

Training and competencies of Chilean dentists in addressing child abuse: A qualitative study.

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Abstract: Introduction: Worldwide, head and neck injuries are present in more than 50% of child abuse cases, meaning dentists could play a crucial role in their identification and management. However, this opportunity appears to be underutilized. **Objectives:** To explore the experiences of general and specialist dentists in identifying and managing child abuse, as well as the perceptions of social workers regarding the role of dentists and the importance of interdisciplinary work in these cases. **Materials and methods:** A qualitative-exploratory study using convenience sampling. In-depth, semi-structured interviews were conducted via Zoom with 18 individuals divided into three groups: 1. General dentists (n=8), 2. Specialist dentists (n=7), and 3. Social workers with experience in child abuse cases (n=3). **Results:** General dentists (Group 1) perceived themselves as lacking adequate preparation to address child abuse, whereas specialists (Group 2) acquired this training through postgraduate studies or professional practice. The main barriers preventing dentists from reporting child abuse include a lack of knowledge about the reporting process, fear, and the absence of this topic in undergraduate training. The experiences of Group 3 emphasize the necessity of interdisciplinary collaboration to effectively address child abuse. **Conclusions:** There is a lack of adequate training for dentists to handle child abuse cases. Chilean universities should review their curricula and assess the need to reinforce this content, as well as promote interdisciplinary collaboration to ensure a more comprehensive approach.

Key words: Child abuse, Dental Education, Professional Competence.

Formación y competencias del odontólogo chileno para el abordaje del maltrato infantil. Estudio cualitativo.

Resumen: Introducción: Mundialmente, las lesiones de cabeza y cuello están presentes en más del 50% de los casos de maltrato infantil, por lo que el odontólogo podría tener un rol importante en su identificación y manejo. No obstante, tal oportunidad parece no ser aprovechada. **Objetivos:** Explorar las experiencias de odontólogos generales y especialistas en la identificación y manejo del maltrato infantil, así como las percepciones de trabajadoras sociales sobre el rol del odontólogo y la importancia del trabajo interdisciplinario en estos casos. **Material y métodos:** Estudio cualitativo-exploratorio, con muestreo por conveniencia. Se realizaron entrevistas semi-estructuradas en profundidad vía Zoom, a 18 individuos distribuidos en 3 grupos; 1. Odontólogos generales (n=8), 2. Odontólogos especialistas (n=7) y 3. Trabajadoras sociales con experiencia en casos de maltrato infantil (n=3). **Resultados:** Los odontólogos generales (Grupo 1) autoperceben falta de preparación para abordar el maltrato infantil, mientras que los especialistas (Grupo 2) adquirieron tal preparación en estudios de postgrado o en el ejercicio profesional. El desconocimiento del proceso de denuncia, el miedo, y la falta de incorporación del tópico en la formación de pregrado se reportan como las principales barreras para que un odontólogo denuncie maltrato infantil. Las experiencias del Grupo 3 relevan la necesidad del trabajo interdisciplinario para el abordaje del maltrato infantil. **Conclusiones:** Existe falta de preparación del odontólogo para abordar el maltrato infantil. Es necesario que las universidades chilenas revisen sus programas y establezcan la pertinencia de incorporar con más fuerza este contenido, además de fomentar el trabajo interdisciplinario.

Palabras clave: Maltrato a los niños, Educación en Odontología, Competencia profesional.

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Formação e competências dos dentistas chilenos para o enfrentamento dos maus-tratos infantis: Estudo qualitativo

Resumo: Introdução: Mundialmente, entre 50% e 75% dos casos de maus-tratos infantis apresentam manifestações na região da cabeça e pescoço, indicando que o cirurgião-dentista pode desempenhar um papel crucial na sua identificação e denúncia. No entanto, essa oportunidade parece estar subaproveitada. **Objetivos:** Explorar as experiências de dentistas generalistas e especialistas na identificação e manejo dos maus-tratos infantis, bem como as percepções de assistentes sociais sobre o papel do dentista e a importância do trabalho interdisciplinar nesses casos. **Materiais e Métodos:** Estudo qualitativo e exploratório, com amostragem por conveniência. Foram realizadas entrevistas semiestruturadas em profundidade via Zoom com 18 indivíduos distribuídos em três grupos: 1. Dentistas generalistas (n=8), 2. Dentistas especialistas (n=7) e 3. Assistentes sociais com experiência em casos de maus-tratos infantis (n=3). **Resultados:** Os dentistas generalistas (Grupo 1) percebem-se como despreparados para lidar com os maus-tratos infantis, enquanto os especialistas (Grupo 2) adquiriram essa formação em estudos de pós-graduação ou na prática profissional. As principais barreiras para que os dentistas denunciem os maus-tratos infantis incluem o desconhecimento do processo de denúncia, o medo e a falta de inclusão desse tema na formação de graduação. As experiências do Grupo 3 ressaltam a necessidade do trabalho interdisciplinar para um manejo adequado dos maus-tratos infantis. **Conclusões:** Há uma lacuna na formação dos dentistas para lidar com casos de maus-tratos infantis. É essencial que as universidades chilenas revisem seus currículos e avaliem a necessidade de reforçar esse conteúdo, além de promover o trabalho interdisciplinar para garantir uma abordagem mais abrangente.

Palavras-chave: Maus-Tratos Infantis, Educação em Odontologia, Competência Profissional.

Introduction

Child abuse (CA) is defined by the World Health Organization (WHO) as “any form of physical or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development, or dignity.” The WHO also notes that such maltreatment occurs within a relationship of responsibility, trust, or power, and distinguishes four types: physical abuse, sexual abuse, psychological/emotional abuse, and neglect or negligent treatment¹. In recent years, dental neglect has also been described, defined by the American Academy of Pediatric Dentistry as “the deliberate failure of parents or caregivers to seek and follow through with treatment necessary to ensure a level of oral health that allows for proper function and freedom from pain and infection in the child”².

The consequences of CA are diverse and evident across all stages of the life course. In early childhood, children may develop insecure attachment, affecting their capacity to communicate and interact with others³. In middle childhood, maltreated children may experience reduced school performance, delays in language development, and/or internalizing behaviors (introversion, withdrawal, depression) or externalizing behaviors (aggressiveness, hyperactivity)⁴. During adolescence, maltreated individuals are reported to be at higher risk of suicidal ideation, depression, and substance dependence compared to their non-maltreated peers⁵.

Regarding prevalence, estimates of CA vary considerably across countries due to heterogeneity in measurement methodologies, definitions of CA, and the specific types of maltreatment studied,

among other factors. Nevertheless, the WHO reports that nearly 3 in 4 children aged 2 to 4 years are regularly subjected to physical punishment and/or psychological violence by parents or caregivers, and that 1 in 5 women and 1 in 13 men report having been sexually abused between the ages of 0 and 17⁶.

In Chile, 62.2% of children have experienced psychological violence, 50.4% minor physical violence, 28.2% severe physical violence, and 8.7% sexual abuse⁷. In this country, health professionals are legally required to report to the Public Prosecutor's Office or the police any act that constitutes a crime within twenty-four hours of becoming aware of it, including CA. Moreover, the Ministry of Health (MINSAL) has issued specific guidelines with flowcharts and formal procedures for managing CA⁸.

CA is a complex phenomenon involving multiple psychological, social, legal, and clinical dimensions, whose identification and management require the involvement of professionals from various fields, making interdisciplinary work (IW) essential^{8,9}. Head and neck injuries are present in more than 50% of CA cases^{10,11}, highlighting the significant role dentists can play in detection and management. However, in Chile, CA does not appear to be systematically integrated into undergraduate dental curricula and tends to surface only during concrete professional practice, particularly in healthcare institutions.

The objective of this study is to explore the experiences of general dentists

and specialists in the identification and management of CA, as well as the perceptions of social workers regarding the dentist's role and the importance of IW in such cases.

Materials and methods

An exploratory qualitative study was conducted, given the emerging nature of the topic, with the aim of gaining an in-depth understanding of the experiences and perceptions of the social actors involved.

Data were collected through in-depth semi-structured interviews. A specific interview guide was designed for this purpose and piloted with one participant from each of the study groups (total pilot sample: 3 participants). The pilot interviews were not included in the final data analysis. The piloting process enabled adjustments to the guide to account for nuances relevant to each of the three groups. The guide was structured around dimensions, each comprising thematic items intended to orient the interviewer (Table 1). As is characteristic of qualitative instruments, items were applied flexibly according to the interaction with each participant, allowing the collection of emerging categories.

The sample was selected by convenience, based on feasibility and access criteria. Recruitment was carried out through snowball sampling, starting with a seed group composed of recent dental graduates from the same university cohort as the first author, as well as university faculty and professional contacts of the research team.

Three groups of participants were included:

1. General dentists with a maximum of 3 years since graduation, to provide information on the integration of CA into undergraduate training, without this information being biased by postgraduate education or extensive clinical experience.
2. Dentists with postgraduate degrees and/or more than 5 years of clinical experience, to compare their perceptions and experiences of CA between

undergraduate and postgraduate stages, and how these shaped their clinical practice.

3. Social workers working on cases involving maltreated children, to share their perspectives on the participation of dentists in the identification and management of CA victims, as well as their assessment of interdisciplinary work (IW) as a tool for addressing CA.

The interviews were conducted by a member of the research team (FP), who

Table 1. Thematic guidelines for interviews, by group (1, 2, 3) and proposed dimensions (I: encounter and characterization, II: child abuse, III: tools)

GROUP 1: GENERAL DENTISTS	
I	Encounter and characterization: Presentation and explanation of the objectives of the study; seeking to understand the participant as a person and their educational background, identifying their motivations, career path, and professional expectations.
II	Child abuse: Emphasis on theory; definitions and concepts based on personal knowledge, perception of the importance of the issue and its relationship to dentistry, preparation (self-perceived competencies).
III	Tools: Based on hypothetical cases, what tools do you think are necessary to address CA? What would you recommend to your peers, and what would you recommend to undergraduate institutions for addressing this topic?
GROUP 2: SPECIALIST DENTISTS	
I	Encounter and characterization: Presentation and explanation of the study objectives; seeking to understand the participant as a person and their educational background, identifying their motivations, career path, and professional expectations.
II	Child abuse: Emphasis on empirical aspects; experiences, management of CA (reporting, referrals, protocols, barriers), relevance of interdisciplinary approaches, and assessment of institutional positions on the issue.
III	Tools: Based on your experience, what tools (self-perceived competencies) have helped you manage CA? Which of them did you acquire during your undergraduate training and which in the professional practice? Which of them do you consider indispensable? What would you recommend to undergraduate institutions for addressing this topic and for removing barriers to management (if you perceived any in the previous dimension)?
GROUP 3: SOCIAL WORKERS	
I	Encounter and characterization: Presentation and explanation of the study objectives; seeking to understand the participant as a person, identifying their motivations, career path, and professional expectations.
II	Child abuse: Emphasis on empirical aspects; experiences, management of CA (with emphasis on barriers in the process that may or may not be perceived), relevance of interdisciplinary work (experiences of collaboration with other health professionals, including dentists), and assessment of the role of institutions involved in the reporting process.
III	Tools: Based on your experience, what tools have been most beneficial in your work related to CA? Which of them do you think should be cross-cutting for all healthcare professionals? Do you have any recommendations for removing barriers to management (if you identified any in the previous dimension)?

had been previously trained in qualitative methodology. They were carried out via Zoom during the first semester of 2022, following the receipt of signed informed consent from each participant. The informed consent process and the ethical oversight of the study were ensured by the Scientific Ethics Committee (CEC) of the Faculty of Dentistry, University of Chile, and the Faculty's Office of Extension, which incorporated this research under Project PRI-ODO 2020-05.

Each interview lasted approximately one hour. Although an initial target of 10 interviews per group was set, data saturation was reached with a total of 18 interviews (16 participants from the Metropolitan Region of Santiago, 1 from the Aysén Region, and 1 from the Los Lagos Region, the latter two located in southern Chile).

Zoom recordings were used exclusively for verbatim audio transcription, as nonverbal communication was not considered relevant to the study objectives. The transcripts were inductively coded and categorized according to both the original and emergent dimensions of the interview guide, followed by content analysis. All processes of data systematization and analysis were performed manually, without the use of software, by express decision of the research team.

Results

A final sample of 18 participants was obtained: 8 from Group 1, 7 from Group 2, and 3 from Group 3. Their characteristics are presented in Table 2. Following content

analysis, the main findings are presented by group, considering both the proposed dimensions and those that emerged from the participants' discourse.

General Dentists

In Group 1 (general dentists), there were almost no experiences with CA cases, both in clinical practice and undergraduate training. Participants reported that they did not feel prepared to identify and/or report CA. None of them expressed confidence when describing their understanding of the concept, which was associated almost exclusively with visible physical injuries, while other forms, such as neglect, tended to be minimized.

Furthermore, all participants (graduates of five different Chilean universities, four private and one public) agreed that this topic was not adequately addressed during their undergraduate training:

"So, if you ask me what I learned about this in undergrad... honestly, I couldn't really tell you much, because I don't recall it being directly taught. I learned about it on my own, outside the program [...]" (Male, 1 year since graduation, public university).

They also criticized the lack of opportunities for interdisciplinary work (IW) in their training, since academic teams were composed exclusively of dentists (general or specialist). They were uncertain whether protocols or formal procedures for CA management were addressed in undergraduate education. Regarding resources provided by the Ministry of Health (MINSAL) and the legal framework for CA, participants reported a complete lack of knowledge.

Table 2. Sample characteristics by Group (1, 2, 3) and individual (i)

GROUP 1: GENERAL DENTISTS				
i	Sex	University	Time of practice	Areas of practice
1	Male	Private	12 months	Private (clinic†)
2	Female	Private	12 months	Private (clinic) and public (PHS‡)
3	Female	Private	6 months	Private (clinic and own practice§)
4	Male	Private	2 months	Private (clinic)
5	Male	Public	15 months	Private (clinic, own practice) and public (PHS)
6	Male	Public	11 months	Private (own practice) and public (PHS)
7	Male	Public	18 months	Private (own practice) and public (PHS)
8	Male	Public	14 months	Private (own practice) and public (PHS)
GROUP 2: SPECIALIST DENTISTS*				
i	Sex	Postgraduate studies	Areas of practice	
1	Female	Legal and Forensic Dentistry	Private (clinic and own practice), public (PHC), teaching (undergraduate and postgraduate)	
2	Female	Public Health	Private (own practice), public (PHC), teaching (undergraduate and postgraduate)	
3	Male	Implantology	Private (own practice)	
4	Female	Legal and Forensic Dentistry, Oral Pathology	Private (own practice), public (PHC), teaching (undergraduate and postgraduate)	
5	Female	Special Care Dentistry	Private (own practice), public (PHC), teaching (undergraduate and postgraduate)	
6	Female	Legal and Forensic Dentistry, Oral Pathology	Private (own practice), public (PHC), teaching (undergraduate and postgraduate)	
7	Male	Radiology, Public Health	Private (own practice), public (PHC), teaching (undergraduate and postgraduate)	
GROUP 3: SOCIAL WORKERS**				
i	Sex	Profession	Areas of practice	
1	Female	Social worker	Public (PHS)	
2	Female	Psychologist	Public (PHS, ¶INSM)	
3	Female	Social worker	Private (teaching) and public (NSM)	

†Private practice in a private clinic setting.

‡Primary Health Care.

§Private practice in an independent office

¶ National Service for Minors.

* All individuals in Group 2 had more than 10 years of clinical experience.

** All individuals in Group 3 had more than 5 years of experience working with maltreated children.

An emergent theme in this group was the contrast between public and private practice, as well as the need for IW. In private practice, CA protocols were absent and IW scarce, whereas in public settings, protocols existed and IW opportunities were more common.

Given these shortcomings, participants emphasized the importance of incorporating

CA into undergraduate training to raise awareness among future dentists and the community about the need for competencies in identifying and reporting CA. They also recommended including professionals from diverse disciplines in academic teams to foster IW and improve CA management. A synthesis of these findings is presented in Table 3.

Table 3. Summary of findings obtained in Group 1 (General Dentists)

DIMENSION	SUB - DIMENSION	KEY IDEAS
Child Abuse (CA)	Knowledge	<ul style="list-style-type: none"> • Lack of preparation for addressing CA.
	Experiences with maltreated children	<ul style="list-style-type: none"> • Experience with CA cases in practice is rare • Undergraduate exposure to CA is scarce.
Tools	Self-perceived competences	<ul style="list-style-type: none"> • General dentists do not feel adequately prepared to address CA.
	Resources from the Ministry of Health	<ul style="list-style-type: none"> • Lack of awareness of resources on CA issued by the Ministry of Health. .
	Legal framework	<ul style="list-style-type: none"> • Complete lack of knowledge of the legal framework.
Undergraduate Training	Perceived value	<ul style="list-style-type: none"> • In general, undergraduate training on CA is regarded as insufficient.
	Interdisciplinary work (IW)	<ul style="list-style-type: none"> • No opportunities exist for interdisciplinary work.
	CA management	<ul style="list-style-type: none"> • Uncertainty about the existence of protocols for CA management in undergraduate training. • Faculty members assume full responsibility for managing CA cases, excluding students from active involvement.
	Recommendations for CA approach	<ul style="list-style-type: none"> • Incorporate professionals from different disciplines into teaching teams to foster IW • Raise awareness of CA within the dental community.
Areas of practice	Interdisciplinary work (IW)	<ul style="list-style-type: none"> • IW opportunities do not exist in the private area, whereas in the public area they do
	Protocols for CA management	<ul style="list-style-type: none"> • Protocols exist in the public area but not in the private area.

Specialist Dentists

Group 2 (specialist dentists) demonstrated a broader understanding of CA, highlighting the importance of patient history (anamnesis) in identifying maltreated children, beyond what could be observed during physical examination. They also explicitly recognized neglect as a form of maltreatment.

Regarding workplace protocols, participants noted their absence in the private practice but presence in the public sector.

When asked about barriers to identification and reporting, specialists cited: insufficient undergraduate training on CA, fear of misdiagnosis, fear of reprisals from the victim's family, poor communication among the institutions involved in reporting (courts, police), and the significant time required for this process.

In the legal framework, specialists showed awareness of their legal reporting obligations but were unclear about legal protections available to them—for example, in cases of threats or if their suspicion proved to be unfounded.

Most specialists in this group had long-standing experience teaching at both undergraduate and postgraduate levels. They strongly criticized the limited recognition of CA as a curricular topic:

“I think what has been done so far is insufficient. We haven’t really addressed this in the dental curriculum [...] Education at the undergraduate level is insufficient, and so is the training provided in healthcare institutions on these issues.” (Female, public health specialist and university lecturer).

Recommendations from this group included: promoting a biopsychosocial model of care, using clinical cases as practical teaching tools, strengthening curricular integration of CA, and ensuring a transversal approach across all academic departments, with ongoing communication among them. A

summary of these findings is provided in Table 4.

Social Workers

Given their extensive experience with maltreated children, Group 3 (social workers) was asked about the reporting process. They acknowledged that protocols existed but reported a poor dissemination and their systematic induction was unclear.

Regarding collaboration with other health professionals, including dentists, participants noted that when dentists suspected CA, they often reported cases informally to social workers and delegated all case management to them, which could delay timely responses:

Table 4. Summary of findings obtained in Group 2 (Specialist Dentists)

DIMENSION	SUB - DIMENSION	KEY IDEAS
Child Abuse (CA)	Experiences with maltreated children	<ul style="list-style-type: none"> • Greater attention should be given to neglect as a form of CA
	Barriers in the reporting process	<ul style="list-style-type: none"> • Apparent lack of reporting protocols. Involvement of other entities (police, prosecution). • Time required to file a complaint. • Fear among professionals is one of the main barriers. • Lack of integration of CA into undergraduate curricula.
	Legal framework	<ul style="list-style-type: none"> • It is a legal obligation for professionals to report CA cases, but the legal protections that safeguard them are unclear.
Tools	Identification of maltreated children	<ul style="list-style-type: none"> • Sociography, in-depth interviews, and anamnesis are considered indispensable tools for identifying CA
	Interdisciplinary work (IW)	<ul style="list-style-type: none"> • IW is indispensable for identifying and managing CA.
	Protocols in the workplace	<ul style="list-style-type: none"> • Protocols exist in the public area but are absent in the private area.
Undergraduate Training	Integration of the topic	<ul style="list-style-type: none"> • The integration of CA into undergraduate training is perceived as insufficient.
	Barriers in teaching	<ul style="list-style-type: none"> • The topic is perceived as having low importance within curricula.
	Recommendations for addressing the topic	<ul style="list-style-type: none"> • Use clinical cases as a teaching tool • Provide tools to approach cases from a biopsychosocial perspective. • Ensure fluid communication across academic departments.

“[...] healthcare professionals are distancing themselves from reporting—whether it’s violence against children, between partners, or against older adults. And we sometimes forget that, as public officials, we are guarantors of rights.” (Social worker, 7 years working with maltreated children).

They further explained that the involvement of other professionals often depended on individual willingness and specific training (e.g., in mental health):

“[...] Look, that really depends on the professional. For example, we’ve had cases where doctors or dentists hand over the case and then disappear—it’s like we give them feedback and that’s it, no further follow-up. But sometimes it’s the opposite: they stay engaged, keep asking questions, and constantly provide information. Often they tell us one thing and tell nurses or midwives something different, so we also cross-check information. On our side, we seek out professionals to provide feedback or additional details when needed. Personally, I have a lot of contact with mental health doctors.” (Psychologist, 5 years working

with maltreated children).

Barriers identified in their discourse included threats directed at staff and lack of protection, as well as systemic issues in reporting institutions: inadequate staff training, long waiting lists, administrative overload, and normalization of violence.

As for tools needed to identify maltreated children, participants stressed the importance of IW, thorough anamnesis (including drawings and in-depth conversations), and using recorded absenteeism in clinical files as an early warning sign. A synthesis of these findings is presented in Table 5.

“[...] Interdisciplinary work is very important because we must remain in constant communication with other professionals. Cases are referred to us, we must provide feedback on clearance visits, and identify what each professional observed—what the nurse saw, what the dentist identified [...]” (Psychologist, 5 years working with maltreated children).

Table 5. Summary of findings obtained in Group 3 (Social Workers)

DIMENSION	SUB - DIMENSION	KEY IDEAS
Child Abuse (CA)	Experiences with other professionals	<ul style="list-style-type: none"> • Informal notifications hinder timely response. • Participation in reporting depends on the willingness and training of healthcare professionals.
	Reporting process	<ul style="list-style-type: none"> • Protocols for managing CA exist but are often not applied; responsibility is largely relegated to social workers.
	Barriers in the reporting process	<ul style="list-style-type: none"> • Lack of communication between entities involved in the reporting process • Insufficient training of officials who receive reports. • Threats directed at professionals who file reports. • Limited interest shown by some healthcare professionals.
Tools	Interdisciplinary work (IW)	<ul style="list-style-type: none"> • IW is essential for identifying and managing CA • Opportunities for IW exist, but they are not always effectively utilized.
	Identification of maltreated children	<ul style="list-style-type: none"> • In addition to IW, a thorough anamnesis is essential, incorporating elements such as drawing, in-depth conversations, and monitoring absences from health checkups as early warning signs.
	Protocols in the workplace	<ul style="list-style-type: none"> • Protocols exist, but they are not widely used by healthcare professionals.

Discussion

Dentists, as members of the healthcare team, can contribute to the identification and reporting of child abuse (CA); however, this opportunity appears to be underused. To better understand this issue, the present study explored the perspectives of general and specialist dentists, as well as social workers working with maltreated children.

Our findings indicate that dentists do not feel prepared to identify or report CA, which is consistent with international literature¹²⁻¹⁶. Several barriers to reporting emerged, some of which align with previous studies—such as fear of misdiagnosing maltreatment¹⁷⁻¹⁹ and lack of knowledge about the reporting process^{12,13,16,20,21}. Other barriers identified in this study included the absence of CA content in undergraduate curricula and insufficient training of police officers who receive reports. In Chile, healthcare professionals are legally required to report CA, and guidelines issued by the Ministry of Health (MINSAL) are in place to support this process. Nevertheless, our results show that such guidelines are largely unknown to dentists.

Both general and specialist dentists reported not receiving training on CA during undergraduate education. This is consistent with international studies by da Silva²², Kural¹⁵, and Markovic¹², who found that 94.7%, 89.4%, and 92.4% of their samples, respectively, had not received undergraduate training on CA. Chilean evidence also highlights the limited incorporation of CA into dental

education. Fierro-Monti²³ reported that 50.9% of participants had received some information on CA, but not during undergraduate training. Similarly, a 2018 study cited a Commission of the Chilean Association for Dental Education (ACHEO) which, after analyzing undergraduate “Legal Dentistry” courses in 11 universities, found that the topic “Child Abuse and Maltreatment” was formally addressed in only one dental school in the country²⁴.

Another key finding was the lack of interdisciplinary work (IW) in both training and practice. IW is widely recognized as essential for the identification and management of CA^{8,9}; yet, dentists reported limited engagement in such practices. This can be explained by the fact that during undergraduate training, IW is mostly theoretical, as academic-clinical teams are usually composed solely of dentists. The absence of practical IW opportunities contributes to the normalization of individualistic professional work, leading graduates to show little motivation to engage in IW once in practice. This was also noted by the social workers in our study. Supporting this, an international study²⁵ found that dental students scored significantly lower on validated measures of preparedness for IW compared with medical and nursing students. A possible explanation given by focus groups conducted to interpret these results was that “*dental students rarely felt the need to work interdisciplinarily*”.

This study has some limitations. The relatively small sample limited the depth of exploration of potential differences

in training by university type (public vs. private), a variable that may be particularly sensitive in Chile. Additionally, due to restrictions on mobility and connectivity in the post-pandemic context, regional diversity in the sample was limited. In Group 2, nearly half of the participants specialized in legal and forensic dentistry, which may represent a bias, as these professionals tend to have greater training and experience in CA compared to other specialties.

Future studies should consider these variables—university type, regional diversity, and distribution of specialties—in their sampling design to reduce bias. They should also include a detailed curricular analysis of how CA is integrated into dental education in Chile, a topic beyond the scope of this study.

Despite these limitations, as an exploratory study, the findings provide valuable insights for further research, allowing deeper analysis of specific dimensions and populations. Moreover, the qualitative methodology used enabled an experiential exploration of phenomena within the social field of dentistry, which is both novel and valuable, as it captured the voices of the participants as faithfully as possible and analyzed them systematically.

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Conclusions

The results of this study reveal substantial gaps in undergraduate dental education regarding the identification and management of child abuse (CA), as well as in the integration of an interdisciplinary approach that would enable a coordinated response within the healthcare system. These gaps hinder the development of essential competencies for managing CA and perpetuate the disconnection of dentists from other professionals in such cases. It is imperative that Chilean universities review their curricula, strengthen the inclusion of CA-related content, and promote interdisciplinary work (IW), thereby fostering more robust and integrated preparation for addressing CA from a comprehensive perspective.

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Conflict of interest

The authors declare that there is no conflict of interest related to this manuscript.

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