



Dentist's ability to identify and act upon signs of domestic violence against women


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Abstract It is known that understanding the signs of domestic violence - a public health issue that continues to grow - is extremely important for healthcare professionals, especially dentists, who work with the part of the body most likely to be injured: the face. Despite the topic's relevance, many professionals are unaware of their legal responsibilities. Recently, Law nº 10778/2003, amended by Law nº 13931/2019, established the mandatory reporting by healthcare professionals to the police authorities in cases of suspected or confirmed domestic violence within 24 hours. The objective of this study was to assess the ability of dentists to identify signs of domestic violence and the actions taken when facing such situations. An online questionnaire consisting of 18 questions was administered to dentists registered with the São Paulo State Council of Dentistry, yielding 131 responses. The data collected showed that 92% of participants were unaware of Law nº 13931/2019, 56.5% were uncertain about their ability to recognize signs of violence, and 3% stated they could not identify them. Among the 28.8% who reported having identified some sign of domestic violence, 47% took no action. The main barriers to reporting included fear of misinterpreting the signs (25.9%) and lack of knowledge about what procedures to follow (15.55%). It is concluded that the participants experienced difficulties when facing suspected cases of violence against women. Educational strategies should be incorporated into undergraduate and postgraduate curricula.

Descriptors: Violence Against Women. Domestic Violence. Education, Dental.

Capacidad de los dentistas para identificar y actuar ante signos de violencia doméstica contra las mujeres

Resumen Se sabe que el conocimiento sobre los signos de la violencia doméstica - un problema de salud pública que cada día aumenta - es de suma importancia para los profesionales de la salud, especialmente los cirujanos dentistas, que se ocupan de la parte del cuerpo que tiene más probabilidades de traumatizarse: el rostro. A pesar de la importancia del tema, muchos profesionales desconocen su rol jurídico. Recientemente, la Ley Nº 10.778, de 24 de noviembre de 2003, modificada por la Ley Nº 13.931, de 10 de diciembre de 2019, analiza la obligación de los profesionales de la salud de comunicar a las autoridades policiales los casos en los que exista sospecha o confirmación de violencia doméstica. dentro de las 24 horas. En este sentido, el objetivo de este trabajo fue evaluar la capacidad de los odontólogos para identificar signos de violencia doméstica y las actitudes adoptadas ante tal ocurrencia. Se aplicó un cuestionario online que contenía 18 preguntas a los cirujanos dentistas registrados en el Consejo Odontológico Regional de São Paulo (CRO-SP), obteniendo 131 respuestas. Los datos recolectados mostraron que el 92% de los participantes desconoce la Ley Nº 13.931/2019, el 56,5% no está seguro de saber identificar signos de violencia y el 3% realmente no sabe. Del 28,8% que dijo haber identificado algún signo de violencia doméstica, el 47% no tomó ninguna medida. Entre los factores limitantes para denunciar se destacaron el miedo a las señales confusas (25,9%) y el desconocimiento sobre lo que se debe hacer (15,55%). Se concluye que los muestreados tuvieron dificultades ante casos sospechosos de violencia contra las mujeres. Se deben estructurar estrategias de enseñanza para cursos de pregrado y posgrado.

Descriptores: Violencia contra la Mujer. Violencia Doméstica. Educación en Odontología.

Capacidade de identificação e ação dos cirurgiões-dentistas frente a sinais de violência doméstica contra a mulher

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Resumo Sabe-se que é de extrema importância o conhecimento acerca dos sinais da ocorrência de violência doméstica - um problema de saúde pública que aumenta a cada dia - pelos profissionais da saúde, principalmente os cirurgiões-dentistas, que lidam com a parte de corpo que tem maior probabilidade de ser traumatizada, a face. Apesar da importância do assunto, muitos profissionais desconhecem seu papel legal. Recentemente, a Lei nº 10.778, de 24 de novembro de 2003, alterada pela Lei nº 13.931, de 10 de dezembro de 2019, discorre sobre a obrigatoriedade da comunicação às autoridades policiais por parte dos profissionais da saúde sobre casos em que houver suspeita ou confirmação de violência doméstica em até 24 horas. Nesse sentido, o objetivo deste trabalho foi avaliar a capacidade de identificação de sinais de violência doméstica por cirurgiões-dentistas e as atitudes tomadas diante de tal ocorrência. Um questionário *online* contendo 18 questões foi aplicado para cirurgiões-dentistas inscritos no Conselho Regional de Odontologia de São Paulo (CRO-SP), obtendo 131 respostas. Os dados coletados demonstraram que 92% dos participantes não conhecem a Lei nº 13.931/2019, 56,5% não tem certeza se sabem identificar sinais de violência e 3% realmente não sabem. Dos 28,8% que disseram ter identificado algum sinal de violência doméstica, 47% não tomaram nenhuma atitude. Dentre os fatores limitantes para a denúncia, destacou-se o medo de confundir os sinais (25,9%) e o desconhecimento sobre o que deve ser feito (15,55%). Conclui-se que os amostrados tiveram dificuldades frente à suspeita de casos de violência contra a mulher. Estratégias de ensino devem ser estruturadas para cursos de graduação e pós-graduação.

Descritores: Violência contra a Mulher. Violência Doméstica. Educação em Odontologia.

INTRODUCTION

Domestic violence is a social and public health problem defined as abusive, threatening, or violent behavior that can affect women, men, children, the elderly and the disabled, from all social classes, but which globally is more common with the female public. Such a crime can take the form of physical, sexual, emotional, economic, and psychological abuse, it can be subtle or violent, and even cause the death of the victim¹⁻¹³.

In 2016, Brazil recorded 4,645 murders of women. In 2019, 3,739 homicides of women were recorded, 1,314 of which were categorized as femicide, which is a qualifying circumstance for the crime of homicide against women due to their condition of being female^{14,15}. In 2023, according to the Brazilian Yearbook of Public Security, 3,930 women were victims of homicide, which is equivalent to a rate of 3.8 women per 100 thousand female inhabitants¹⁶.

The World Health Organization (WHO) estimates that 70% of women worldwide have suffered or will suffer physical, sexual, or psychological violence^{14,17,18}. In addition, about 27% of women aged between 15 and 49 years were subjected to some form of physical and/or sexual violence by their intimate partners, and approximately 1/3 of the cases of femicide, the perpetrator is the victim's partner^{14,17,18}.

The physical and emotional suffering caused to these women requires efforts from health teams^{4,6,19}, in addition to the loss of productivity at work^{6,20}.

At the beginning of 2020, the COVID-19 pandemic emerged worldwide, shaking the health system of several countries, as well as the mental health of their populations²¹. To avoid further contamination, many countries have decreed quarantine, and the rates of domestic violence have increased^{8,17,22-25}.

Many women do not report the aggressors, out of fear or a sense of injustice, and only go to health services when they

suffer serious physical damage². During the pandemic period, victims avoided going to hospitals for fear of contracting COVID-19, and because of this, the Ministry of Women, Family and Human Rights launched platforms and digital channels to improve access to and reporting of cases of domestic violence¹⁷.

The health system and the justice play a fundamental role in the identification and management of cases of domestic violence^{2,4,5,7,13,17,26}. The WHO has guidelines that point out the need to train health professionals to provide care to women affected by violence, verifying their safety, providing support, and referring victims to the responsible sectors²⁷⁻²⁹. Studies also show that women's confidence in seeking help increases after conversations with health professionals^{26,30}.

In Brazil, Law nº 10778/2003³¹ was amended by Law nº 13931/2019³², and also requires health professionals to report to police authorities cases in which there is suspicion or confirmation of violence against women within 24 hours.

Dentists deal directly with the region that tends to be most affected, the maxillofacial region^{3,33}. In addition, due to the types of injuries suffered by the victims, these professionals need to establish returns from routines, which allows for a relationship of trust and offers the opportunity to support the victim, even contributing to the possible interruption of the cycle of violence³⁴. For this reason, professionals must be confident in the identification and in their ability to conduct the case to maintain their legal and ethical responsibility^{10,25}. Based on all the above, the objective of the present study was to evaluate the ability of dentists to identify signs of domestic violence and the attitudes taken in the face of such an occurrence.

METHOD

This was a descriptive and cross-sectional study based on the application of a questionnaire containing 18 multiple-choice and discursive questions, conducted online, using the GoogleForms® platform (Google LLC, California, United States). The questions dealt with the ability to identify signs of domestic violence and their knowledge of how to proceed with compulsory notification. The questionnaire remained available for access for two months and was shared through social media (Whatsapp™ (Meta Platforms, California, United States), Facebook™ (Meta Platforms, California, United States), Telegram™ (Telegram, Dubai, United Arab Emirates) and Instagram™ (Meta Platforms, California, United States)).

The convenience sample was composed of dentists. The inclusion criteria were to be registered in the São Paulo State Council of Dentistry and to correctly fill in the registration number in the questionnaire so that the conference could be carried out, and the exclusion of professionals registered in other Regional Councils. A total of 131 valid responses were obtained, following the inclusion and exclusion criteria, to the online questionnaire, accessed upon acceptance of participation by free and informed consent, whose link was available at the beginning of the questionnaire.

The project was submitted for consideration by the Human Research Ethics Committee in order to comply with all the requirements of Resolution 466/12, being approved under opinion 4,593,384 (CAAE: 43629521.8.0000.5419).

RESULTS

The number of valid responses was 131, equivalent to 0.12% of the total number of professionals registered in the São Paulo State Council of Dentistry, whose graduation time stood out was from 0 to 10 years (50.38%, n=66) and 11 to 20 years (33.59%, n=44). Most of the survey participants work in dental offices or clinics (52%, n=68), followed by work in both private and public sectors (26%, n=34), and 17% (n=22) in public institutions.

Most participants had at least one specialty, and there was the possibility of checking more than 1 option in the questionnaire. The three most prevalent specialties were Orthodontics (22.70%, n=22), Endodontics (19.70%, n=26), and Implantology (13.60%, n=18).

Of the 131 participants in the survey, 74 (56.50%) are not sure if they know how to identify the signs of domestic violence, and 4 (3.10%) do not. Table 1 shows the main signs that would lead to the suspicion of domestic violence

on the part of dentists, who could choose more than one option. Only 38 (29%) of the participants have already identified signs of domestic violence in the context of their activities. 12 (9%) had doubts about whether it was violence, and 81 (62%) never identified it.

Table 1. Signs that would lead to the suspicion of domestic violence.

Types of Signals	n	%
Ecchymosis or bruising	120	90.90
Abrasions on the face or body	120	90.90
Scratches	109	82.60
Bite marks	107	81.10
Showing sadness and/or depression	107	81.10
Dental Fracture	105	79.50
Edema in regions of the face or body	103	78.00
Fear	96	72.70
Use of clothing that is incompatible with the temperature	92	69.70
Patient Introspection	90	68.20
Nasal contusion	88	66.70
Dental avulsion	83	62.90
Burns	82	62.10
Lacerations	69	52.30
Constant absences from appointments	58	43.90
Erythema and petechiae on the soft and hard palate	48	36.40
Unkempt appearance	44	33.30
Sexually transmitted diseases	41	31.10
Inappropriate sexual behaviors	33	25.00
Presence of residual roots	14	10.60

Table 2 reveals the main signs that led professionals to identify domestic violence. The question was answered by all participants, but the item "I never identified" was marked for those who never identified or those who had doubts, and was counted for data control. According to the results obtained, 69.8% (n=37) of those who suffered aggression were women, 24.5% (n=13) were minors, 3.8% (n=2) were elderly, and 1.9% (n=1) were disabled. The sex of minors, the elderly, and the disabled was not separated in the survey.

Of the participants who were able to identify the signs of domestic violence, only 53% (n=31) took some action, and 47% (n=28) took no action. Among the attitudes taken by dentists, who could indicate one or more alternatives, the following stood out: communication to the guardianship council (32.6%, n=11), communication to the police authorities, by telephone or in person (19.6%, n=9), anonymous complaint by telephone (13%, n=6). The option "others" was highlighted and appeared with 52.2% (n=24), taking into account that this option addresses any attitude not listed above, such as simply talking to the patient about what was happening and making him understand that he could be helped to get out of this situation.

According to the data collected from the survey, about 64% (n=71) of the interviewees do not know what to do when recognizing cases of domestic violence and the 36% (n=42) who reported that they know how to deal with the situation answered that they learned through the internet (25.7%, n=19), in their undergraduate studies at a public institution (17.6%, n=13), undergraduate studies in a private institution (12.2%, n=9), books and magazines (10.8%, n=8), graduate studies in a public institution (9.4%, n=7), graduate studies in a private institution (9.4%, n=7), extension or continuing education courses (6.7%, n=5) and others (8.1%, n=6). The option "others" requested the description of the way the professional learned about the subject and the result showed that the participants who checked this option

learned through the Black Women's Collective, police relatives, holding a position in the public sector, in the Women's Council, and research for the course completion work.

Table 2. Signs that led the professional to identify domestic violence.

Signs that helped in the identification of domestic violence	n	%
Ecchymosis or bruising	22	27.20
Dental Fracture	21	25.90
Fear	20	24.70
Showing sadness and/or depression	18	22.20
Patient Introspection	18	22.20

Table 3 lists the reasons that would lead professionals not to report a case of domestic violence. Of the 131 participants, 91.6% (n=120) do not know about Law No. 13,931/2019, and 92.4% (n=121) do not know the consequences of non-compliance. All those surveyed think that the subject and the approach to the topic are important.

Table 3. Factors that would prevent the complaint by the dental surgeon.

Factors that would lead the professional not to report	n	%
Fear of confusing the signs of violence	70	25.90
The patient's request not to report	48	17.80
Fear of not reporting in the right way or to the right bodies and entities	42	15.55
Fear of the victim's partner	36	13.30
Fear of infringing the Code of Ethics, with regard to professional secrecy	32	11.85
Other	5	1.80

DISCUSSION

The topic of domestic violence is extremely important, and its identification raises doubts for health professionals about what attitudes should be taken. As shown in the results, 64% of the participants do not know what to do in this situation. The subject is complex even for police authorities².

The present study showed that 69.8% of the identified cases of domestic violence were against women, 3.8% were against the elderly and 1.9% against the disabled, who did not have their sex separated from their age or physical/mental condition, corroborating a study developed by Aye *et al.* (2020)²⁷ which evaluated cases of domestic violence against men or women and highlighted that the prevalence of physical, emotional, and sexual violence is higher against women.

Ferrari *et al.* (2016)²⁸ concluded in their research that women who survived domestic violence are very likely to develop mental health problems, depression and anxiety, reinforcing the findings of the current study, which showed that 24.7% of respondents identified domestic violence because of the patient's lack of fear and 22.2% because of sadness and depression.

Malpass *et al.* (2014)²⁹ concluded in their research that there should be a quick referral of women to a legal defender. The same study highlights the fundamental role of health professionals in the identification of domestic violence. Szilassy *et al.* (2017)³⁵ state that the training of health professionals for procedures performed in the case of domestic violence needs to be improved, which corroborates the current study, which showed that 47% of the interviewees did not take any action in the face of the cases of abuse identified in their clinical routine.

The lack of knowledge on the subject is evidenced in the present study, as 25.9% of the interviewees reported that they would not report it because they were afraid of confusing the signs of domestic violence and 15.55% reported that they did not know how and to whom to report cases of physical and/or psychological abuse against their patients. Similar

findings were evidenced in another study³ that identified that the most common difficulties encountered by professionals were a lack of training and embarrassment in talking about the subject with victims.

Another important finding in the research was that, among the factors that may lead the professional not to report the case, is the patient's request, which appears among the first, corroborating the study by Miranda and Lange² that demonstrates that many battered women do not want to report their partner. The same study explains that the fear of reprisals by aggressors is a concern among Brazilian professionals, and the paradigm regarding the configuration of breach of confidentiality appears among the main concerns of Norwegian health professionals², which was also verified in the present study, as shown in Table 3.

The fear of breach of confidentiality is a common misconception of those who are unaware of the Code of Dental Ethics³⁶, since article 14, item I demonstrates that it is an ethical infraction to reveal, without just cause, a confidential fact of which one is aware due to the exercise of one's profession, and the cases of just cause are described in the sole paragraph and have, among other factors, the compulsory notification of diseases and collaboration with the justice system in the cases provided for by law. Domestic violence requires compulsory notification by health professionals and is provided for by law³².

The lack of knowledge of the norms regarding the theme and the approach to the patient was clear in the results of the research. Dheensa *et al.* (2020)³⁷ demonstrated in their study that knowledge on the subject improved professionals' confidence in providing support to abused patients. Another study³⁸ concluded that health professionals should be constantly updated on the subject. Mythri *et al.* (2015)³⁹ also describe in their studies the barrier of a lack of knowledge and training on the subject.

Constant updating is important, because according to the present study, 94.7% of the participants work clinically, either in public institutions or dental offices or clinics, and 83.97% have up to 20 years of training, which demonstrates that there is still a long time of practice in the profession and that the chance of the dentist attending to an abused patient is great, in view of the growing number of cases of domestic violence^{8,14,15,22-25}.

The importance of knowledge on the subject is also described in the studies by Tantawi *et al.* (2018)⁴⁰, which demonstrated that dentists who reported being able to identify the signs of violence had a greater perception of these cases and took more action than those who did not know the signs and procedures adopted in the face of the occurrence.

In the present study, 28.8% of the participants reported having already identified cases of domestic violence in their routine and it was observed that ecchymosis or bruising, dental fracture and fear appear among the three main factors that led the dentist to identify it, but all signs were important, since the most voted would not necessarily be present to the detriment of the least voted. This is in accordance with a study²⁵ that shows that victims seek dental care and present oral signs compatible with body confrontation and emotional signs that can be evidenced in a conversation.

It is also observed that the majority of the interviewees pointed to the internet as the main source of knowledge on the subject (25.7%), and public (17.6%) and private (12.2%) educational institutions obtained a relatively low percentage, even though, in addition to graduation, 80.3% of those surveyed are also specialists and had contact with educational institutions after their graduation. These data demonstrate that there is a need for professionals specialized in Forensic Odontology inserted in the teaching of these institutions, so that knowledge about such important subjects is transmitted to students in an effective way, as described in the studies by Lino-Júnior *et al.* (2015)⁴¹ and Pereira *et al.* (2017)⁴².

Also, according to Pereira *et al.* (2017)⁴², the Brazilian Association of Dental Education (ABENO) and the Brazilian Association of Forensic Odontology (ABOL) prepared a document with suggestions for teaching Forensic Odontology in undergraduate courses in Odontology. It is noteworthy that the realization of practical classes increases the students' interest in the subjects covered.

Lino-Júnior *et al.* (2015)⁴¹ demonstrate that the teaching of Forensic Odontology goes beyond the Code of Dental Ethics and that the approach to various aspects of the specialty adds value and security to academic training. The number of specialists, masters, and doctors in Forensic Odontology is still low when compared to other specialties, but it is gradually increasing, allowing the knowledge of these specialists to be applied effectively to teaching⁴².

According to the study by Nascimento *et al.* (2023)⁴³, through its methodology for surveying articles published on the subject, that dentists are not prepared to identify signs of domestic violence and that there is a lack of knowledge on the subject, as well as on how to proceed in this situation, because according to its results, 47% of the professionals did not know how to identify signs of domestic violence against women in their clinical practice, evidencing the importance of establishing teaching strategies to make professionals fit and safe in approaching the subject⁴³.

The need for knowledge about legal regulations and the consequences of non-compliance should be transmitted to professionals, since, in the present study, 91.6% of the interviewees were not aware of the need for compulsory notification in cases of suspected or confirmed domestic violence by health professionals, presented by Law No. 13,931/2019³² and 92.4% did not know about the consequences of non-compliance. This can cause harm to the professional and the patient, considering that the abuse can be stopped with the appropriate action of professionals who have the duty to care for the well-being of their patients³⁸.

Thus, Schools of Dentistry must include training in their curricula so that dentists are trained in the knowledge and skills necessary to identify, record, and respond to signs of domestic violence effectively. This training should cover the various forms of abuse, common characteristics, screening techniques, ethical and legal considerations, and forms of referral to support services⁴⁴. In addition, interdisciplinary collaboration between dental professionals and other health professionals, social workers, and domestic violence organizations is important to establish a broad and complete support network for victims^{34,44,45}.

All participants in the current survey think that the approach to the theme is important, so there is a need to disseminate information about the theme. Further studies are needed, given that the number of participants in the research was reduced compared to the number of people registered in the Regional Council of Dentistry of São Paulo and the number of people who had access to the questionnaire and did not respond.

CONCLUSION

Based on the results obtained, it was possible to conclude that there is a deficiency in the ability of dentists to identify the signs of domestic violence and there is also a lack of knowledge about the attitudes to be taken in the face of this fact by the participants, which demonstrates the need to expand information on the subject.

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