Original Research Article

Knowledge of dentistry’s professionals on domestic violence

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Received for publication: July 22, 2010. Accepted for publication: September 16, 2010.

Keywords: domestic violence; Dentistry; knowledge.

Abstract

Introduction and objective: To evaluate the knowledge of dentists graduated from the School of Dentistry of Ribeirão Preto, University of São Paulo (FORP-USP) between 1998 and 2009 about domestic violence against children, women and elderly. Material and methods: A questionnaire with multiple-choice questions was applied to 180 subjects and the collected data were subjected to statistical analysis. Results: The majority of respondents never treated or suspected that a patient had been a victim of domestic violence, and affirmed not being able to identify cases of physical abuse. Forty-five percent, however, would report child abuse to the legal authorities; in cases of violence against women and elderly people, 69% and 40%, respectively, would talk to the victim. The differences between the responses obtained at the different senior years were not statistically significant. Conclusion: Despite the advances made in this area of undergraduate education, the dentist still needs to develop competencies and skills for dealing with domestic violence regarding its identification and approaches to be followed.
Introduction

Violence is a question of great complexity. It is currently not seen as a social phenomenon, being considered a public health problem. Violence consequences reflect on health services due to the costs and treatment complications [20]; therefore, health sector plays an important role in violence treatment.

Costa et al. (2010) [23] highlighted that the dentist is the professional having more contact with child, adult, and elderly patients undergoing domestic violence, because almost 50% of the lesions due to violence result in orofacial traumas. Therefore, Dentistry professionals should be aware and correctly know how to manage and help to reduce aggression cases [4].

In the Brazilian Dentistry Code of Ethics, Chapter III, which deals with the fundamental obligations, under article 4, paragraph III, it is verified the dentist's obligation in “to be concerned with patient's health and dignity” [5], denoting the importance in the evaluation and notification of violence cases. Besides this ethical field, there are regulations that imply in compulsory notification of the aggression cases, represented by the Brazilian Child and Adolescent Statute, Elderly Statute, and by the law on compulsory notification of cases of violence against women [20].

It is observed that corporal lesion crimes against children, women, and elderly present a higher maxilomandibular complex injure [6, 12, 15]. This demonstrates the important role of the dentist in identifying and preventing such cases. However, according to some studies, it is still necessary to improve dentist's undergraduation on preventing domestic violence [13, 14].

Many professionals may believe that the justice system will not punish the aggressor. However, the dentists' role is to inform, not judge, in order to fulfill their ethical duty of preserving human being’s dignity, health, and life [5].

Therefore, the aim of this study was to assess the knowledge of dentists graduated from the School of Dentistry of Ribeirao Preto, University of Sao Paulo, between 1998 and 2009, about domestic violence against children, women, and elderly.

Material and methods

This study's project was submitted and approved by the Ethical Committee in Research of the School of Dentistry of Ribeirao Preto, University of Sao Paulo, under protocol number #2009.1.187.58.5 (n. 0014.0.138.000-09).

Dentists graduated from the School of Dentistry of Ribeirao Preto, University of Sao Paulo, between 1998 and 2009, were selected. Inclusion criteria included dentist's subscription to the research, after the signature of the free and clarified consent form. The sample was randomly selected and a questionnaire was sent to 20 subjects per year of graduation, totaling 240 questionnaires.

We used multiple-choice objective questions. The results' statistical analysis was performed by descriptive statistics, through Excel software, version 2003. Data was submitted to qui-square statistical test, by SPSS software for Windows, version 12.0 (SPSS Inc., Chicago, IL, USA). Significance level was set at 5% (p ≤ 0.05).

Results

From the 240 questionnaires sent, 180 were responded. The differences among the responses of the different graduation years were not significant. Accordingly, the analysed data comprises the whole sample.

Figure 1 represents data distribution according to the treatment of victims of domestic violence. It is noted that 15% of the respondents treated children victims of domestic aggression, 27% treated women and 6% elderly, in this same conditions.

Figure 1 – Treatment of victims of domestic violence

It was verified that 34% of the professionals had already suspected of some child patient was victim of domestic violence, 35% had suspected that a woman was undergone violence, and 9% that an elderly was attacked (figure 2).

Figure 2 – Suspect of any patient be victim of domestic violence
Figure 3 shows that the indicated managements of violence cases are varied. In violence cases against children, “the case notification to the legal authorities” (45%) was the most cited option, followed by “talk to the parents or legal guardians” (37%). Concerning to violence against women “the dialogue with the victim” is the most cited option (69%), followed by “case notification to legal authorities” (23%). Regarding to elderly, 40% of the respondents considered as necessary to talk to the victim, 34% to report the case to legal authorities, and 22% to talk to their guardians.

Concerning to knowledge on domestic violence acquired during undergraduation, it was verified that most of the respondents did not received information on domestic violence against children (39%), women and elderly (47%).

In relation to the professionals' ability on diagnosing abuse cases, 62% of the respondents affirmed not being able to recognize violence cases against children, 64% against women, and 66% against elderly.

Discussion

Domestic violence is currently recognized as a public health problem, worldwide. This study aimed to discuss the dentist's knowledge, as well as, to be the basis for activities intending for health services and dental professionals' qualification, in order to provide a better diagnosis, a more proper and humanized treatment, and to allow preventive measurements.

According to Ferreira and Schramm (2000) [9], through case's notification, a link between the health and legal system is created, beginning the development of a multi-professional, inter-institutional net of actuation, also enabling the epidemiologic measurement of violence.

Therefore, according to the Brazilian Child and Adolescent Statute (1990) [3], the person in charge of the health center who do not report abuse cases will be punishable by a fine of three to twenty reference wages.

Article 5 of the Maria da Penha law (2006) [2] defines domestic and family violence against women as “any action or omission based on gender that causes the woman's death, injury, physical, sexual or psychological suffering and moral or patrimonial damage”. According to the article 6 of this same law: “domestic and family violence against women constitutes one of the forms of human rights violation” [2].

The implementation of the Brazilian Elderly Statute (2003) [1] became a regulator instrument of the rights of people with age equal or superior to 60 years-old, regarding to the aggression issue.
This statute highlights that to prevent the threat or violation of elderly rights is an obligation of all Brazilian society, as well as, it makes mandatory their notification to the legal authorities.

Concerning to the suspect if a pediatric patient was a victim of domestic violence, 34% of the respondents felt able to diagnose it. Such value was higher than those found by Francon et al. [10] (26.31%), which was carried out in the city of Cravinhos (SP, Brazil); and lower than those found by Santos et al. (2006) [21] (52.9%), in an investigation carried out in the cities of Uberlandia and Araguari (MG, Brazil).

The respondent's most cited managements were “to talk with the parents or legal guardians” and “to report the case to legal authorities”. The Brazilian Council of Guardianship was the most cited authority. These attitudes were similar to those reported by Francon et al. [10], in which 42.1% of the respondents would notify the case to the same council. This behavior is in agreement to the law requirements. The professional should not neglect the issue and should act either dialoging to the parents or reporting the case to the authorities: centers for defense of children, council of guardianship, and even the Public Ministry [17]. By analyzing the information provided by graduation on domestic violence against children, 39% of the respondents assured that they had never received any instruction. Here, we found a certain difference when comparing the result to the study of Francon et al. [10], in which 73.68% of the respondents informed that they had not received the information.

The most cited management of violence cases against women and elderly was “to talk with the victim” in order to try to convince them to report the fact to the authorities. Therefore, the management chosen by most of the respondents is in agreement with the current legislation, since the health professional's obligation, concerning to violence cases, comprises both the legal and moral consciousness aspect [20]. Love et al. (2001) [16] reported the fact as hopeful: “The education on domestic violence increases the probability of dentists' investigation and intervention of the abuse”.

In relation to elderly treatment, 94% of the respondents never treated an elderly patient victim of domestic violence. It is important to note that aggressions against this people seem to be normal in the routine of family relationships, as well as, social neglect and public policies [18, 20]. The victims tend to omit the abuse because they feel ashamed to expose that their children and/or grandchildren are responsible by the aggression. Also, they are generally dependent of these people's care, because they usually demanding more attention. According to Silva et al. (2005), the elderly victim of violence fells an obligation to protect the aggressor against the legal punishments or is afraid of more aggressions.

We found that the professionals are not prepared to deal with such cases due to lack of information, and they are limited to treat the physical injuries, forgetting their real reasons [5, 7, 17, 19, 23, 24]. Considering all this aforementioned information, despite of the advances made in this area, the undergraduation education needs to be developed by investments in teachers and students' competencies on this subject; therefore, the dentist will be able to diagnose abuse cases and to practice its obligation of “being concerned with patient's health and dignity” [8, 11].

Conclusion

Based on this study's results, it can be affirmed that the dentists' knowledge on domestic violence is still insufficient. Therefore, it is necessary that this issue be taught during undergraduation.

Acknowledges

The authors are grateful for the support from the Dean of Undergraduation of University of Sao Paulo, through the Program “Teaching with research” of 2009.

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How to cite this article: