmitted through childbirth, when the baby comes into contact with the mother's contaminated lesion in the genital region 7,8. Therefore, the initial step is to carry out a good anamnesis to investigate the patient's personal and family history. Followed by complimentary tests, and intra- and extra-oral clinical examinations, carried out in detail 3,5,6,7,8. The literature points out that it is important to observe the general appearance of the patient, such as clothing and emotional behavior. Characteristics such as depressive, dysthymic, anxious, rebellious, aggressive and/or delinquent, shy, and interaction with the guardian 1,3,4,5,6,7,8,9,10,13.

The knowledge of knowing how to identify clinical or psychological signs and symptoms and knowing how to intervene properly, and how to notify public bodies, is of great importance for the professional, to prevent negligence from occurring 2,3,4,5,6, 7,13. The investigations carried out in the reading show that the negligence committed by the professional occurs due to the fear of losing patients, lack of confidence in the protection agencies, fear of the parents, the doubt of making a mistake in the diagnosis, the lack of knowledge of how to make the notification and the who to appeal 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 courses, as well as the duties and conduct defined by the Federal Council of Dentistry. Therefore, many cases of sexual abuse are underreported 2,3,4,5,6,7,13.

It is imposed by law and reported to the Federal Council of Dentistry, which explains in article 9, item VII of the Professional Code of Ethics, that the dental surgeon must notify any case of suspected or confirmed abuse to the competent authorities. . Otherwise, the dentist will be infringing the Code of Dental Ethics, and may be criminally prosecuted 2,3,5,6. Also, it is imposed by the Statute of the Child and Adolescent (ECA), that the professional has the legal duty to notify cases of abuse against children and adolescents 2,3,4,10,13.

All findings in cases where there is suspicion of sexual violence, the examination during dental care must be done in detail, asking questions to the child or the guardian, if the victim does not respond. The professional must document in detail in the patient's clinical file or medical record, perform a detailed description of the clinical examination, the injuries, the child's emotional state, the report of the guardian and the victim, and in cases where there are injuries, it can be taken photographs and radiographs 1,3,5,6. It is up to the dental surgeon to report to the Tutelary Council or the Juvenile Court, in addition to notifying the case to the police authority. The complaint can also be made through Dial 100 – Dial National Denouncement, to prevent other aggressions from happening again 3,4,5,6,8,10,13.

Physical consequences

As a result of rape, it can cause serious health problems for children and adolescents, such as unwanted pregnancies, the conception of sexually transmitted diseases (STDs), physical disabilities such as injuries to the urethra, hymen, internal and external area of the vagina and/or anus, and injuries to the oral mucosa, it can cause hemorrhages, hypovolemic shocks, fecal incontinence, menstrual irregularities and chronic pelvic pain 8,9,10.

STDs are another public health problem, they can cause infertility, sexual dysfunction, miscarriage, births of premature babies and babies with health problems, cancer, and death. Therefore, the dental surgeon has a great role in the early diagnosis of these injuries caused by the disease, thus being able to avoid future consequences on the physical health of the victims 8.

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 more times or they can become adult abusers repeating cycle 8. Short-term psychological damage is fear of the aggressor and people of the aggressor's sex; social isolation; anxiety; depression; eating, dissociative, and sleep disorders; feelings of rejection, confusion, humiliation, shame, and fear; aggressive and rebellious behavior; lack of

confidence; inappropriate sexual behavior. In this type of violence, the dentist will not find visible signs, so it is important to pay attention to the patient's behavior 3,4,6,7,8,9,10,13.

At school, the child's development may be affected due to post-traumatic stress, anxiety, and hyperactivity, so the student may have difficulties in making friends and paying attention 3,5,6,7,8,13. Other late-level consequences can be manifested through suicidal behavior; more acute phobias; increased intensity of anxiety, depression, anger, and isolation; distorted images of the world and difficulty perceiving reality; a chronic sense of danger; abuse of alcohol and other drugs; sexual dysfunctions; menstrual dysfunctions 8,9,10,13.

According to one of the literature, the psychological disorder is related to oral alterations, since chronic bites on the lip and mucosa are more frequent in stressed and anxious people. So, as a result of abuse, it can end up causing lesions in the oral mucosa such as mucocele 13. Mucocele is the spillage of mucin 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 is caused by bites. The prognosis of mucoceles is excellent, as long as the etiological factor is removed, and recurrence may occur if it is not eliminated 13.

Figure 7 – Mucocele due to biting 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.

By observing the emotional behavior and collecting important data from an eleven-year-old patient, the dentist arrived at the diagnosis through the mother's report about the habit of biting her lips, being anxious, sad, silent, and suffering physical and psychological abuse. stepfather, in addition to being bullied at school. Thus, the health professional can conclude that the recurrence of lesions in the oral mucosa was due to the stress caused by the abuse (Figure 7) 13. It is important for the victim to follow up with a psychologist after the trauma and for the professional's sensitivity to face this situation. the complex situation, avoiding negative consequences on the child's personal development 9,13.

3 DISCUSSION

With the present study, it can be observed that the most prevalent orofacial manifestations in the oral cavity are lacerations, bruises or abrasions on the lip, tongue, labial and lingual frenulum, gingiva, oral mucosa, dental trauma, bruises, bites and scratches 1,2,3,4,5,6,7. In addition to injuries resulting from sexually transmitted diseases (STDs) 1,3,4,5,6,7. Regarding STDs, most included oral gonorrhoea, syphilis, and 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 the manifestations of HIV/AIDS were not described in all the literature, although they were mentioned in some studies 1,4,8.

Most pointed out that signs such as palatal petechiae 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 mistaken for accidents such as bite marks and lacerations from the brakes, which can be caused by other reasons. There was an observation about bite marks, which should be suspected when they present a certain pattern, ovoid, and with the presence of ecchymosis 3,7. And laceration of the labial and lingual frenulum without a concrete justification or outside the age range can be caused by forced oral sex 2,3,4,6,7.

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

Most of them prove that sexual violation usually occurs within the family environment 1,3,4,6,7,8,9,10. Regarding prevalence, females are the most affected, according to 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 again 8.

Concerning cases of sexual abuse in recent years, there has been a significant increase 1,3,10,11,12. At the end of 2019, during the Covid-19 pandemic, there was a decrease in the number of complaints made to the Disque 100. Social isolation showed that this situation intensified due to the lack of supervision, which made it difficult to identify possible cases that occur within the family, thus harming the physical and mental health of the child 10,11,12.

Sexual abuse can cause great psychological trauma in the victims' lives 2,3,5,6,7,8,9,10,13. In most investigations, they stated that it can harm the child's development at school and in contact with other people 3,5,6,7,8,9,10,13. According to searches carried out, the victim may have a series of problems in the future, such as excessive drug use, alcoholism, and serious psychological problems such as depression 6,8,9,13.

The literature reports that psychological disorders are related to oral alterations. Then, they made observations about mucoceles, which are constant injuries in anxious and nervous people, characteristic of children who are being physically abused 13.

The physical consequences such as injuries to the genitalia, unwanted pregnancy, bleeding, and its consequences, fecal incontinence, menstrual irregularities, and sequelae resulting from sexually transmitted

diseases, may occur due to rape. So, it is necessary to know how to provide the ideal support for the victims, thus avoiding physical damage and improving their quality of life 8,9.

Most find that health professionals working in the head and neck regions tend to be the first people to spot signs of abuse. They revealed that dentists work in a favorable region to diagnose injuries resulting from sexual violence 1,3,4,5,6,7,13. About dentists, a large number present similar results, stating that they have difficulty identifying, conducting the case, and denouncing situations of child sexual abuse, due to the lack of information on the subject. As well as demonstrating that many cases are underreported for various reasons, but the main one is the fear on the part of the professional of making a mistake in the diagnosis, since the subject of violence is rarely addressed in graduation 2,3,4,5,6, 7.13.

According to research carried out, in any suspected case of sexual abuse, the professional must notify the Tutelary Council 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 this, the complaint can be made to the Juvenile Court 2,3,4,5. Another responsible body is the Public Ministry 3,13. From another angle, police authorities can also be consulted 2,3,5,7. Even the Dial 100 becomes a possibility to make the complaint 3.

4 FINAL CONSIDERATIONS

Injuries resulting from child sexual abuse may be present in the oral cavity, so the dental surgeon may be the first professional to identify injuries from child sexual violence. The main orofacial manifestations in sexually abused children are palatal petechiae due to fellatio, bite marks, scratches, ecchymosis due to suction on the neck, dental trauma, lacerations, bruises, and abrasions of the labial and lingual frenulum, tongue, lips and oral mucosa, in addition to the signs and symptoms of sexually transmitted diseases in the orofacial and oropharyngeal region.

Dental surgeons have difficulties in identifying and managing cases of abuse due to a lack of content in graduation. As a result, there is omission and many complaints are not made. It is up to the professional to recognize early the signs and symptoms related to child sexual abuse, taking into account 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, such as reporting to the relevant bodies to avoid malpractice. In cases of suspected sexual violence, the dental surgeon must notify the Tutelary Council or the Juvenile Court, or make the notification by dialing the number 100 or the 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, preventing the appearance of oral diseases, and avoiding future consequences on the health and development of the child's personal life. pediatric patient.

REFERENCES

1. Figueiredo MC, Frassetto PM, Guimarães LF, Boaz CM. Violência sexual contra crianças e seus aspectos relevantes para o profissional de saúde: relato de caso clínico. *ConScientiae Saúde* [Internet]. 2011 [acesso em 2021 set 26]. 10(4): 2-5. Disponível em: <https://periodicos.uninove.br/saude/article/view/3003>
2. Rosa ACMA, Miasato JM, Teixeira DA, Oliveira LMC, Silva LAH, Tesch FC. A conduta do cirurgião-dentista frente aos maus-tratos infantis: Uma revisão de literatura. *Rev UNINGUÁ* [Internet]. 2021 [acesso em 2021 set 26]. 58:1-10. Disponível em: <https://revista.uninga.br/uninga/article/view/3585/2389>
3. Silva LCS. Manifestações orofaciais da violência infantil [Trabalho de conclusão de curso] [Internet]. Uberlândia: Universidade Federal de Uberlândia. 2018 [acesso em 2021 set 26]. Disponível em: <http://repositorio.ufu.br/bitstream/123456789/23166/1/ManifestacoesOrofaciaisViol%C3%Aancia.pdf>
4. Santos JLN, Fujii LLR, Miranda FS. Abuso sexual infantil: O papel do cirurgião dentista. *Rev FIMCA* [Internet]. 2021 [acesso em 2021 set 26]. 8(2): 9-11. Disponível em: <https://ojs.fimca.com.br/index.php/fimca/article/view/232/158>
5. Rover ALP, Oliveira GC, Nagata ME, Ferreira R, Molina AFC. Violência contra a criança: Indicadores clínicos na odontologia. *Brazilian Journal of Development* [Internet]. 2020 [acesso em 2021 set 26]. 6(7): 3-10. Disponível em: <https://www.brazilianjournals.com/index.php/BRJD/article/view/12740/10689>
6. Alves MA, Fonseca BA, Soares TRC, França AKA, Azevedo RN, Tinoco RLR. Importância do cirurgião-dentista no diagnóstico de abuso sexual infantil. *Rev Brasileira de Odontologia Legal* [Internet]. 2016 [acesso em 2022 jan 21]. 3(2): 92-99. Disponível em: <https://portalabol.com.br/rbol/index.php/RBOL/article/view/73/91>
7. Correia LCR. Uma visão médico-dentária no diagnóstico do abuso sexual em crianças [monografia de investigação] [Internet]. Porto: Universidade do Porto; 2013. [acesso em 2022 jan 21]. Disponível em: <https://repositorio-aberto.up.pt/bitstream/10216/86165/2/158082.pdf>
8. DMM Carneiro. Doenças sexualmente transmissíveis em crianças e adolescentes vítimas de abuso sexual atendidas no centro de referência do estado do Pará [dissertação] [Internet]. Belém: Universidade Federal do Pará; 2010. [acesso em 2022 jan 21]. Disponível em: http://repositorio.ufpa.br/bitstream/2011/9199/1/Dissertacao_DoencasSexualmenteTransmissiveis.pdf
9. Florentino BRB. As possíveis consequências do abuso sexual praticado contra crianças e adolescentes. *Fractal: Revista de Psicologia* [Internet]. 2015 [acesso em 2022 jan 22]. 27(2): 139-144. Disponível em: <https://www.scielo.br/j/fractal/a/dPY6Ztc8bphq9hzhSKv46x/?lang=pt&format=pdf>
10. Rita ACMS, Castro ACG, Roberti BN, Teixeira ID, Menezes LBR, Tavares MB, Dias VCA, Vale VAL, Grillo CFC. Violência infanto-juvenil intrafamiliar e doméstica: O impacto do distanciamento social e a importância da conscientização em meio à pandemia de COVID-19. *Rev Eletrônica Acervo Saúde* [Internet]. 2020 [acesso em 2021 set 26]. 12(10): 2-8. Disponível em: <https://acervomais.com.br/index.php/saude/article/view/4689/2852>
11. Brasil. Ministério da Mulher, da Família e dos Direitos Humanos. Disque 100 tem mais de 6 mil denúncias de violência sexual contra crianças e adolescentes em 2021. Ouvidoria Nacional dos Direitos Humanos. 2021 maio 17 [acesso em 2021 set 26]. Disponível em: <https://www.gov.br/mdh/pt-br/assuntos/noticias/2021/maio/disque-100-tem-mais-de-6-mil-denuncias-de-violencia-sexual-contra-criancas-e-adolescentes-em-2021>

12. Brasil. Ministério da Mulher, da Família e dos Direitos Humanos. Ministério divulga balanço de denúncias de violações de direitos de crianças e adolescentes em 2019. Ouvidoria Nacional dos Direitos Humanos. 2020 maio 21 [acesso em 2021 set 26]. Disponível em: <https://www.gov.br/mdh/pt-br/assuntos/noticias/2020-2/maio/ministerio-divulga-balanco-de-denuncias-de-violacoes-de-direitos-de-criancas-e-adolescentes-em-2019>
13. Silva AF, Silva SOA, Lima LCN, Pinheiro JC, Silva GB, Figueiredo CVO, Carvalho SPM. Recidiva de mucocele em paciente infantil com distúrbios psicológicos ocasionados por violência doméstica: Relato de caso. *Revista de Odontologia da Braz Cubas* [Internet]. 2020 [acesso em 2022 jan 24]. 10(2): 47-55. Disponível em: <https://revistas.brazcubas.br/index.php/roubc/article/view/853/939>
14. Neville BW, Damm DD, White DK. *Atlas Colorido de Patologia Oral Clínica*. 2. ed. SL. Guanabara Koogan; 1999.
15. Bosschaart AN, Hermansson A e van Zeben-van der Aa T. Crianças Vítimas de Maus Tratos e a Repercussão na Área da Otorrinolaringologia. In: Sih T, Chinski A, Eavey R. *XII Manual de Otorrinolaringologia Pediátrica*. São Paulo. Vida & Consciência; 2014 [acesso em 2022 abr 29]. Disponível em: https://cdn.gn1.link/iapo/imageBank/xii_manual_portugues_capitulo_1.pdf
16. No AM, bebê com marcas de mordidas e vítima de estupro segue internado. Amazonas. G1 [Internet]. 2016 jun 13 [acesso em 2022 abr 29]; Rede Amazônica. Disponível em: <https://g1.globo.com/am/amazonas/noticia/2016/06/no-am-bebe-com-marcas-de-mordida-e-vitima-de-estupro-segue-internado.html>
17. Menino leva 21 pontos no rosto ao ser mordido por cão enquanto tirava selfie. *Jornal Extra* [Internet]. 2016 jun 14 [acesso em 2022 abr 29]; Mundo. Disponível em: <https://extra.globo.com/noticias/mundo/menino-leva-21-pontos-no-rosto-ao-ser-mordido-por-cao-enquanto-tirava-selfie-19711808.html>
18. Freitas MRC, Lima Júnior JS, Santos EA, Santos WB, Silva PHE, Corrêa VC. Condiloma acuminado: Aspectos, diagnóstico e notificação de casos de abuso sexual infantil. In: *Anais do VIII Congresso de Educação em Saúde da Amazônia (COESA)*, 2019, Universidade Federal do Pará. *Anais do COESA*; 2019. p. 1-2. Disponível em: https://www.coesa.ufpa.br/arquivos/2019/expandido/ensino/saude_publica/ENS038.pdf
19. Agora News Piracicaba. Alerta Hoje nossa postagem não é bem o que gostaríamos de colocar aqui, mas é necessária [...] [Internet]. São Paulo; 2020 ago 26 [acesso em 2022 abr 29]. Facebook: @agoranewspiracicaba. Disponível em: https://m.facebook.com/AgoraNewsPiracicaba/posts/174588137499868/?_rdr
20. Silveira CG. Mãe que soube de estupro de garoto ao ir a dentista vai procurar psicólogo. São Paulo. G1 [Internet]. 2015 ago 27 [acesso em 2022 abr 29]; Itapetininga e Região. Disponível em: https://m.facebook.com/AgoraNewsPiracicaba/posts/174588137499868/?_rdr