

Intrafamily Violence and Public Health: Professional responsibility to the Faces of the Representation of Dentists

Violência Intrafamiliar e Saúde Pública: a Responsabilidade Profissional às Faces da Representação dos Cirurgiões-Dentistas

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Abstract

Intrafamily violence is a social problem that has a great impact on public health because it is a contributing factor in the morbidity and mortality of the population. The objective of this study was to investigate the behavior of dentists in the detection/notification process and the professionals' fears of the violence. This is a cross-sectional and quantitative epidemiological study. A total of 65 dental surgeons from the basic care of 4 small and medium-sized municipalities in the state of São Paulo participated in the study, most of them female (61.6%). For the data collection, a semi-structured survey was used, exclusively for the study, and then, through descriptive statistics, the absolute and percentage frequencies were explained in tables and graph. As a result, 41% of the professionals did not have knowledge about the notification process, of which 60% mentioned that they had never suspected/diagnosed violence. Most dentists (72%) have never used the notification form, which can be explained by the fact that 61.6% do not feel responsible for the detection/notification process of violent acts. In addition, the main fear involved in the detection/notification, the "fear of the aggressor", was cited by 50.77%. It is concluded that a large proportion of dentists do not know the detection/notification process because they do not take responsibility for the intervention of this disease. Concerning the main conducts and fear, it was noted that professionals were not prepared from the perspective of the issue given the difficulty of identification/diagnosis of the cases, just as the "fear of the aggressor" influences the non-formalization of violent acts

Keywords: Violence. Public Health. Liability, Legal.

Resumo

A violência intrafamiliar é um problema social de grande impacto para a saúde pública por se tratar de um fator coadjuvante na morbimortalidade da população. O objetivo do estudo foi investigar as condutas dos cirurgiões-dentistas no que tange ao processo detecção/notificação e receios dos profissionais às faces dos casos de violência. Trata-se de um estudo epidemiológico, transversal e quantitativo. Participaram do estudo 65 cirurgiões-dentistas da atenção básica de 4 municípios de pequeno e médio porte do estado de São Paulo, sendo a maioria do sexo feminino (61,6%). Para a coleta de dados, utilizou-se um inquérito semiestruturado, elaborado exclusivamente para o estudo, e em seguida, por meio da estatística descritiva, as frequências absolutas e percentuais foram explanadas em tabelas e gráfico. Como resultado, 41% dos profissionais não dispunham de conhecimento acerca do processo notificador, e dentre esses, 60% mencionaram que nunca suspeitaram/diagnosticaram casos de violência. Grande parte dos cirurgiões-dentistas (72%) nunca fez uso da ficha de notificação, o que pode ser explicado pelo fato de que 61,6% não se sentem responsáveis pelo processo detecção/notificação de atos violentos. Ademais, o principal receio interveniente na detecção/notificação, o "medo do agressor", foi citado por 50,77%. Conclui-se que uma grande parcela dos cirurgiões-dentistas não conhece o processo detecção/notificação pelo fato de não se responsabilizarem na intervenção desse agravo. Em relação as principais condutas e receio, notou-se um despreparo dos profissionais sob a perspectiva da temática dada a dificuldade de identificação/diagnóstico dos casos, assim como o "medo do agressor" influi na não formalização dos atos violentos.

Palavras-chave: Violência. Saúde Pública. Responsabilidade Profissional.

1 Introduction

Intrafamily violence, characterized by the abuse and/or neglect of vulnerable groups, is detrimental to the physical, mental and social well-being of the victims. Thus, it is a relevant problem with a great impact on health^{1,2}.

According to the first report on the global status of violence prevention, the World Health Organization (who) defined it as the one that occurs among family members. This document also includes child abuse, intimate partner violence and abuse of the elderly as routine forms of violence³.

Because this is a relevant issue, intrafamily violence affects a large proportion of the population and reflects directly on the health of afflicted people. Thus, it is a public health problem, the coping of which is necessary by several professionals and managers of the SUS.^{4,5} In 2009, the consequences of this disease became a focus of health care and represented the third cause of death in the Brazilian population, thus occupying, a prominent place in the occurrence of morbidity and mortality⁶. Furthermore, the expressive prevalence of intrafamily violence becomes, in addition to a major obstacle to economic and social development, a question of human

rights violations⁷.

Dentists for their training should be able to identify acts and injuries of violence, since the most recurrent sites of these attacks are found in the head and face region. In addition to the diagnosis of these injuries, these professionals should know the legal aspects that involve the obligation to notify them and understand the importance of their professional responsibility in interrupting and notifying them^{3,9,10}.

Compulsory notification is an information issued by the health sector to the competent organs, with the purpose of promoting care in the face of suspicion and/or confirmation of a patient's disease. Having said that, the notification process is a fundamental tool used as epidemiological surveillance in the health area and as a promoter of new public policies to address this problem^{11,12}.

In view of the obligation of different professionals to notify violent acts in order to make cases of intrafamily violence public, the notifier is considered a major social actor in the victims' protection network¹³. However, some professionals are not prepared to notify cases of intrafamily violence from the perspective of arguments such as lack of safety, and they do not consider the injury as a result of violent acts and lack of control in the preparation of the document in question¹⁴.

In view of the above, the objective of the present study was to investigate the conduct and fears of dental surgeons in professional practice to the faces of cases of intrafamily violence and detection/notification process.

2 Material and Methods

This is an epidemiological, transversal and quantitative-qualitative study, carried out with dentists of primary care in two small and two medium-sized municipalities in the state of São Paulo. The sample consisted of 65 professionals, 61.6% females, who were active in the public health area for an average of 8.2 years.

To conduct the study, a semi-structured instrument, composed of open and closed questions regarding intrafamily violence and compulsory notification was applied to the professionals. Thus, the data obtained through the survey were tabulated with the help of Epiinfo 7.0 (Centers of disease of Atlanta) software. The quantitative variables of the study were summarized in absolute and percentage frequencies, while Bardin content analysis was used in qualitative ones.

The ethical precepts for the development of research with human beings were respected in view of the submission and approval by the Ethics in Research Committee of Faculdade de Odontologia de Aracatuba-UNESP (Process no. 2010/00645).

3 Results and Discussion

The present study was conducted with a total of 65 dentists of Basic care. It was analyzed through the investigation that 61.6%(n=40) of the professionals do not feel responsible for intervening in cases of intrafamily violence, and attributed this

fact to triggering factors: fear of the aggressor 50.77%(n=33), lack of support from the institution 27.69% (n=18), fear of worsening the situation of the victim 13.85%(n=9) and do not know how to really help the victim 7.69% (n=5) (Tables 1 and 2).

Table 1 - Percentage distribution of the interviewees regarding the study variables

Variables	f	%
Do you think intrafamily violence is a problem where you work?		
Yes	33	51.0
No	32	59.0
Are there ways of stopping these attacks?		
Yes	33	51.0
No	32	49.0
Are these means efficient? *		
Yes	12	36.4
No	21	63.6
Have you suspected or diagnosed any violence situation?		
Yes	26	40.0
No	39	60.0
Main victims *		
Women	12	46.2
Children	7	26.9
Elderly	6	23.1
Men	1	3.8
Do you consider yourself responsible for intervening in situations of violence?		
Yes	25	38.4
No	40	61.6

*Answers from the interviewees who stated the previous question.

Source: Research data.

Table 2 - percentage distribution of respondents as to fears and apprehensions of intervening in cases of violence

Fears and apprehensions	f	%
Fear of the aggressor	33	50.77
Lack of support from the institution	18	26.69
Making the situation worse	9	13.85
How to really help the victim	5	7.69

Source: Research data.

Regarding the diagnosis and/or suspicion of some situation that connotated in intrafamily violence, 60% (n=39) never noticed any kind of aggression. Among the victims of injuries, most of them, 46.20% (n=12) confirmed that women suffer most from this problem, followed by children 26.9% (n=7), elderly 23.1%(n=6) and men 3.8% (n=1) (Table 1).

When asked whether there is a way to interrupt this type of aggression, 51%(n=33) assured that it is possible and 49% (n=32) said that there are no means. When asked whether these means are efficient, 63.6% denied the assertion. Regarding the variables included in the instrument, 51% (n=33) stated that in their workplace cases of intrafamily violence were identified (Table 1).

As the main forms of violence prevention, 38.47% (n=25) of dentists said that education can help improve this problem,

while 27.69% (n=18) cited drug prevention. Professionals have mentioned other factors that can reduce violent acts: 16.92% (n=11) employment and/or money, 7.69% (n=5) religion, 6.15% (n=4) youth-oriented activities, 3.08% (n=2) culture.

It was also possible to verify in this investigation that 41% of the interviewees were not aware of the compulsory notification form, whereas 59% were aware of the document in question. Among the 59% health professionals, 72% had never used it.

Health professionals, in the face of violent acts, have a legal and moral obligation to identify and notify cases of intrafamily violence. Therefore, it is necessary, in addition to knowledge, to understand the notification form, ensuring the promotion of care for the victims of this problem⁶

As explained in studies, the lack of education and training about the subject prevents the rupture with intrafamily violence, and makes it impossible for professionals to deal with the victims, neglecting them.^{7,3} This highlights the premise that vocational training is extremely important, by encouraging the development of a critical awareness of the social forces that result in damage to the quality of life, allowing the adoption of a professional posture against violence.^{15,16} In the present study, it was possible to verify that a considerable proportion of dentists (41%) did not know the notification form, which in a way causes difficulties in reporting cases of intrafamily violence.

The surgeon-dentist during dental care should be able to identify and/or diagnose suspected physical violence, since injuries affect more often the head and neck region and are the main causes of bucomaxilofacial trauma.^{3,7} In the present study, a large number of primary care professionals mentioned that they never suspected and/or diagnosed occurrences of this problem. However, some lesions may not be noticed during anamnesis, resulting from lack of preparation in the identification of physical injuries, as well as in studies^{14,17}.

As in the present study, it is evident that dentists do not feel responsible for intervention in cases of intrafamily violence. The assertion may be based on the professional's argument for being afraid of the aggressor as an adjuvant factor of not reporting violence cases to the competent organs^{18,19}. Another justification relates to the lack of understanding of the detection/notification process in the case of intrafamily violence cases, compromising the facing of this problem by professionals and institutions^{13,20}.

Among the main victims of non-reported cases of violence are women, children and the elderly. These groups are considered vulnerable by the limited capacity of self-defense and the cultural inherent nature associated with the fragility of these victims^{3,6,21} despite a significant increase in the concern of society with the rights and protection of vulnerable groups, and it can also be seen in studies that, in many cases, underreporting is present due to the lack of monitoring and guidance about a standardized record on this problem^{22,23}.

Corroborating with these studies, the health professionals when are not asked about it, they reported that the frequency of cases of violence against women was more noticeable (46.2%) however, cases involving children (26.9%) and the elderly (23.1%) were also verified.

Considered as incitant factors for violent acts, the use of drugs and alcohol was evidenced in studies as an incentive to increase the number of cases of intrafamily violence.^{6,15} In the present study, a considerable proportion of professionals (27.69%) emphasized the prevention of drug use as one of the main ways of reducing the incidence of intrafamily violence.

In addition, education is considered another indispensable tool to mitigate cases of intrafamily violence because it allows cohesion between social inclusion and employment opportunities. Thus, it is emphasized that education reduces violent acts in the long term, since it allows individuals to be included in the labor market and allows the development of notions of citizenship.²⁴ as it was observed in the present study, in which 38.47% of the professionals considered education to be the main focus in reducing intrafamily violence.

In this sense, with the purpose of elucidating cases of intrafamily violence, it is necessary to involve professionals from different fields of activity, in addition to a greater understanding of compulsory notification, in order to develop a critical awareness about identification, complaint and appropriate referral of the victims of this problem⁴.

4 Conclusion

It is concluded that a large proportion of dentist-surgeons do not know the detection/notification process because they do not take responsibility for the intervention of this disease. Regarding the main approaches, it was noted that there is a lack of preparation of professionals from the perspective of the subject given the difficulty of identifying and diagnosing cases. Regarding fears, the "fear of the aggressor" and the "lack of support of the institution" were the main factors by which dentist-surgeons do not formalize the notification process.

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