

DOMESTIC VIOLENCE AND THE ROLE OF THE DENTIST FROM THE PUBLIC HEALTH PERSPECTIVE: A REVIEW OF SCIENTIFIC LITERATURE

Fernanda Ferraz e Silva¹, Ronice Maria Pereira Franco de Sá¹, Luiz Renato Paranhos²

Abstract: This study systematically reviewed the systematic production about domestic violence, based on the professional practice of the dentist in a multidisciplinary and interdisciplinary context, from the perspective of public health. The goal was to verify how this issue has been addressed, identify which is the most explored focus, and point out possible gaps. The search was conducted in the Virtual Health Library (BVS Brazil), by selecting 40 articles: 37 on Lilacs, 2 in BBO and only 1 in SciELO, from 2000 to 2011. Of the total scientific production analyzed, 20% references have cited the dentist along the paper, among these 50% pointed for the practice of the dentist in a multidisciplinary and interdisciplinary context, from the perspective of public health. The health professional role in a multidisciplinary and interdisciplinary context, from the perspective of public health corresponded to 72.5% studies. In this way, the need for studies on the performance of professional dentist in interdisciplinary and multidisciplinary team is necessary before the Brazilian context, being an open and wide field to be explored, from the perspective of public health.

Key words: domestic violence, dental surgeon, public health

Violencia doméstica y el papel del dentista desde la perspectiva de salud pública: una revisión de literatura científica

Resumen: Este estudio revisa sistemáticamente lo publicado sobre violencia doméstica, basado en la práctica profesional del dentista en un contexto multidisciplinario e interdisciplinario, desde la perspectiva de salud pública. El objetivo consiste en verificar cómo ha sido abordado este tema, identificar cuál es el foco más explorado y señalar posibles vacíos. Se realizó la investigación usando la Biblioteca Virtual de Salud (BVS Brasil), seleccionando 40 artículos: 37 en Lilacs, 2 en BBO y solamente 1 en SciELO, del 2000 al 2011. Del total de la producción científica analizada, 20% de las referencias han citado al dentista en el artículo; entre estos, 50% señalan la práctica del dentista en un contexto multidisciplinario e interdisciplinario, desde la perspectiva de salud pública. El papel del profesional de la salud en un contexto multidisciplinario e interdisciplinario desde la perspectiva de salud pública correspondía al 72,5% de los estudios. De esta forma, se necesitan estudios sobre el comportamiento de dentistas profesionales en equipos multidisciplinarios e interdisciplinarios en el contexto de Brasil, siendo un campo abierto y amplio para ser explorado, desde la perspectiva de salud pública.

Palabras clave: violencia doméstica, cirujano dentista, salud pública

Violência doméstica e o papel do dentista sob a perspectiva da saúde pública: uma revisão da literatura científica

Resumo: Este estudo é uma revisão da produção sistemática sobre violência doméstica, baseado na prática profissional do dentista num contexto multidisciplinar e interdisciplinar, sob a perspectiva da saúde pública. O objetivo foi verificar como este tema tem sido abordado, identificar qual é o foco mais explorado, e apontar as possíveis lacunas. A pesquisa foi realizada na Biblioteca Virtual de Saúde (BVS Brasil), por seleção de 40 artigos: 37 do Lilacs, 2 do BBO e somente 1 do SciELO, no período de 2000 a 2011. Do total da produção científica analisada, 20% citaram referências de dentistas no texto, destes 50% apontaram para a prática do dentista num contexto multi e interdisciplinar, sob a perspectiva da saúde pública. O papel do profissional de saúde no contexto multi e interdisciplinar, sob a perspectiva da saúde pública, correspondeu a 72,5% estudos. Daí a necessidade para estudos da atividade do profissional dentista na inter e multidisciplinar é importante no contexto brasileiro, abrindo um amplo campo a ser explorado sob o ponto de vista da saúde pública.

Palavras-chave: violência doméstica, cirurgião dentista, saúde pública

¹ Federal University of Pernambuco, Recife, PE, Brazil

Correspondence: ferraz_nanda@yahoo.com.br

² University of Sagrado Coração, Bauru, SP, Brazil

Introduction

The events of accidents and violence became the focus of health after occupying a prominent place in the occurrences of morbidity and mortality among the Brazilian population. From the 1980s, the issue of violence has been included on the agenda of debates about health and policy in the Western society(1), being consolidated in mid-1990 in Brazil, when the OPAS (Pan American Health Organization) and WHO (World Health Organization) began to discuss it and define it(1,2).

The World Health Assembly considers the violence as a global public health problem, considering its serious consequences in the short and long term for individuals, families, communities and countries, besides resulting in an increased demand for health services(2,3).

The Brazilian Ministry of Health defines the violence as the intentional use of a force or power against oneself, other persons, groups or community, causing or likely to generate injury, psychological damage, abnormal development or deprivation, or even death of the victim. It is characterized as a public health problem, since it affects the physical and mental health of the individual(1,4).

The violence is seen as a complex phenomenon, multi-faceted and multicausal, due to the incorporation of several factors, whether political, social and / or cultural, and the impact of this phenomenon on the health, on the intra- and intersectoral public policies derived from actions of reduction and coping with violence(5,6).

The need for knowledge about 'what is violence' is an essential condition for the reporting of domestic violence by health professionals, and this understanding is vital for the possibility of breaking with the naturalization and trivialization of violence(7).

In agreement with these ideas stands out the transformation of society as a possibility derived from the completion of professional awareness, which generate notifications, which directly affect the formulation of public policies(1).

The materialization of the data gathered verbally during consultations to victims by notification of cases is essential for the management and health planning(8). By means of these notifications, the violence gains visibility through an epidemiological measure of the problem, allowing the development of specific programs and actions(6). Besides assisting to predefine the investment needs in the sectors of health care and broaden the knowledge of the dynamics of domestic violence(9).

Due to the complexity involved in this phenomenon it is pointed out the need for a differentiated confrontation with an articulation between various sectors of the society: family, community, governmental and non-governmental agencies, health professionals, the Judiciary, the Executive and Public Safety(3,6).

Given the context, the present study aimed to know the national scientific production of articles published between 2000 and 2011, about the relationship between domestic violence and dentist professionals from the perspective of public health. It is also emphasized the importance of developing this study because it is a recent issue in the field of public policies to the attention of people beyond the field of public health.

Materials and methods

This is a systematic literature review that is a way of summarizing the information available in a given time, on a specific problem, in an objective and reproducible manner through the scientific method. The systematic review differs from the traditional review because seeks to overcome possible biases in steps, following a method of search and selection of studies, evaluation of the relevance, collection, synthesis and interpretation of the data(10).

Thus we chose an ordered set of criteria that determine the scientificity of a systematic literature review, starting with the construction of a protocol, whose function was to ensure the rigor of the research process. For this the protocol had the following components: question of the review, the inclusion and exclusion criteria, strategies to search the research universe, guidance for material selection, analysis and synthesis of data as follows:

Defining the question: How the topic of domestic violence and the role of the dentist professional from the perspective of public health is being addressed in national papers?

The search for studies was performed broadly through the Virtual Health Library (VHL) that hosts recognized databases. The search employed the descriptors violence, domestic violence, health personnel, healthcare and surveillance. At intersections of words we adopted the Boolean expression: AND (insertion of two or more words), whose result led the research to the databases: Lilacs (Latin American and Caribbean Health Sciences Literature), SciELO (Scientific Electronic Library Online) and BBO (Brazilian Bibliography of Dentistry). It was also consulted the collection of Brazilian legislation and Brazilian electronic sites such as Ministry of Health (MH), Official Gazette (DOU), Legislation Portal/ Plateau and the Federal Council of Dentistry (CFO).

Inclusion criteria were: Brazilian articles, published in the eleven-year period (2000-2011), available online, and consistent results presentation. In contrast, exclusion criteria corresponded to any factor that did not meet the inclusion criteria.

Data was guided at different and complementary times, thus in the first moment aimed to refine the initial selection of articles, using a preliminary test of relevance, in which it was verified the objectivity of the studies, if it had direct association with the issue addressed (domestic violence and the work of health profession in the public health perspective). Then, we followed by extracting detailed information for each search, such as: data that characterizes authorship, bibliographic reference, evidence of results and credibility.

Synthesis of data was undertaken by a descriptive analysis of studies selected after the previous stage, with the final product shown in a narrative form.

Results

In researching the Virtual Health Library, on the icon via DeCS (Descriptors in Health Sciences) descriptors using the keywords domestic violence AND health personnel, the result of search for

all descriptors found 81 studies on Lilacs, 5 on BBO and 5 on SciELO. When using the keywords domestic violence AND healthcare, found 185 on Lilacs, 2 on BBO and 37 on SciELO. With the keywords domestic violence AND surveillance, found 117 studies on Lilacs and 2 on SciELO. Finally, relating the three descriptors domestic violence AND health personnel AND healthcare, obtained 26 studies on Lilacs, 2 on BBO and 1 on SciELO. When crossing the keywords domestic violence AND health personnel AND surveillance, found only 4 studies on Lilacs, and no one on other databases(10).

After refining, in which excluded the studies repeated in two and three combinations of descriptors – the relevance analysis of the publication was proceeded – it was selected 40 studies: 37 on Lilacs, 2 on BBO and only 1 on SciELO. By adding 10 regulatory documents of the Brazilian legislation, amounted to 50 references analyzed. Of this total of scientific production about the issue of domestic violence, it was possible to verify that 75% references analyzed pointed out to the need for training and awareness of health professionals for coping with domestic violence. In turn, the performance of this professional in the context of multi- and interdisciplinary team, from the perspective of public health corresponded to 72.5% studies analyzed, as verified in the Table 1.

Table 1. Evaluation of articles related to domestic violence, according to the need for training to cope with domestic violence and according to the practice of health professional in a multiprofessional and interdisciplinary context from the perspective of public health.

Need for training and awareness of health professionals	n	%
Yes	30	75.0
No	10	25.0
Total	40	100.0
Role of health professional inserted in a multidisciplinary and interdisciplinary context – public health perspective	n	%
Yes	29	72.5
No	11	27.5
Total	40	100.0

Regarding the institutional responsibility (Municipal, State, Federal Management; Centers for Prevention of Accidents and Violence and Health Services), 22.5% of references have focused the role of the institution as the major provider of structural conditions so that health professionals perform the notification of domestic violence. However 5% studies analyzed emphasized the responsibility of health professionals to deal with this event, regardless the institutional support. This is observed in Table 2.

Table 2. Evaluation of articles related to domestic violence, according to the emphasis on the institutional responsibility and the health professional.

Institutional responsibility for the notification by the dentist	n	%
Yes	9	22.5
No	31	77.5
Total	40	100.0
Responsibility of health professional for coping with this phenomenon	n	%
Yes	2	5.0
No	38	95.0
Total	40	100.0

Of the total scientific production analyzed, 20% of references have mentioned the dentist along the text, among them, 50% indicated the performance of the dentist inserted in a multidisciplinary and interdisciplinary context from the perspective of public health, as observed in the Table 3.

Table 3. Evaluation of articles mentioning the dentist throughout the text and the action of this professional in a multiprofessional and interdisciplinary context from the perspective of public health.

Articles mentioning the dentist throughout the text	n	%
Yes	8	20.0
No	32	80.0

Total	40	100.0
Articles mentioning the dentist and his role in a multiprofessional and interdisciplinary context, from the perspective of public health.	n	%
Yes	4	50.0
No	4	50.0
Total	8	100.0

In relation to the knowledge area of journals that include the domestic violence, according to the performance of the dentist in a multiprofessional and interdisciplinary context from the perspective of public health, the articles have been published in journals focused on the Public Health, in the order: Public Health Journal, Scientific Clinical Dentistry, Science & Public Health, and Reports in Public Health (Box 1).

Box 1. Articles published in in bibliographic databases that mention the domestic violence, according to the performance of the dentist in a multiprofessional and interdisciplinary context from the perspective of public health.

Author/year	Category of the article	Title of the article	Scientific journal
Saliba et al. (11)	Comment	Responsibility of the health professional about reporting cases of domestic violence	Public Health Journal
Gomes et al. (12)	Original article	Perception of dental students on maltreatment in childhood	Scientific Clinical Dentistry
Cavalcanti (13)	Original article	Maxillofacial injuries in in victims of violence in the school environment	Science & Public Health
Garbin et al. (14)	Article	Domestic violence: an analysis of injuries in women	Reports in Public Health

Discussion

Violence affects the contemporary world in all the instances and is manifested in various forms(2).

The literature showed that the typology of domestic violence differs basically to whom is intended the aggression, whether in children, adolescents, women, elderly, people with special needs, or others. The domestic violence is classified into four most common forms(15):

Physical violence occurs when someone causes or attempts to cause harm via physical force (punches, kicks, slaps), using some weapon or instrument that may cause internal, external or both injuries(15,16). These injuries can range from redness, ecchymosis, or hematomas, burns from 1st to 3rd degree, even death. The most affected body areas is the face and head, corresponding to approximately 50% of physical aggressions, thus the dentist is in a privileged position regarding the identification of suspected cases(13).

The second is the sexual violence, result from any action in which a person in a position of power, compels another to achieve sexual practices, using or not physical force, psychological influence, weapons or drugs(15,17). In this type of violence, the mouth region also presents clinical signs to the dentist to complete a diagnosis, once clinical manifestations occur in the oropharynx arising from infectious sexual diseases(18).

Another form of domestic violence is the negligence, which focus on the failure of responsibility in providing basic needs for the survival and development of one or more family members, especially those who need help due to the age or some physical condition, permanent or temporary(15,19).

The psychological violence includes all action or omission that causes or is intended to cause damage to the self-esteem, identity or personal development, being characterized by excessive rejection, depreciation, discrimination, humiliation, disrespect and punishment(15).

In the Brazilian literature considered in the present study, few studies have mentioned the domestic violence and the dentist professional(13). In this way, it is highlighted the uniqueness of the study, since it was not found similar studies in the national literature that have examined the relationship between the performance of the dentist

in the cope with domestic violence in the public health perspective, which hindered the comparison of results.

This analysis revealed that most health professionals, including dentists, has little contact with the issue of domestic violence in their academic formation(11,12,14). By analyzing the Misdemeanor Criminal Law(20), the law #10778(21), the Statute of the Child and Adolescent(22), and the Elderly Statute(23), it is concluded that the combination of political, legal and cultural factors may ease the role of the dentist when deal with the domestic violence(11,25). Therefore, the intervention in domestic violence situations is applied to all state services, the police, the Justice and the Health(4,5,26). In this broad discussion, some authors(11,14,27)have suggested that universities should qualify health professionals making them more humane to face domestic violence. The dentist is the health professional most indicated to make the primary diagnosis of injuries in the victims of this type of violence, once the majority of physical injuries is in the head and neck – the domain area of this professional(13,28).

The professional responsibility in the issue of violence comes even before being subject of debate in the field of the Brazilian public health and of professional councils(29). The article 66 of the Decree-Law 3688from 1941(20) recognized as "misdemeanor the omission of health professionals who do not report crime of which has become aware through his work, whose noncompliance entails monetary penalty". The interpretation of this article leads to the idea that health professional must report any crime committed to any person, regardless of age or sex of the victim(8,11,21). Not only in criminal matter exist this responsibility(29), but also the Constitution of Brazil(30) and the specific rules of the Statute of the Child and Adolescent(22), the Elderly Statute(23), and the Law of Compulsory Notification of violence against women(31). However, the item II of the Art. 3rd of the Dental Code of Ethics(24) mentions that this professional must "safeguard the confidentiality", a fundamental right of professionals included in this category.

Studies have called attention to the importance of awareness of health professionals(11,12,27),

dentists among them, to provide care for cases and for notifications and/or mobilization of other professionals and services for monitoring of victims(8,32). The need for training and awareness of health professionals is emphasized as a relevant strategy to deal with domestic violence(11,14,27). Most dentists do not seem to provide adequate conditions to understand or diagnose cases of domestic violence against children or adolescents(13,18,25,28). This probably explains the lack of notifications of cases(11). Considering dentists linked to public health, members of the process for reduction and prevention of domestic violence, it can be glimpsed the contribution from this professional to health maintenance and recovery of victims(18), either in information collection and diagnosis of suspected cases as well as to report to competent authorities(25). For this, this professional must have knowledge of the legal input on the theme, and be able to work facing this problem(11,14).

The importance of training and awareness of health professionals to cope with domestic violence was present in 75% of references. And 72.5% of references mentioned the performance of health professionals facing the domestic violence(7-9,33), in a multidisciplinary and interdisciplinary context in the public health perspective(11-14,18). The recognition of domestic violence situations by the health professionals is a key factor to perform referrals and appropriate treatment of victims and abusers(11). The Ordinance GM/MS#1.968(34), from October 25th, 2001, establishes the obligation of notification to all public health institutions and those in partnership with the Brazilian Unified Health System (SUS) throughout the country, by completing the Compulsory Notification Form and its forwarding to the relevant authorities.

The fulfillment of the Compulsory Notification of violence is essential for measuring the phenomenon(11), allowing knowing its consequences and contribute to the implementation of public policies for intervention and prevention of the problem(1). The Law #10778(21), from November 24th, 2003, the Federal Government establishes the Compulsory Notification of the violence against women throughout the country, extending also to public and private health services,

but does not clarify the professional to adequately make these notifications, which can contribute for a possible omission and consequently for the ineffectiveness of this instrument(11). The professional code of ethics is the basis to guide decisions and behaviors of professionals in the development of their work, in this way the CFO (Federal Council of Dentistry)(24), through the Resolution #42, from May 20th, 2003, has approved the Dental Code of Ethics(24), containing in the Article 5th, the fundamental duties of these professionals and entities of Dentistry, item V: "ensure the health and dignity of the patient".

In the analysis of the dentist in a multiprofessional and interdisciplinary context, in the public health perspective, this aspect was observed in only 4 references(11-14). Both in the psychological violence and negligence, the diagnosis by the dentist requires the articulation of this professional with a multiprofessional and interdisciplinary team, due to the possible exchange of experiences and discussion of clinical cases of suspected violence(18,28). By means of the report of such violence, it is allowed to have knowledge of the type and frequency of these cases occurring in a given area, allowing more detailed studies and enabling more specific interventions in the areas of occurrences(19,35,36).

The dentist as a health professional is responsible for reporting cases of violence(11,25), either by completing the notification form of SINAN (Information System for Notifiable Diseases) (37,38), or whether by the referral of cases to the Juvenile Court or the Guardianship Council for Children and Youth of the respective locality(22). The zeal of the dentist for the health and dignity of the patient goes beyond the mere assistance care(11-14), which advocates practices aimed to interventional clinical care(39,40) and patient recovery in the disease process(5,41).

In this way, considering it in a wider extent, by introducing the Health Promotion articulated with social policies(42), in the context of the professional care with the patient(35,43), the understanding of this ethical duty pervades the understanding that the dentist(25,44), as a professional health, is responsible for reporting the cases of domestic violence as one professional

duty(11,45). Failure or unwillingness of dentists to report or communicate the competent authorities in nothing will add to their professional courses, but to the noncompliance of current statutory normative acts(11-14). Besides allowing the perpetuation of domestic violence to which the victim(46) is affected that is already in social vulnerability in relation to health services(35,47,48). This situation can evolve and culminate in the death of the victim. The compulsory notification of violence in the health sector points for the maintenance and improvement of databases existing in the Surveillance System for Violence and Accidents (VIVA)(49), in the Mortality Information System (SIM) and in the Hospital Information System of the Unified Health System (SIH/SUS)(4,38,40,50).

Given the breadth of information, our results indicate the importance of the need for training and awareness of health professionals do deal with the domestic violence(51), in order to ease the process of formulating strategies for health and construction of public policies(1,18) of protection of the professional and victims(6,41,42).

This study remarks that the need for training and awareness of health professionals to deal with domestic violence is an underlying problem(11,14,27,28). Furthermore, the need for studies on the performance of the dentist professional in a multiprofessional and interdisciplinary team is an open and broad field to be explored, in the public health perspective(11-14).

Therefore, is pointed the need for producing specific knowledge in the area of the professional practice of the dentist aimed at subsidizing practices, tools and theoretical and practical models for the process of confronting domestic violence(13,18,25,27,28).

Despite the small sample, the existence of a high need for training and awareness of health professionals and their role in confronting domestic violence in a multidisciplinary and interdisciplinary context(11-14) from the public health perspective, evidenced the importance of conducting further investigations that seek to study these issues.

References

1. Minayo MCS. The inclusion of violence in the health agenda: historical trajectory. *Cien Saude Colet* 2007; 11 (1): 1259-1267.
2. Dahlberg LL, Krug EG. Violence: a global public health problem. *Cien Saude Colet* 2006; 11(1): 1163-1178.
3. Deslandes SF, Lemos MP. Participatory development of descriptors for evaluation of cores prevention of accidents and violence, Brazil. *Rev Panam Salud Publ* 2008; 24(6): 441-448.
4. Malta DC, Lemos MSA, Silva MMA, Rodrigues EMS, Gazal-Carvalho C, Morais Neto OL. Initiatives surveillance and prevention of accidents and violence in the context of the Unified Health System(SUS). *Epidemiol Serv Saude* 2007; 16(1): 45-55.
5. Silva MMA, Malta DC, Morais Neto OL, Rodrigues EMS, Gawryszewski VP, Matos S, Costa VC, Gazal-Carvalho C, Castro AM. Agenda of priorities for surveillance and prevention of accidents and violence approved by the I National Seminar on Non communicable Diseases and Conditions and Health Promotion. *Epidemiol Serv Saude* 2007; 16(1): 57-64.
6. Minayo MCS, Deslandes SF. Analysis of network deployment of attention to victims of accidents and violence from the National Policy for Reduction of Morbidity and Mortality on Violence and Health. *Cien Saude Colet* 2009; 14(5): 1641-1649.
7. Oliveira CC, Almeida MAS, Morita I. Violence and health: a professional conceptions of the Basic Health. *Rev Bras Educ Med* 2011; 35(3): 412-420.
8. Gonçalves HS, Ferreira AL. The notification of family violence against children and adolescents by health professionals. *Cad Saude Publica* 2002; 18(1): 315-319.
9. Andrade EM, Nakamura E, De Paula CS, Nascimento R, Bordin IA, Martin D. The vision of health professionals in relation to domestic violence against children and adolescents: a qualitative study. *Saude Soc* 2011; 20(1): 147-155.
10. Galvão CM, Sawada NO, Trevizan MA. Systematic review: resource that provides for the incorporation of evidence in nursing practice. *Rev Latino-Am Enfermagem* 2004; 12(3): 549-556.
11. Saliba O, Garbin CAS, Garbin AJI, Dossi AP. Responsibility of health professionals on reporting cases of domestic violence. *Rev Saude Publica* 2007; 41(3): 472-477.
12. Gomes LS, Pinto TCA, Costa EMMB, Ferreira JMS, Cavalcanti SDLB, Granville-Garcia AF. Perception of dental students about maltreatment in childhood. *Odontol Clin Cient* 2011; 10(1): 73-78.
13. Cavalcanti AL. Maxillofacial injuries in victims of violence in the school environment. *Cien Saude Colet* 2009; 14(5): 1835-1842.
14. Garbin CAS, Garbin AJI, Dossi AP, Dossi MO. Domestic violence: an analysis of injuries in women. *Cad Saude Publica* 2006; 22(12): 2567-2573.
15. Day VP, Telles LEB, Zoratto PH, Azambuja MRF, Machado DA, Silveira MB, Debiaggi M, Reis MG, Cardoso RG, Blank P. Domestic violence and its different manifestations. *Rev Psiquiatr Rio Gd Sul* 2003; 25(1): 9-21.
16. Moreira SNT, Galvão LLLF, Melo COM, Azevedo GD. Physical violence against women from the perspective of health professionals. *Rev Saude Publica* 2008; 42(6): 1053-1059.
17. Ribeiro MA, Ferriani MGC, Reis JN. Sexual violence against children and adolescents: characteristics of sexual victimization in family relationships. *Cad Saude Publica* 2004; 20(2): 456-464.
18. Granville-Garcia AF, Menezes VA, Silva PFRM. Child maltreatment: perception and responsibility of the dentist. *Rev Odonto Cienc* 2008; 23(1): 35-39.
19. Brito AMM, Zanetta DMT, Mendonça RCV, Barison SZP, Andrade VAG. Domestic violence against children and adolescents: a study of an intervention program. *Cien Saude Colet* 2005; 10(1): 143-149.
20. Brazil. Decree-Law N° 3688, to October 3, 1941. Criminal Law of Misdemeanor. *Official Gazette* 13 October.
21. Brazil. Law N°10, 778 of November 24, 2003. Establishes mandatory reporting in the national territory, the case of violence against women that is answered in public health services or private. *Official Gazette* 25 November.
22. Brazil. Law N° 8069 of July 13, 1990. Provides for the Child and Adolescent and other measures. *Official Gazette* 16 July.
23. Brazil. Elderly Statute. Law N°10.741, of October 1, 2003. *Official Gazette* 3 October.
24. Federal Board of Dentistry. Resolution N° 42 of May 20, 2003. *Treats of the Code of Ethics for dental professionals*. [web site] [accessed 2011. 19 ten]. Available at: http://www.cfo.org.br/download/pdf/codigo_etica.pdf.
25. Chaim LAF, Gonçalves RJ. Theethical and legal responsibility of the dentist in relation to child abuse. *Rev ABO Nac* 2006; 14(1): 19-24.
26. Galheigo SM. Notes to considerations to prevent violence by health. *Saude Soc* 2008; 17(3): 181-189.
27. Deslandes SF, Gomes R, Silva CMFP. Characterization of domestic violence cases against women who attended two public hospitals in Rio de Janeiro. *Cad Saude Publica* 2000; 16(1): 129-137.

28. Andrade LK, Colares V, Cabral HM. Evaluation of the conduct of dentists from Recife with respect to child abuse. *Rev Odonto Cienc* 2005; 20(49): 231-236.
29. Brazil. Decree-Law N° 2,848 of December 7, 1940. Establishing the Brazilian Penal Code. *Official Gazette* December 31.
30. Brazil. *Federal Constitution*, 1988. Brasília: National Congress.
31. Brazil. Law N° 11340 of August 07, 2006. Maria da Penha Law. *Official Gazette* August 8.
32. Lima MLC, Deslandes SF, Souza ER, Lima MLLT, Barreira AK. Diagnostic analysis of rehabilitation services that assist victims of accidents and violence in Recife. *CienSaude Colet* 2009; 14(5): 1817-1824.
33. Vieira EM, Perdona GCS, Almeida AM, Nakaro AMS, Santos MA, Daltoso D, De Ferrante FG. Knowledge and attitudes of health professionals in relation to gender violence. *Rev Bras Epidemiol* 2009; 12(4): 566-577.
34. Brazil. Ordinance MS/GM N° 1968 of October 25, 2001. Provides for the mandatory reporting of suspected or confirmed abuse committed against children and adolescents to community councils. *Official Gazette* 26 October.
35. Kiss LB, Schraiber LB. Themes medico-social and health intervention: violence against women in professional discourse. *Cien Saude Colet* 2011;16(3): 1943-1952.
36. Deslandes SF, Minayo MCS, Lima MLC. Emergency care for victims of accidents and violence in Brazil. *Rev Panam Salud Publ* 2008; 24(6): 430-440.
37. Gawryszewski VP, Silva MMA, Malta DC, Mascarenhas, MDM, Costa VC, Matos SG, Moraes Neto OL, Monteiro RA, Carvalho CG, Magalhães ML. The proposed network services assent in surveillance strategy of violence and accidents. *Cien-Saude Colet* 2006; 11(1): 1269-1278.
38. Malta DC, Cezário AC, Moura L, Moraes Neto OL, Silva Junior JB. The construction of the surveillance and prevention of chronic diseases in the context of the Health System. *Epidemiol Serv Saude* 2006; 15(1): 47-65.
39. Oliveira QBM. Talking about some gender issues and violence prevention and health promotion in adolescence. *Cien Saude Colet* 2011; 16(10): 3985-3991.
40. Lima MLC, Souza ER, Lima MLLT, Barreira AK, Bezerra ED, Acioli RML. Health care of the elderly victims of accidents and violence: an analysis of network services SUS in Recife (Pernambuco, Brazil). *Cien Saude Colet* 2010; 15(6): 2677-2686.
41. Brazil. Ordinance MS/GM N° 737 of May 16, 2001. National Policy for Reduction of Morbidity and Mortality from Accidents and Violence. *Official Gazette* 18 May.
42. Vendruscolo TS, Ribeiro MA, Armond LC, Almeida ECS, Ferriani MGC. Social policies and violence: a proposal of Ribeirão Preto. *Rev Latino-Am Enfermagem* 2004; 12(3): 564-567.
43. Moraes CL, Apratto Júnior PC, Reichenheim ME. Breaking the silence and its barriers: a household survey on domestic violence against the elderly in area covered by the Family Medical Program of Niterói, Rio de Janeiro, Brazil. *Cad Saude Publica* 2008; 24(10): 2289-2300.
44. Ferreira AL, Schramm FR. Ethical implications of domestic violence against the child for health professionals. *Rev Saude Publica* 2000; 34(6): 659-665.
45. Lettiere A, Nakano AMS, Rodrigues DT. Violence against women: a visibility problem for a group of health professionals. *Rev Esc Enferm USP* 2008; 42(3): 467-473.
46. Pires JM, Goldani MZ, Vieira EM, Nava TR, Feldens L, Castilhos K, Simas V, Franzon NS. Barriers to the notification by the pediatrician in child maltreatment. *Rev Bras Saude Mater Infant* 2005; 5(1): 103-108.
47. Lima MLC, Souza ER, Acioli RML, Bezerra ED. Analysis of hospital clinical services to elderly victims of accidents and violence. *Cien Saude Colet* 2010; 15(6): 2687-2697.
48. Ribeiro AP, Barter EACP. Care of the elderly victim rehabilitation from accidents and violence in different regions of Brazil. *Cien Saude Colet* 2010; 15(6): 2729-2740.
49. Borges Luz TC, Malta DC, Sá NNB, Silva MMA, Lima-Costa MF. Violence and accidents among older adults compared to younger patients: evidence Surveillance System for Violence and Accidents (VIVA), Brazil. *Cad Saude Publica* 2011; 27(11): 2135-2142.
50. Mascarenhas MDM, Silva MMA, Malta DC, Moura L, Macário EM, Gawryszewski VP, Moraes Neto OL. Epidemiological profile of emergency room visits for violence in Service System Sentinel Surveillance of Violence and Accidents (VIVA) - Brazil. *Epidemiol Serv Saude* 2009; 18(1): 17-28.
51. Gomes R, Minayo MCS, Assis SG, Njaine K, Schenker M. Success and limitations in preventing violence: a case study of nine Brazilian experiences. *Cien Saude Colet* 2007; 11(1): 1291-1302.

Received: December 4, 2012

Accepted: January 29, 2013