

Approach to Violence Against Women in Undergraduate Dental Courses in Rio de Janeiro

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ABSTRACT

Objective: the aim of this paper was to verify knowledgement senior undergraduate dental students' of Rio de Janeiro Universities on how to proceed when facing violence against women. **Material and Methods:** a cross-sectional study was conducted, using an on-line Google Form containing 17 objective questions. Last year undergraduate dental students from Rio de Janeiro metropolitan area and close campi answered the survey, coming to a total of 237 answers, with 95% confiability. This research was approved by the number 4.105.142 CEP-HUFF/UFRJ technical report. **Results:** only 26,6% of the students claimed to have received orientation on how to conduct a case of violence against women. Moreover, 67,1% don't feel ready to guide victims of domestic violence, claiming to have none/phew/insufficient knowledge of the topic. Most of the students, 92,4%, said that they didn't receive any information about the notification and grievances file and, 76,7% of those that did, said that they wouldn't be able to fill it. Over 71% know a woman who has been a victim of domestic violence, who were mostly hit on head/neck/face. The undergraduate students reported that they would provide dental care, orientate the victim and report the domestic violence scenario to the responsible entities. **Conclusion:** thus, it was observed a knowledge deficit concerning violence against women protocols in undergraduate dentistry courses in Rio de Janeiro, since this topic isn't approached or is taught using inefficient methods.

Keywords: Domestic violence; Women; Dentistry.

Introduction

The term violence comes from the latin word “violentia” and expresses the act of violating someone or yourself. Moreover, it also relates to a behaviour that causes some kind of damage.¹ The United Nations define violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.²

The Pan American Health Organization (PAHO) considers violence against women to be a big public health problem, which has historical and sociocultural aspects. Although two thirds of the countries report strategies to tackle this problem, one in three women are, still, victims of violence.^{3,4} In Brazil, a woman is murdered every two hours,⁵ most of the deaths happen inside their homes and the aggressor is the current or former companion, boyfriend or spouse.^{6,7} The Integrated System of Service to Women recorded 89.960 complaints between July 2018 and June 2019, which over 7 thousand revealed physical violence, femicide attempt or femicide.⁸

Unlike other forms of aggression, violence against women does not show a pattern when it comes to the victims. It happens to women of all ages, social classes, scholatrity levels and regions of the country, however, most complaints report victims between 20 and 29 years old,^{6,9} with lesions mainly in head and neck region, injuring soft tissues (67%), periodontal (20%) and bone (9%).⁹

This data reveals the significance of the Doctor of Dental Surgery (DDS) concerning the treatment, identification, notification and orientation of the victims, once the main affected regions in violence against women cases are areas where the DDS is allowed to perform.^{7,10,11} This ratifies the fact that the DDS is the second most required professional in these cases, the first being the orthopedic doctor. This situation amplifies the DDS's responsibility to know the protocols and measures to be taken when there is an aggression.¹²

Notification in violence cases is compulsory and was established by Law N° 10.778, on November 24, 2003,¹³ in which the Grievances and Notification Information System's (SINAN) form must be filled and sent to the legal authorities, so that a reliable epidemiology can be built. Furthermore, reception, orientation and care measures are important in recovery and reintegration of the victims in daily life.¹⁴

In spite of the law, many doctors of dental surgery do not feel capable of providing care to women who were victims of violence. They struggle with diagnosis, filling the compulsory notification and victim's orientation.^{15,16}

Given what has been said, it is possible to notice the relevance of the DDS knowing the protocols and management in violence against women cases, in order to perform the best treatment and also to generate more concrete data, so that effective actions can be taken. Thereby, the aim of this paper is to investigate, through a questionnaire, the knowledge of senior undergraduate dental students from Rio de Janeiro faculties, on how to handle violence against women cases.

Material and Methods

This study is characterized as cross-sectional, descriptive and comparative, conducted using an on-line Google Forms questionnaire, containing 17 objective questions, answered by undergraduate dental students from Rio de Janeiro, concerning violence against women. The questionnaire was sent over the internet using a list obtained with Student Academic Centres and student representatives from dentistry schools in Rio de Janeiro. It was possible to answer the form between 07/06/2020 and 10/23/2020. Senior undergraduate dental students from Rio de Janeiro metropolitan area Faculties and close campi answered the survey. The seniors were chosen due to the fact that they are the closest to beginning their careers and have experienced almost all of the undergraduate curriculum. The data was collected after the approval of the Research Ethics Committee from the Clementino Fraga Filho University Hospital- Rio de Janeiro Federal University / HUCFF- UFRJ, by the number 4.105.142 technical report. The information was analyzed using parametric statistics. 237 final year students answered the survey, out of 561 students, which resulted in 95% confiability. The authors declare that there is no conflict of interest.

Results

According to the answers, 76,8% (182) of the students don't agree with the Brazilian saying "No one should meddle when there is a fight between husband and wife", whereas 21,1% (50) declared that it depends on the case, and 2,1% (5) of the participants said that it's not okay to get involved in a couple's fight.

When asked if they had already received some information on how to conduct violence against women cases, 73,4% (174) denied having received any information and 26,6% (63) said that they had already received this information. Most of the students, 64,6% (42), answered that this information was received through undergraduate classes, followed by extra courses 21,5% (14) and 13,8% (9) in scientific events. (Figure 1)

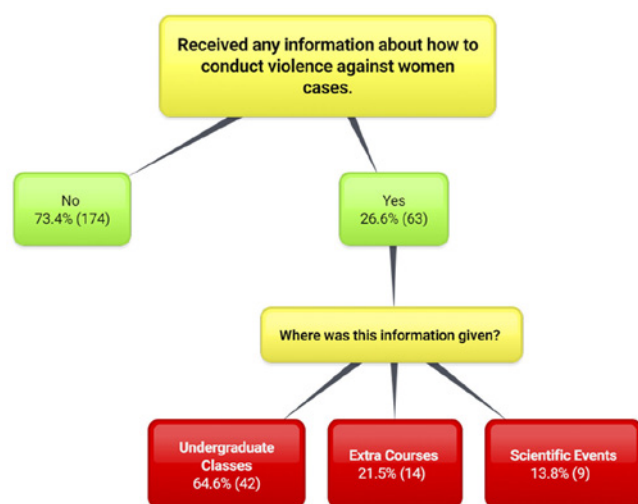


Figure 1. Percentage of students who received some information on how to handle violence against women cases and where this information was given.

Among the participants, 67,1% (159) don't feel ready to orientate or give support to a woman who is a domestic violence victim, whereas 32,9% (78) said that they feel ready for this function. The main reasons for not feeling ready to provide care are "no knowledge of the topic" -46,9% (75) - and "few/insufficient knowledge" - 39,4% (63) -, followed by "topic approached in non applicable way" in 8,8% (14) of the answers. (Table 1)

Table 1. Percentage and number of students that declared each motive for not being able to orientate or support a women victim of domestic violence.

Chosen Answer	%	n
No knowledge about the topic	46.9	75
Few/insufficient knowledge	39.4	63
Topic approached in non applicable way	8.8	14
Topic approached in non clear way	3.7	6
I'm scared	0.6	1
Lack of knowledge	0.6	1

Most of the students, 92,4% (219), believe that content related to violence against women should be approached in undergraduate classes, whereas, 6,8% (16) in scientific events and 0,8% (2) believe that it should be approached in specialization or post graduation courses in general.

When it comes to the compulsory notification, developed by the SINAN, 92,4% (219) answered that they hadn't received any content about in undergraduate classes and only 7,6% (18) answered that received some kind of information. However, among the 60 people that answered the non mandatory question directed to those that have some content concerning SINAN's file, 76,7% (33) declared not feeling able to fill this file, and only 23,3% (14), said that they would be able to fill it. When those that did not feel able were asked, in a non mandatory question, about the main difficulty in the compulsory notification form, 91 answers were obtained, that indicated that the biggest problem is the understanding of the file, 25,3% (23) and the victim's cooperation in sharing information, 24,2% (22), followed by the difficulty to access the file, 20,9% (19). (Figure 2)

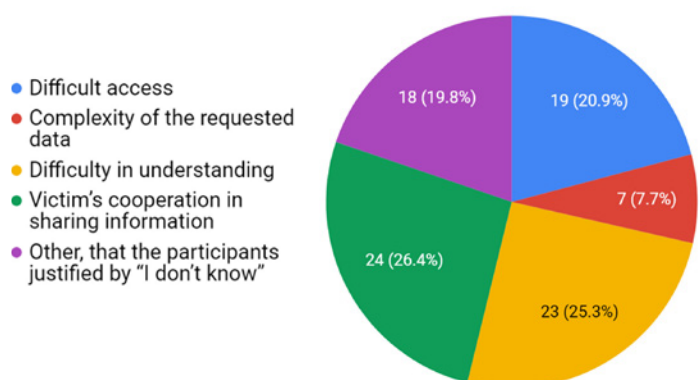


Figure 2. Biggest difficult about the notification file indicated by the students.

About the notification file's function, over half of the participants believe that its function is to notify and inform the responsible entities, 57% (135), followed by complaint 25,7% (61), begin a protection program for the victim 11,8% (28), other function 4,2% (10) and no function 1,3% (3). (Figure 3)

As for the possibility of filling the compulsory notification being considered as an infraction of the Code of Ethics, due to professional confidentiality breaking, 87,7% (208) answered that filling it is not characterized as an ethical violation, whereas, 12,2% (29) said that filling the notification would indeed be considered as an infraction of the Code of Ethics. Among these future DDS, 71,3% (169) know a woman that has been assaulted, as a victim of domestic violence, and 67,1% (112) declared that they were hit on head/face/neck, 29,9% (50) on arms or legs and 3% (5) on the trunk.

Among the final year students that took part in the survey,

almost all, 99,6% (236), believe that the DDS has an important role in providing care for women victims of violence that had any damage in the oral cavity or close area. When approached about the relevance of the DDS in the development of public policies that lead to a reduction of violence against women, 8,4% (20) said that the DDS is not important in this topic's discussion, while 91,6% (217) said that it is important.

60,3% of the participants declared that, if faced with a patient that reported that she had been assaulted by her partner, they would provide dental care and talk to the victim, letting her know about the existence of specialized help. Nevertheless, 38,8% (92) would not only provide dental care and advise her about looking for help, but would also inform the responsible entities and 0,4% (1) described that would assist and advise the victim and would also offer to inform the responsible entities. (Figure 4).

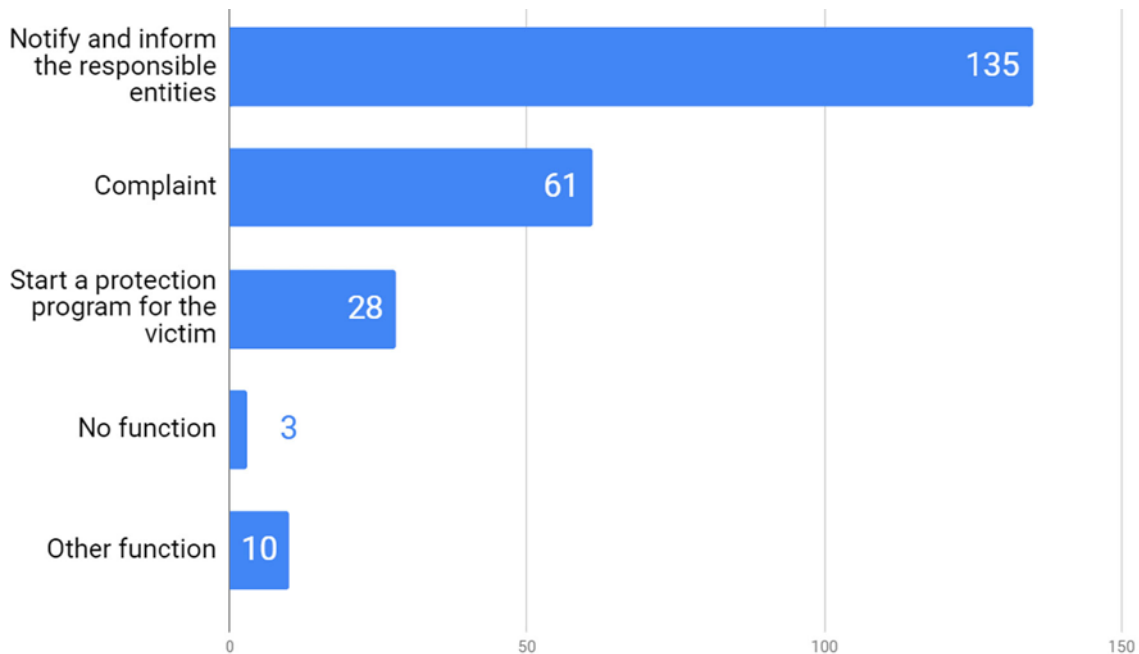


Figure 3. Students answer regarding the function of SINAN's compulsory notification file. Notification Information System (SINAN).

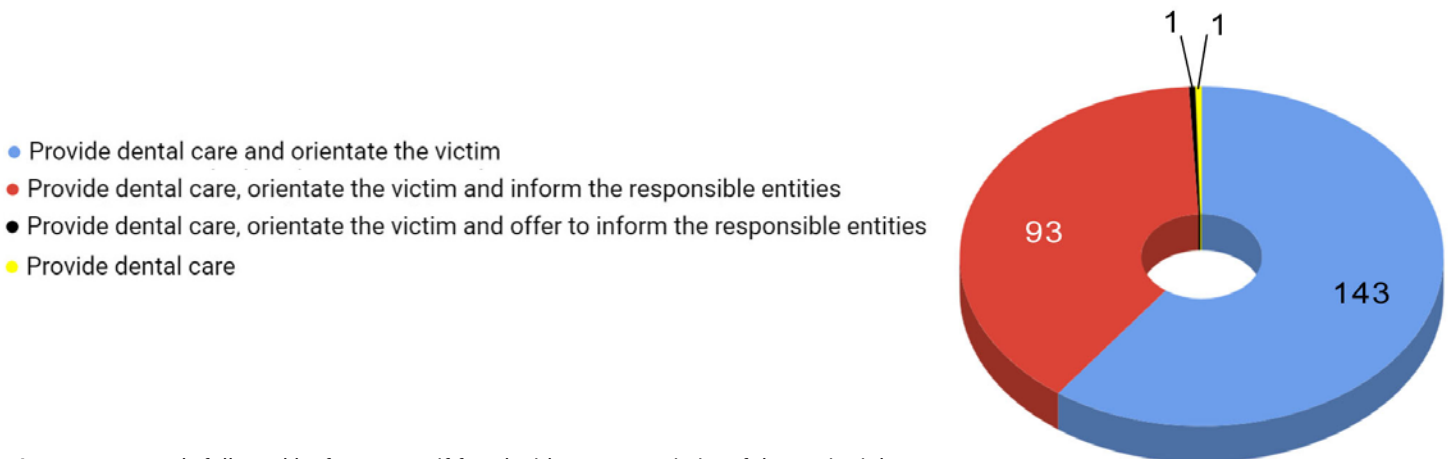


Figure 4. Protocols followed by future DDS if faced with a woman victim of domestic violence.

Discussion

Numbers related to violence against women all over the world demonstrate that this is a pandemic, a health and public security problem.¹⁷ In spite of happening nowadays, it has historical and sociocultural roots.³ Oliveira (2012) mentions in his study an extract from “Guide to married ladies to live peacefully and with quietness with their husbands”, published in 1782, by Manuel de Arceniaga, that advises women to accept and seem thankful when their husbands somehow correct her attitudes. These thoughts were present and thus a culture of feminine inferiority was established, that led to conformity concerning violent attitudes by some women.¹⁸

According to data obtained in this paper, it is still possible to observe the sociocultural aspect of violence against women, since almost a quarter of the participants did not disagree with the saying “No one should meddle when there is a fight between husband and wife”. This result may represent, in the collective subconscious of this group, a distancing from the social responsibility and ethics of reporting domestic violence cases.

In the study conducted by Carvalho (2013),¹⁶ 70% of the professionals claimed that they did not receive any orientation regarding domestic violence either in college or specialization course, moreover, about half did not feel capable of identifying the cases. Simultaneously, Tornavoi (2011),¹⁵ reveals low rates of DDS that declare having received orientation about this topic (less than 25%). Furthermore, described a bigger percentage of professionals that feel ready to diagnose (36%). The present study demonstrated data similar to the literature, in which most of the final year students had not received any information about how to conduct those cases. Among the minority that did receive some information, most learned about the topic in college. However, this percentage is still very low given dentistry’s importance concerning violence against women. Another aspect in which this paper converges to the literature is that most students do not feel able to orientate or offer proper support to a woman victim of violence. This fact was justified by none, few or insufficient knowledge of the subject, in addition to a not clear or non applicable approach to the topic. This information corroborates to what was obtained by Garbin (2016),¹⁹ in which 49,3% of professionals claimed that preparing the staff would make the health service where they work more capable of conducting violence cases.

Thus, a need of better prepared healthcare workers to handle these cases is made clear, due to a knowledge deficit regarding this topic in undergraduate dental courses. On the other hand, the opinion that this topic should be approached in undergraduate courses, held by future DDS, demonstrates this issue’s current importance, converging to the sociocultural aspect of this kind of aggression.

As for SINAN’s notification and grievances, the absence of information about the file by most undergraduate students,

as observed in this study, could be the cause of the problems found by Garbin (2016),¹⁹ in that paper in which 74% of DDS reported not knowing how to notify. The majority of the participants said that they do not feel able to fill the compulsory notification file, similar to the result found by Carvalho (2013).¹⁶ Final year students claimed that the form’s biggest difficulties are the victim’s cooperation in sharing information and its understanding, followed by the difficulty to access it. DDS justified not notifying by fear of losing that patient to another professional, aggressor’s reprisal, not knowing that they had this responsibility and even uncertainty of the diagnosis.¹⁶

A technical limitation of the chosen methodological approach (on-line questionnaire), was the filling errors incidence when there were answers related to previous questions. Maybe due to hurry, unclear questions or even to reading too fast, some participants answered the second question mistakenly.

The compulsory notification has a mandatory aspect, established by Law N° 10.778, that obligated public and private health services to notify suspected/confirmed violence against women cases.¹³ Besides, the Ordinance N° 104 of the Ministry of Health constituted that the DDS must notify, especially severe cases, that endanger women the most.²⁰ Nevertheless, almost half of future DDS do not know the real function of the notification file. In the literature, similar results can be found, like in the study of Carvalho (2013),¹⁶ in which 70% of the DDS do not know the objective of the compulsory notification and 85% declared that they ignore its existence. This data verifies the students undergraduate programmes failure in this topic and, consequently, in how they act in a clinic environment.

Another important matter is the lack of knowledge regarding this profession’s Code of Ethics, since part of the students believe that filling SINAN’s notification would be considered as an ethical violation, due to professional confidentiality breaking. In fact, the Brazilian Code of Ethics, used by DDS, approved by the CFO-118/2012 Resolution, in its article two, item VII, entitles as a DDS fundamental right to watch over the patient’s health and well being. In its turn, article fourteen, considers revealing, without a proper reason, classified information to be an ethical violation. In its turn, in the single paragraph, item I, establishes the compulsory notification as a proper cause to reveal information. So, the Code of Ethics makes it possible for the DDS to break the professional confidentiality.²¹

Worldwide epidemiology indicates that 1 in every 3 women is or has been a victim of gender-based violence³ and that 58% of women victims of violence were killed by a member of their own family, with an average of 137 deaths on a daily basis.²² In Rio de Janeiro, the 2019 Woman Dossier, from the state’s Public Security Institute, reported 288 attempts and 78

feminicides. Besides, in only a day, 4 women are victims of wilful body injury, 12 are raped and 4 are threatened in the state.²³ In line with this high number, most of the students reported knowing a woman that has been a victim of domestic violence, with physical aggression.

According to the students answer, the most affected regions by aggressions was the head/face/mouth. In the existing literature the results are similar, once the most hit region is the head, neck,^{10,24,25} and face since they are easily accessed being, therefore, more exposed and vulnerable²⁴ to the aggressor. Moreover, when violated, these areas carry a symbology of humiliation to the victim, not to mention the impacts on feminine self esteem. Considering the head-neck region, the orbital region, together with the lips, are the most hit.¹⁰ A study conducted by Costa (2014), shows the mandible/maxilla/zygomatic as the site of the injury in 43% of the cases, followed by the intra-oral region (23%).⁷

In this paper, there was a confirmation regarding the importance of the DDS in providing care for women victims of violence that had any damage in the oral cavity or close area in which this professional is allowed to perform. Only one surveyed disagreed, whereas 236 answered yes when asked about believing in the important role that the DDS plays in treating the victims. In a research executed by Kind (2013),²⁶ a DDS said that in dentistry there is no demand for support to women victims of aggression, and it is, therefore, embarrassing for the DDS to interfere in the case. Other professional reported that often important facts are banalized, as if they happened every day. The data obtained with the final year dental students revealed a possible mindset shift among dental students, in which the presence of the DDS to diagnose and treat violence against women cases is paramount.

However, a small part of the final year students (8,4%) believe that the DDS is not important in the development of public policies that lead to a reduction of violence against women. This disbelief is a consequence of the lack of knowledge regarding the protocol to support women victims of violence²⁶ as observed by Garbin (2016), when 55% of the DDS declared no obligation concerning the compulsory notification. However, this file is responsible for

carrying victim's and lesions data, and the context in which the aggression occurred, so that public policies concerning this topic are developed. So, as said by Vieira (2016), "the protocol's limit is the professional's unfamiliarity and lack of training".²⁷

When questioned about which protocol they would follow if faced with a patient with signs of aggression and that reported that she had been assaulted by her partner, a large number of students, 60,3%, did not include the compulsory notification in their acts. Similarly, in the study of Carvalho (2013),¹⁶ only 40% of the DDS that work in public health services and 36% of those from private ones would inform the authorities. It is also important to point out that, only 1 student answered that he would simply provide dental care for the victim, 99,6% of the surveyed included orienting to the victim in their care protocol. Nevertheless, professionals usually do not know how to act regarding ethical and legal aspects.²⁴

Conclusions

It is possible to conclude that dental students presented few knowledge about the topic and, consequently, a knowledge deficit concerning violence against women protocols is observed in undergraduate dentistry courses in Rio de Janeiro, since this topic is not approached or is taught using inefficient methods.

It is recommended that the curriculum of undergraduate dental courses includes care protocols in case of domestic violence against women, besides, the university clinics should be encouraged to have compulsory notification files and to use them when necessary, so that students are properly prepared to fulfill their ethical and legal obligations concerning women victims of violence.

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