

# Notification of violence: knowledge of dentists working in the coal-mining region, SC

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## ABSTRACT

The objective of the study was to analyze the knowledge and to make dental surgeons aware of the compulsory notification of interpersonal/self-inflicted violence. This was a quantitative, cross-sectional and descriptive analysis study carried out in the twelve municipalities in the coal-mining region located in the south of Santa Catarina, with public health dentists. Out of 134 dentists, 108 (80.6%) answered the questionnaire. Among these, 56 (52.8%) were male; 61 (56.5%) studied in a public university; 27 (25%) have been graduated for more than 21 years and 21 (19.6%) have attended post-graduation course in Public Health. Regarding the professionals' knowledge about the violence notification form, only 21.3% (n = 23) reported knowing it. Concerning the types of violence, physical violence was mentioned the most by dentists. In the Pearson's Chi-squared Test, statistical significance was observed associating the female gender with more knowledge about the notification form (p = 0.036). Results showed that the professionals are not aware of either the notification form or the database of this instrument (p = <0.001), also showing that the majority of them have never participated in any educational activities on the subject (p = 0.001). In conclusion, dental surgeons who work in the public health network in municipalities in the coal-mining region have shown little knowledge about the types of violence, compulsory notification of violence and referral of victims, but they have shown interest in learning about it, since they participated actively in the educational activity carried out after the data collection.

**Descriptors:** Knowledge. Violence. Health Information Systems. Dentistry.

## 1 INTRODUCTION

Violence can be defined as the action performed by individuals, groups, classes or nations, causing physical, emotional, or moral injury to oneself or others. It is considered violence, also, when omission occurs, when help is denied, and/or it is neglected<sup>1</sup>.

The World Health Organization (WHO) classifies three groups according to whom commits the violent act on violence against oneself (self-harm); interpersonal violence (domestic and community); and collective violence (political groups, terrorist organizations, militias). In addition, it makes distinctions about the nature of violence, classifying them as physical violence; psychological/moral violence; torture; sexual violence; human trafficking; financial/economic violence; neglect /abandonment; child labor; and legal intervention<sup>2</sup>.

Around the world, more than 1.3 million deaths are registered annually due to violence, whether it is self-harm, interpersonal or collective, accounting for 2.5% of global mortality<sup>3</sup>.

In Brazil, violence is considered a public health problem, which has had a strong impact on the morbidity and mortality of the population. In 2001, the National Policy for the Reduction of Morbidity by Accidents and Violence was published, with the objective of reducing these injuries. In 2008, a mandatory report of violence was created and an instructive one for its correct completion, consolidating the implementation of this policy<sup>2</sup>. The compulsory notification is directed to all health professionals or those responsible for public and private healthcare establishments who provide care to patients, according to article 8 of Law No. 6,259, dated October 30, 1975<sup>4</sup>.

Health professionals have difficulty in reporting as standard behavior, even though there

is a legal obligation, since they face the knowledge of types of violence and, consequently, their recognition, as obstacles. The notification is a fundamental step and an organization strategy which provides the construction of a network of attention for its control<sup>5,6</sup>.

Health professionals' knowledge about the types of violence and the notification of injuries is essential, especially dentists, since the number of physical injuries in the head and neck region is high. Almost half of the victims of sexual abuse may present lesions in the oral cavity, regardless of having lesions in their genitals, stressing the importance of dentists being attentive to the clinical examination of their patients<sup>7</sup>.

In previous studies with dental surgeons working in public health, it was verified that, when analyzing their perception and attitude towards interfamily violence, 74% reported not knowing how to notify it and 70% did not know the subject. Only 26% of dentists report cases of violence diagnosed by them, which emphasizes that most of the participants do not know this issue<sup>8</sup>. Thus, it is questioned whether this is not the case with dentists in other municipalities. Do they report suspicions and/or confirmations of violence? In case they notify, do they perform the procedures correctly? The present study aimed to analyze the knowledge of dental surgeons working in the municipalities belonging to the Association of Municipalities in the Coal-Mining Region, in the south of Santa Catarina, on the compulsory notification of interpersonal/self-harm violence.

## 2 METHODS

This was a cross-sectional and descriptive study, originated from an extension project, and obtained approval from the Research Ethics Committee with Human Beings, under no.

1,795,249 / 2016.

The study was carried out in the twelve municipalities belonging to the Association of Municipalities in the Coal-Mining Region (AMREC), in the south of Santa Catarina, from July 2016 to June 2017.

The Coal-Mining Region is composed of the following municipalities: Balneário Rincão, Cocal do Sul, Criciúma, Forquilha, Içara, Lauro Müller, Morro da Fumaça, Nova Veneza, Orleans, Siderópolis, Treviso and Urussanga, totaling 425,603 inhabitants throughout the region<sup>9</sup>.

The subjects of this research were 134 dentists from the public health network, who were registered with the National Registry of Health Facilities (CNES), regardless the employment relationship, after signing the Free and Clarified Consent Term, as recommended by Resolution No. 466/12 of the National Health Council. Those who were absent for any reason during the period of data collection were excluded.

A semi-structured, anonymous and self-applied questionnaire was used, based on the study by Luna *et al.*<sup>10</sup>. The instrument contained thirty-two closed questions and an open question for the analysis of knowledge and also to guide the educational activity carried out later.

The data were stored in Microsoft Excel 2012 spreadsheets and is presented in the form of descriptive statistics and tables. The Statistical Package for the Social Sciences (SPSS), version 23, was used to perform the statistical analysis, considering significance level  $\alpha=0.05$  and 95% confidence interval.

Pearson's Chi-squared Test was used to quantify the association or independence among knowledge about the notification form, professional profile, participation in some educational activity, if the professional had already encountered a case of violence and had

notified it, and the other independent variables.

For all the above tests, an educational activity was carried out, as a way to standardize measures, strengthen actions and qualify the service, using active methodologies about the theme. An educational folder was prepared and handed out at the end of the activity as a reinforcement of the content worked, containing the specific contacts of the institutions which help the network and are references in each municipality for compulsory notifications of violence referrals.

### 3 RESULTS

Out of the 134 dentists who work in the public network in the twelve municipalities of AMREC, 80.6% (n=108) answered the questionnaire, but not all the questions were answered by the interviewees.

Most of the participants were men (52.8%, n=56), with a family income ranging from R\$5.001 to R\$10.000 (41.3%, n=43), aged 31 to 40 years old (37%, n=40), married (63%, n=68) and with children 51.9% (n=56). A little more than half of the participants studied at public universities (56.5%, n=61), 25% (n=27) of them were graduated more than 21 years ago and 19.6% (n=21) had a post-graduate degree in Public Health. Regarding the employment period, 36.4% (n=39) have worked in the municipality for 2 years. Most of them have another job in the health area (66.4%, n=71), being the great part in the private sector (88%, n=66).

Concerning dentists' knowledge about the types of violence, physical violence was the most mentioned, and was considered as violence by 100% (n=107) of the respondents. Only 21.3% (n=23) reported knowing the compulsory report of violence and only 9.4% (n=10) know a few database about it. As for witnessing any type of violence, 60.4% (n=64) had already witnessed,

40.2% (n=43) had already experienced some violence during their professional activities, and only 15% (n=16) reported knowing the network of assistance to victims of violence. In relation to

be afraid of legal involvement, 35% (n=36) of the respondents stated that they are afraid of it, which is why only 11.8% (n=6) notified the case to the network of assistance (table 1).

Table 1. Knowledge of dentists on violence in the municipalities of AMREC, from July 2016 to June 2017

Variable (n)	n* (%)
Considers physical violence as violence (n=107)	107(100.0)
Considers psychological/moral injury as violence (n=107)	103(96.3)
Considers torture as violence (n=107)	105(98.1)
Considers sexual violence as violence (n= 107)	105(98.1)
Considers human trafficking as violence (n=107)	99(92.5)
Considers financial/economic violence as violence (n=107)	86(80.4)
Considers negligence/abandonment as violence (n=107)	99(92.5)
Considers child labor as violence (n=107)	97(90.7)
Considers the legal intervention as violence (n=107)	80(74.8)
Already witnessed some types of violence (n=106)	64(60.4)
Usually reads about violence (n=108)	42(38.9)
Knows the violence notification form (n=108)	23(21.3)
How did he/she accessed the violence notification form (n=23)	
During the graduation course	2(8.7)
During the post-graduation course	2(8.7)
Own research	4(17.4)
Others	15(65.2)
Knows any violence notification database (n=106)	10(9.4)
Violence is a topic discussed at work (n=106)	37(34.9)
Has witnessed a case of violence during working (n=107)	43(40.2)
Reported the case (n= 51)	6(11.8)
Is afraid of legal involvement in reporting violence (n=103)	36(35.0)
When notifying, knows where refer victims to (n=106)	36(35.0)
Knows the network of assistance to victims of violence (n=107)	16(15.0)

\* The total number of respondents of each question was considered as 100%

Table 2 presents the correlation between knowledge about the notification sheet of violence and other variables. Statistical significance was observed between the knowledge and the gender of the professionals, showing that the female had the most knowledge about the violence notification form (p=0.036). As regards post-graduation degree in Public Health, statistical significance was also observed, revealing that

dentists who have that post-graduation degree are aware of the violence notification form (p=0.008), however, most professionals with post-graduation degree in other areas (p=0.003) have no knowledge about the form. As for the professionals that knew some database about the notification, results showed that they are not aware of either the violence notification form or the database of this instrument (p=<0.001).

Table 2. Relation between knowledge about the violence notification form and other variables in the municipalities of AMREC, from July 2016 to June 2017

Variable (n)	Knowledge n*(%)		P
	Yes	No	
<i>Gender (n= 106)</i>			
Male	6(27.3)	44(52.4)	0.036
Female	16(72.7)	40(47.6)	
<i>Has post-graduation degree in Public Health (n=107)</i>			
Yes	9(39.1)	12(14.3)	0.008
No	14(60.9)	72(85.7)	
<i>Has post-graduation degree in another area (n=106)</i>			
Yes	8(34.8)	58(69.0)	0.003
No	15(65.2)	26(31.0)	
<i>Has residency in Public Health (n=107)</i>			
Yes	2(8.7)	1(1.2)	0.053
No	21(91.3)	83(98.8)	
<i>Has another job in the health area (n=107)</i>			
Yes	13(56.5)	58(69.0)	0.043
No	8(34.8)	25(29.8)	
Yes, in another sector.	2(8.7)	0(0.0)	
<i>Knows any notification database (n=106)</i>			
Yes	9(40.9)	1(1.2)	<0.001
No	13(59.1)	83(98.8)	
<i>Violence is a topic discussed at work (n=106)</i>			
Yes	14(60.9)	23(27.7)	0.003
No	9(39.1)	60(72.3)	
<i>Has identified the violence with the victim's report (n=44)</i>			
Yes	2(16.7)	16(50.0)	0.045
No	10(83.3)	16(50.0)	
<i>Has notified the case (n=51)</i>			
Yes	3(21.4)	3(8.1)	0.188
No	11(78.6)	34(91.9)	
<i>When notifying, knows where refer victims to (n=106)</i>			
Yes	19(82.6)	11(13.3)	<0.001
No	4(17.4)	72(86.7)	
<i>Knows the network of assistance to victims of violence (n=107)</i>			
Yes	13(56.5)	3(3.6)	<0.001
No	10(43.5)	81(96.4)	

\* The total number of respondents of each question was considered as 100%.

According to the data on professionals who have already encountered a case of violence during their professional performance, results showed that most of the dentists had witnessed some violence during their work (p=0.001).

There was also a statistical significance relating the professionals who had already witnessed violence at home (p=0.043). Although the relationship was not statistically significant with the professionals who identified the case due to

the altered behavior of the victim, the study showed that the majority of dentists who have ever encountered violence did not identify it through the victim's altered behavior ( $p=0.422$ ), but there was a significant relation with the identification of violence by other means

( $p=0.046$ ). However, when questioned if they were afraid of legal involvement in making a notification of violence, there was a significant relation, suggesting that professionals who had already faced the situation, reported no fear of legal involvement ( $p=0.043$ ) (table 3).

Table 3. Relation between facing cases of violence in the professional activity and other variables, in the municipalities of AMREC, from July 2016 to June 2017

Variable (n)	Faced n*(%)		p
	Yes	No	
<i>Witnessed some kind of violence (n=105)</i>			
Yes	37(86.0)	26(41.9)	<0.001
No	6(14.0)	36(58.1)	
<i>Witnessed violence at home (n=65)</i>			
Yes	5(13.5)	0(0.0)	0.043
No	32(86.5)	28(100.0)	
<i>Witnessed violence at work (n=65)</i>			
Yes	21(56.8)	4(14.3)	<0.001
No	16(43.2)	24(85.7)	
<i>Identified the case due to the victim's altered behavior (n=44)</i>			
Yes	17(39.5)	0(0.0)	0.422
No	26(60.5)	1(100.0)	
<i>Identified the violence in another way (n=44)</i>			
Yes	8(18.6)	1(100.0)	0.046
No	35(81.4)	0(0.0)	
<i>Afraid of legal involvement (n= 102)</i>			
Yes	20(46.5)	16(27.1)	0.043
No	23(53.5)	43(72.9)	

\* The total number of respondents of each question was considered as 100%.

According to data presented on the notification of cases of violence by professionals, there was a significant relation with how long the dentists have been working in the city, noting that the professionals who reported the most were those who have been working for a shorter period than the others ( $p=0.029$ ). Results also showed that most of the professionals who witnessed workplace violence did not report the case ( $p=0.056$ ) (table 4).

Regarding the participation of professionals in educational activities on the subject, there was

significant relevance when related to how long they have been graduated, showing that the professionals who participated the most have been graduated for a period within 3 and 10 years ( $p=0.016$ ). There was also significance when the participation in the educational activity was correlated to professionals who had residency in Public Health, indicating that those professionals participated more in the educational activities ( $p=0.044$ ).

Although the period for how long professionals have worked in public health did



not express statistical relevance, the data showed that the longer the work, the lower the participation in educational activities ( $p=0.639$ ). Significance was also verified with the knowledge of the violence notification form, revealing that the majority who do not

know the form have never participated in educational activity on the subject ( $p<0.001$ ). On the other hand, dentists who participated in educational activities on the subject ( $p <0.001$ ) are the ones who know the most about the network.

Table 4. Relation between notifying the identified case and other variables, in the municipalities of AMREC, from July 2016 to June 2017

Variable (n)	Notified n*(%)		p
	Yes	No	
<i>How long has been working as a DS in the municipality (n=51)</i>			
0 to 2 years	4(66.7)	13(28.9)	0.029
3 to 5 years	0(0.0)	5(11.1)	
6 to 8 years	0(0.0)	8(17.8)	
9 to 11 years	0(0.0)	4(8.9)	
12 to 14 years	1(16.7)	0(0.0)	
> 15 years	1(16.7)	15(33.3)	
<i>Has witnessed violence at work (n=41)</i>			
Yes	5(100.0)	20(55.6)	0.056
No	0(0.0)	16(44.4)	
<i>Seeks to read about violence in theses (n=24)</i>			
Yes	1(33.3)	0(0.0)	0.007
No	2(66.7)	21(100.0)	

\* The total number of respondents of each question was considered as 100%.

After data collection, an educational activity was carried out in each municipality, based on the difficulties encountered. This activity was evaluated by the participants, through a questionnaire, expressing their level of satisfaction to have participated in the study. Responses were predominantly positive.

#### 4 DISCUSSION

Violence is currently recognized as a global public health problem. This study aimed to assess the knowledge of dental surgeons who work in the public network of the municipalities in the coal-mining region in Santa Catarina. The data obtained were used to carry out an educational activity aiming at health services and professional qualification, at the adequate and

humanized care, besides enabling preventive measures.

Results, regarding the dental surgeons' profile, showed that most of them have been graduated for more than 21 years, but the notification of violence form was created in 2008, that is, long after the conclusion of the interviewees graduation, corroborating with other studies, and emphasizing the reason why the professionals were unaware about the issue<sup>11,12</sup>.

The professionals' inability to identify violence can be applied to factors such as the absence or lack of approach to the subject in undergraduate and professional training or even a clinical course based on the biomedical model<sup>13</sup>. Although 19.6% (n=21) of the

participants had a post-graduation degree in Public Health, most of them did not have information about the compulsory notification form. Therefore, it is essential that higher education institutions place greater emphasis on fighting and preventing violence during the training of professionals, thus improving the care offered to the patient and increasing the incentive for a culture of peace<sup>14</sup>.

The study verified that few professionals reported knowing the network of assistance to violence victims. However, knowing the different services that comprise the network of attention and prevention of violence is an extremely important step<sup>15</sup>, since the fact that professionals do not know where referring the cases of violence to, ends up contributing to an underreporting framework<sup>16</sup>.

Physical violence is often difficult to disguise, and it is easier to identify it and to notify it to the competent body<sup>17</sup>. It is justified by the fact that, in this study, physical violence was the most considered form of violence by professionals. However, one of the reasons associated with the absence of notification of a case of violence is precisely the difficulty to identify the injury by health professionals<sup>18</sup>.

In Dentistry, it is possible to identify the violence in several ways: in the accomplishment of careful anamnesis, it is possible to check if the described history of the injury is in agreement with the wound that the patient presents. When there are oral lacerations, the presence of fractured teeth, with color alteration or with a lot of curative need, besides lesions of Sexually Transmitted Diseases (DST), petechiae and erythema on soft and hard palate, indicating forced oral sex, dentists may suspect violence<sup>19</sup>. Through a very detailed clinical examination, professionals can detect some types of violence, and this justifies the fact that there was no statistically significant relation in our study with

the fact that dentists had encountered violence during their work and the identification of the violence by the altered behavior of the victim, but in other ways.

In the event of a suspected or confirmed case of violence, the compulsory notification form must be completed in two copies, one for the notifying unit, together with the patient's medical record, as it is a legal dentistry document, and the other must be sent to the municipality sector responsible for Epidemiological Surveillance<sup>2,20,21</sup>. However, some reasons contribute to the omission of health professionals in cases of violence, such as fear and lack of knowledge of the evidence as well as of the mandatory reporting<sup>7</sup>. In this research, among the dentists who reported having encountered violence during their professional activities, few reported being afraid of legal involvement when reporting violence, demonstrating that their failure to do so is associated with a lack of knowledge about the instrument and the role of professionals in dealing with cases of violence.

The data showed that the majority of professionals who witnessed violence at work did not report the case, meeting the results verified in other studies<sup>8,22</sup>, reaffirming the professionals' unpreparedness regarding the issue, since the notification of violence is an obligation to health professionals. The absence characterizes criminal contravention on the part of professionals who omit and do not communicate the crime they have witnessed at work<sup>23</sup>.

Results also showed that the professionals were not adequately aware of the types of violence, the notification of violence and the referral of victims. This lack of preparation can lead to a recurrence of violence and a worsening of cases. Therefore, it is important to carry out the training on the subject, improving and



developing the aptitude and sensitivity to adequately address, recognize and report cases of violence<sup>6</sup>.

Moreover, it was observed that the professionals who participated most in some educational activity related to compulsory notification of violence were those who have been working for a shorter period than others, that is, a period within 3 and 10 years. It is understood, therefore, that they are the ones who most recognize the demand need for professional qualification. For this reason, the theme of violence must be stimulated and inserted in the academic curricula, so that future professionals may have proximity to this problem<sup>24</sup>.

Concerning the perception about violence against people, health professionals presented statistically positive results regarding knowledge after the courses on violence, feeling more confident to identify and attend victims of violence<sup>25</sup>. There was an increase in the number of cases reported in three years, and this data was attributed to the training performed with health professionals<sup>26</sup>, emphasizing the need for training with professionals, such as the one performed in our work.

There are still many challenges in solidifying compulsory notification as a daily action in the various health services<sup>27</sup>, but the notification of violence is still an instrument that needs to be further explored and used in the development of social policies, programs and projects that are more active in the prevention and control of the phenomenon of violence<sup>28</sup>. For this to occur, it is necessary for professionals to report all suspected and/or confirmed cases of violence. The study suggests that funding for new research be promoted in order to increase the number of trained dentists.

## 5 CONCLUSION

There was little knowledge on the part of

dental surgeons working in the public network of municipalities in the coal-mining region regarding the types of violence, the compulsory notification of violence and referral of victims, but they have shown interest in learning about the subject, since they actively participated in the educational activity carried out after the data collection.

Emphasis is given to the importance of training and raising the awareness of these professionals on the subject and the accomplishment of compulsory notification of violence, aiming, therefore, to promote health and prevent aggravation of violence.

## RESUMO

### **Notificação de violência: conhecimento de cirurgiões-dentistas que atuam na Região Carbonífera, SC**

O objetivo do estudo foi analisar o conhecimento e conscientizar cirurgiões-dentistas sobre a notificação compulsória de violência interpessoal/autoprovocada. Tratou-se de um estudo quantitativo, do tipo transversal e de análise descritiva, desenvolvido nos doze municípios da Região Carbonífera, localizada no sul catarinense, com os cirurgiões-dentistas da rede pública. Da população de 134 cirurgiões-dentistas, 108 (80,6%) responderam ao questionário. Destes, 56 (52,8%) eram do sexo masculino; 61 (56,5%) estudaram em universidade pública; 27 (25%) estão formados há mais de 21 anos e 21 (19,6%) possuem especialização em Saúde Coletiva. Sobre o conhecimento dos profissionais acerca da ficha de notificação de violência, apenas 21,3% (n=23) relataram conhecê-la. Em relação aos tipos de violência, a física foi a mais citada pelos dentistas. No teste de Qui-quadrado de Pearson, observou-se significância estatística na associação do gênero feminino com possuir mais conhecimento sobre a ficha de notificação (p=0,036). Verificou-se que os profissionais desconhecem tanto a ficha de notificação quanto

o banco de dados desse instrumento ( $p < 0,001$ ), revelando, também, que a maioria nunca participou de atividade educativa sobre a temática ( $p < 0,001$ ). Conclui-se que os cirurgiões-dentistas que atuam na rede pública dos municípios da região carbonífera demonstraram pouco conhecimento quanto aos tipos de violência, a notificação compulsória de violência e ao encaminhamento das vítimas, porém, eles demonstraram interesse em aprender sobre o tema, pois participaram ativamente da atividade educativa realizada posteriormente à coleta de dados.

**Descritores:** Conhecimento. Violência. Sistemas de Informação em Saúde. Odontologia.

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