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Perspective article

Dentists' responsibility for reporting the abuse of children and adolescents in Taiwan

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Undue abuse of children can be divided into two types: physical and mental abuse and neglect. The physical and mental abuse includes physical abuse, mental abuse, and

sexual abuse. Physical abuse refers to any non-accidental physical harm to a child, resulting in injury, death, appearance damage or damage to any body function; mental abuse includes verbal humiliation, isolation and control of children, and indifference to children's emotional needs; sexual abuse refers to direct or indirect sexual-related infringement or exploitation of children, such as sexual harassment, indecency, and sexual assault. In addition, neglect refers to serious or long-term neglect of a child's basic needs, such as food, clothing, living environment, education, and medical care, resulting in

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endangerment or damage to children's health or development, as well as the situation that children under 6 years old or who need special care are left alone or in the care of inappropriate persons.¹

In Taiwan, the Ministry of Health and Welfare has a dedicated Department of Protective Services. Our laws stipulate that anyone who knows about the abuse of children or adolescents can report it to the competent authority. This is called the general reporting or ethics reporting. When specific workers, such as medical personnel, know during performing their duties that children or adolescents are abused, they should immediately report it within 24 h to the competent authority. This is called the responsible reporting or statutory reporting. After the reported case is established, social workers will initiate the following measures to protect children and adolescents, such as protecting and placing them, providing family assistance, and requiring parents to participate in parenting education.¹ Obviously, dentists are also legally responsible for reporting of the abuse issues of children and adolescents. In this article, we tried to comb through the current laws related to the protection for children and adolescents to understand what dentists in their practice need to pay attention to the protection for children and adolescents.

In order to protect the rights of children and adolescents, the Taiwan government enacted the Children Welfare Act in 1973 and the Youths Welfare Act in 1989. In addition, in 2003, with special reference to the concepts and provisions of the Convention on the Rights of the Child, the Children and Youths Welfare Act was formulated to protect children and adolescents by merging the two acts. In 2011, the Protection of Children and Youths Welfare and Rights Act was enacted to replace the Children and Youths Welfare Act. In addition to providing basic life security and needs, such as health, safety, protection, care, and education, this act also pays attention to the growth and development of children and adolescents. In this article, we read the Protection of Children and Youths Welfare and Rights Act in detail and sorted out the important matters needed to be paid attention by the medical personnel including dentists. In addition, the provisions of this act refer to medical personnel but do not define them in the provisions. We defined its scope based on all medical personnel currently regulated at the legal level in Taiwan. The results are shown in Table 1. The purpose of this act is to promote healthy development of body and mind, protect their interest, and increase the welfare of children and adolescences (youths). In this act, children are individuals aged below twelve, while adolescences are individuals aged between twelve and eighteen. The Ministry of Health and Welfare is the authorized agency in the central government, while the municipal government of the municipalities and the government of the counties (cities) are authorized agencies in the local government.

Six major items of the abuse issues shall be reported to the municipal or county (city) competent authority, including drug usage, being waiters/waitresses in controversial places, being done by harmful behaviors, being left alone or being looked after by incompetent people, urgent need to be protected, and any other harmful situations.

Anyone who observes the previously mentioned issues for children and adolescents can report them to the competent authorities. As a member of medical personnel, dentists also have legal obligations for responsible reporting of the abuse issues of children and adolescents. If they know one of the previously mentioned issues on their duties, they shall report them to the competent authorities within 24 h. If the legally obligated personnel including dentists violate the provision for reporting without reasonable grounds, they will be fined. Furthermore, if dentists on their duties are aware of children aged under 6 without birth registration and vaccination, or any economic, educational, marriage, medical problems, or other adverse circumstances occurring in families of children and adolescents causing inappropriate care to children and adolescents, they shall also report them to the competent authorities.

According to overview of implementation of protection for children and adolescents from the Ministry of Health and Welfare, there were 99,584 reporting cases (including 6719 general reporting cases and 92,865 responsible reporting cases) for the abuse of children and adolescents nationwide in 2022. Of these reporting cases, 78,444 cases were valid cases, and investigation procedures and subsequent measures of relevant protective services or welfare services were initiated. In addition, 5336 cases were responsible reporting by medical personnel, accounting for 5.7 % of the total responsible reporting cases (5336/92,865). Among valid cases, 11,950 children and adolescents were determined to have been abused, accounting for 0.33 % of the population under the age of 18 (11,950/3,648,345). Among them, the most common ones were the physical abuse (46.0 %, 5493/11,950), followed in a descending order by the sexual abuse (33.5 %, 4007/11,950), the neglect (12.1 %, 1440/11,950), and the mental abuse (4.5 %, 534/11,950).² In Taiwan, there were 7184 dental institutions (including 215 hospitals with dental departments and 6969 dental clinics) with 15,996 dentists in 2022.³ It means that there were 43.8 dentists per 1000 children and adolescents under the age of 18. Dentists on their duties can contribute to the protection for children and adolescents. However, this issue is rarely touched upon in our dental education and post-graduation clinical training. In addition, there are also few relevant studies, such as the analysis of the oral conditions of abused children and adolescents, the comparison of the oral conditions of different types of abused individuals, and the establishment of a related research database. Dental neglect refers to the failure or delay in seeking dental care that in turn causes an individual's poor oral health, resulting in pain, suffering, absences from school, reduced productivity, and severe functional and social limitations in the affected individual.⁴ The American Academy of Pediatric Dentistry defines the dental neglect as willful failure of parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection.⁵ Based on our past clinical experience, it is possible to detect abused children and adolescents with the dental neglect in the dental outpatient clinics. For children and adolescents who suffer the facial or oral trauma in the emergency room, dentists should be alert to determine

Table 1 The important matters needed to be paid attention in the Protection of Children and Youths Welfare and Rights Act (Amended Date: 2021-01-20) for medical personnel including dentists.

Item	Important matters in the Protection of Children and Youths Welfare and Rights Act
1	Purpose of this act The purpose of this act is to promote healthy development of body and mind, protect their interest, and increase the welfare of children and adolescences (youths).
2	Definition of children Children are aged below twelve.
3	Definition of adolescents Adolescents are regarded as between twelve and eighteen of age.
4	Authorized agencies in this act In the central government: The Ministry of Health and Welfare. In the local government: The municipal government of the municipalities and the government of the counties (cities).
5	Issues relating to the abuse of children and adolescents The following issues relating to children and adolescences shall report them to the municipal or county (city) competent authority: 1. Use drugs, illegal or controlled medicines or other materials that are harmful to physical or mental health. 2. Be waiters/waitresses in the places, such as particular kind wineshops, special coffee/tea stores, adult product retailers, X-rated electronic game arcades and other places that involve gambling, sex, and violence are confirmed by authorized agencies to be harmful to the physical and mental health of children and adolescents. 3. Be done by the following behaviors: (1) Abandon; (2) Physical and mental abuse; (3) Utilize children and adolescents to undertake dangerous activities or deceptive behavior that is injurious to their health; (4) Take advantage of children and adolescents who are disabled or in special corporality to show in public; (5) Utilize children and adolescents to beg; (6) Deprive or hinder children and adolescents from using the opportunity for national education; (7) Force children and adolescents to marry; (8) Abduct, kidnap, sell, or pledge children and adolescents; (9) Force, seduce, remain, or act as brokers for children and adolescents to undertake obscene behavior or sexual intercourse; (10) Provide children and adolescents with knives, guns, bullets or other dangerous articles; (11) Utilize children and adolescents to take or record publications, photos, video program tapes, films, compact discs, disks, electronic signals, gaming software, internet contents or other articles relating to violence, blood, sex, obscenities, sexual intercourse that will harm their physical and mental health; (12) Force or seduce children and adolescents to situate themselves at places which cause immediate danger or harm to the lives and bodies of children and adolescents; (13) Lead or seduce children and adolescents to any place that will harm their physical and mental health; (14) Force, seduce, harbor, or act as mediators for children and adolescents to commit suicide; and (15) Behave abnormally or commit crimes against children and adolescents or utilize children and adolescents to commit crimes or behave abnormally. 4. Parents, guardians, or other people looking after children and adolescents leave children aged below six or children and adolescents that need special care alone or allow them to be looked after by incompetent people. 5. In one of the following cases, protection, placement, dispensation, or emergency placement as needed shall be provided to children and adolescents by municipal or county (city) competent authorities: (1) Improper maintenance or care of children and adolescents; (2) Lack of required immediate medical treatment of children and adolescents; (3) Children and adolescents who are abducted, kidnapped, sold, pledged, forced, or seduced to participate in abnormal behavior or tasks; and (4) Children and adolescents who have suffered from any persecution and therefore require emergency placement for immediate protection. 6. Any other harmful situations.
6	General reporting or ethics reporting Anyone who observes the previously mentioned issues for children and adolescents can report them to the municipal or county (city) competent authorities.
7	Responsible reporting or statutory reporting Medical personnel, social workers, educational personnel, day care personnel, preschool educators, police, judicial personnel, immigration personnel, household registration personnel, village officers, and other providers of children and youth welfare on their duties know one of the previously mentioned issues relating to children and adolescents shall report them to the municipal or county (city) competent authorities within 24 h. The above personnel who violate the provision for reporting without reasonable grounds will be fined a sum between 6000 NT dollars and 60,000 NT dollars.

(continued on next page)

Table 1 (continued)

Item	Important matters in the Protection of Children and Youths Welfare and Rights Act
8	Other responsible reporting or statutory reporting Medical personnel, social workers, educational personnel, day care personnel, preschool educators, police, judicial personnel, immigration personnel, household registration personnel, village officers, village (ward) heads, mansion janitors, and other providers of children and youth welfare who on their duties are aware of children aged under 6 without birth registration and vaccination, or any economic, educational, marriage, medical problems, or other adverse circumstances occurring in families of children and adolescents causing inappropriate care to children and adolescents, shall report them to the municipal or county (city) competent authorities.
9	Definition of medical personnel (according to other acts about medical personnel) Medical personnel refer to (1) physicians, (2) Chinese medicine doctors, (3) dentists, (4) pharmacists, (5) nursing personnel (including professional registered nurses and registered nurses), (6) physical therapists and physical therapy technicians, (7) occupational therapists and occupational therapy assistants, (8) medical technologists and medical technicians, (9) medical radiation technologists and medical radiological technicians, (10) dietitians, (11) midwifery personnel (including professional registered midwives and registered midwives), (12) psychologists, (13) respiratory therapists, (14) speech therapists, (15) hearing specialists, (16) dental technicians and assistant dental technicians, (17) opticians and optical technicians, and (18) public health specialists.

whether the injury was caused by the physical abuse. We conclude that the future direction of the dental profession's efforts in the field of protection for children and adolescents shall develop the standards for confirming whether the facial or oral trauma is caused by the physical abuse or whether the dental neglect reaches the abuse type of neglect, and the guidelines for reporting the abuse issues involving dentistry. Furthermore, it is necessary to add this part to our dental education and post-graduation clinical training.

Declaration of competing interest

The authors have no conflicts of interest relevant to this article.

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