

EDITORIAL

The role of the dentist facing neglect and domestic violence.

DOI: 10.17126/joralres.2016.020

Violence is referred to as any act or omission that directly affects the abused person. It may be psychological, physical, sexual, or present a new concept - neglect, which occurs mainly with children and the elderly, and is caused by any person who plays a role of power and/or authority over the person suffering the abuse¹⁻³.

Over the last decades, violence became a very complex phenomenon for involving several aspects such as the abusee-abuser relationship, and for having great impact on public health^{1,2}. Whenever it happens inside the household, it is defined as domestic or intrafamilial abuse.

Despite the advances on the discussions around this topic in the scope of public health and the increasing number of studies published around the world on the subject, several cases of abuse remain masked from authorities, especially when they involve children, women, and elderly people, who are the most common victims of this type of abuse^{1,4}. This is particularly due to the fear of victims or for treating abuse as a natural fact of the family environment^{2,3}.

Whenever it happens during childhood, the acts of violence have severe consequences for the development of children, and may cause manifestations that prevail up to adulthood^{1,5}. Among examples of the main consequences are the abuse of legal and illegal drugs, depression, low self-esteem, conduct and behavior disorders, and suicide^{1,3}.

The need to diagnose lesions caused by domestic abuse makes the health professional an important component for the interruption of the cycle of domestic abuse^{4,5}, since these professionals are able to handle their patients in more detail and can identify lesions that are typical of abuse. However, it is required that professionals feel certain and able to perform such diagnosis, also knowing the correct measures to be taken^{1,4,5}.

A great part of lesions caused by domestic abuse in-

volves the oral-maxillofacial complex. The dentist is the professional with the expertise to work on this area, considering they have specific education in this field⁴. However, the knowledge of dentists regarding domestic abuse and its consequences is still very limited, which hinders the correct performance facing these cases⁵.

Several graduated dentists still consider themselves either unable or very uncertain about performing an accurate diagnosis, and show the need to contact professionals from other fields to "close" the diagnosis of the case^{1,5}. Such facts may clarify the lack of training dentists feel regarding their education. The topic of abuse should be discussed in Dentistry courses and events in order to expand the knowledge of professionals, allowing greater confidence in diagnosis and in the coherent performance facing cases of domestic abuse.

The discrepancy among the number of professionals who notice cases of domestic abuse and the ones who actually notify the competent authorities is startling⁵, which leads to the belief that dentists do not know how to act facing these cases, perhaps because they are not properly trained during graduate studies, which makes professionals frail and uncertain about the topic. The fact of not notifying may give the idea that such professionals do not care about the well-being of their patients, whenever they fail to notify the abuse.

Not knowing the main characteristics of lesions caused by violence, the notification procedures, and not understanding which institutions they should turn to for domestic abuse cases are the main reasons for subnotification⁵. Breach of professional secrecy, fear of retaliation to themselves and the person abused are some of the main factors that still constitute a paradigm for professionals who admit needing more information on the topic. By feeling uncertain in providing the correct care in a case of violence or by remaining silent, these profes-



sionals may cause irreparable damages to the victims^{1,4,5}.

It is required that dentists are aware that neglect is also considered an act of violence. Universities need to rethink and reorganize their basic curriculum components in the education of dentists based on the current needs these professionals have in their clinical practice. It is a fact that notification is the key factor to reduce and end the cycle of domestic abuse, because if the number of cases notified increases, public authorities will begin to investigate this issue in more detail, leading to its resolution through public incentives and policies to reduce and prevent new cases of abuse.

LUIZ RENATO PARANHOS. DDS, MSc, PhD.

Professor, Department of Dentistry, Federal University of Sergipe, Brazil. JOSÉ LUCAS RODRIGUES.

Undergraduate Student, Department of Dentistry, State University of Feira de Santana, Brazil

SIGMAR DE MELLO RODE. DDS, MSc, PhD.

Full Professor, Department of Dental Materials and Prosthesis, São Paulo State University - UNESP, Brazil

REFERENCES.

 Tornavoi DC, Galo R, Silva RHA. Knowledge of dentistry's professionals on domestic violence. RSBO. 2011;8(1):54–9.
Carvalho LMF, Galo R, Silva RHA. Dentist and domestic violence: knowledge of professionals in the public and private sectors. Medicina (Ribeirão Preto) 2013;46(3):297–304. 3. Reichenheim ME, de Souza ER, Moraes CL, de Mello Jorge MH, da Silva CM, de Souza Minayo MC. Violence and injuries in Brazil: the effect, progress made, and challenges ahead. Lancet. 2011;377(9781):1962–75.

4. Lincoln HS, Lincoln MJ. Role of the odontologist in the investigation of domes-

tic violence, neglect of the vulnerable, and institutional violence and torture. Forensic Sci Int. 2010;201(1-3):68–73.

5. Laud A, Gizani S, Maragkou S, Welbury R, Papagiannoulis L. Child protection training, experience, and personal views of dentists in the prefecture of Attica, Greece. Int J Paediatr Dent. 2013;23(1):64–71.