


## ORAL AND MAXILLOFACIAL LESIONS IN WOMEN VICTIMS OF DOMESTIC VIOLENCE

 <https://doi.org/10.56238/arev6n4-274>

Submitted on: 11/17/2024

Publication date: 12/17/2024

**Kamila Valleska da Costa Souza<sup>1</sup>, Emmanuelle Alves Santos<sup>2</sup>, Isabella Maria da Silva Lemos<sup>3</sup>, Maria Luany da Silva<sup>4</sup>, Robinson Felipe Santana da Silva<sup>5</sup>, Reginaldo Inojosa Carneiro Campello<sup>6</sup>, Antonio Azoubel Antunes<sup>7</sup> and Ana Cláudia Amorim Gomes Dourado<sup>8</sup>.**

### ABSTRACT

Domestic violence against women is defined as any act or conduct that causes death, damage or physical, sexual, psychological, patrimonial and moral suffering. Federal Law No. 11,340 (2006), known as the Maria da Penha Law, aims to repress, prevent and punish, through various measures, this violence. One of the most common forms of violence is physical, often affecting the head, neck, and face regions. Based on the synthesis of knowledge about oral and maxillofacial injuries in women victims of domestic violence, the objective of this study was to investigate the link between the victim and the aggressor and the profile of trauma. This is an integrative literature review, in the MEDLINE and LILACS databases and in the SciELO digital library, with a time frame from 2013 to 2023. 8 articles were included after applying the eligibility criteria. Studies have revealed a high incidence of intimate partner violence. In view of the lesions, there is a prevalence of involvement of the oral and maxillofacial region. Soft tissue trauma was predominant. The bone fractures mainly affected the zygomatic-orbital complex, maxilla, mandible, and nose. Dentoalveolar lesions were underreported and underestimated, despite their interference in the quality of life of the victims.

**Keywords:** Maxillofacial trauma. Domestic violence. Women.

---

<sup>1</sup> Bachelor of Dentistry  
University of Pernambuco (UPE)  
E-mail: kamilavalleska@gmail.com

<sup>2</sup> Bachelor of Science in Nursing  
University of Pernambuco (UPE)  
Email: emmanuelle\_alves01@hotmail.com

<sup>3</sup> Master in Forensic Expertise  
University of Pernambuco (UPE)  
Email: isabellamlemos@gmail.com

<sup>4</sup> Bachelor of Dentistry  
University of Pernambuco (UPE)  
Email: luanysilva69@gmail.com

<sup>5</sup> Bachelor of Dentistry  
University of Pernambuco (UPE)  
E-mail: eurobinsonfelipe@gmail.com

<sup>6</sup> Doctor of Dentistry  
University of Pernambuco (UPE)  
E-mail: reginaldo.campello@upe.br

<sup>7</sup> Post-Doctorate in Forensic Expertise  
University of Pernambuco (UPE)  
E-mail: antonio.antunes@upe.br

<sup>8</sup> Dr. in Oral and Maxillofacial Surgery and Traumatology  
University of Pernambuco (UPE)  
Email: anacagomes@uol.com.br

## INTRODUCTION

In 1994, the Inter-American Convention of Belém do Pará discussed the prevention, punishment and eradication of violence against women. Through it, violence against women was defined as "any action or conduct based on gender, which causes death, damage or physical, sexual or psychological suffering to women, both in the public and private spheres. It includes physical, sexual and psychological violence" (Tavares; Campos, 2018).

Federal Law No. 11,340, known as the Maria da Penha Law, instituted in Brazil on August 7, 2006, aims to repress and prevent, through various measures, domestic and family violence against women, through the amendment of Brazilian legislation (Brasil, 2006). Thus, domestic violence is a public health issue and a violation of human rights. However, even with the high rate of cases, it is known that there is a lot of underreporting, since most women who have been raped do not report their aggressors (Ruiz *et al.*, 2022).

Among the violence suffered by women, a predominant one is physical, with the head and neck being greatly affected. Aggressors, when they affect the head, neck and face regions, aim to frighten and disfigure the victims, causing feelings of inferiority, shame, humiliation and low self-esteem. In other words, in addition to changes in the physical aspect, there are also impacts in the psychic sphere (Rodrigues *et al.*, 2020).

Oral and maxillofacial lesions can be defined by the presence of a visible lesion in soft or hard tissues, in possible regions: orbital/periorbital, frontal, labial, nasal, zygomatic, mandibular, maxillary, mental, dental, tongue, gum, among others. Studies show that the middle third of the face is usually the most affected, as it is the most prominent and exposed portion (Conceição *et al.*, 2018). The most frequent traumas are bruises, fractures and burns. They can be caused by hands (punches) and feet (kicks), instruments (bladed weapons, fire) or in a mixed way (Nunes *et al.*, 2022).

Violence against women is on the rise and therefore the need for effective public policies to address this public health issue, in addition to professionals trained to have the appropriate conduct when recognizing a victim (Nunes *et al.*, 2022).

From the above, the present study aimed to carry out an integrative review of the literature, through the synthesis of knowledge about oral and maxillofacial injuries in women victims of domestic violence, in order to investigate the bond between the victim and the aggressor and the profile of traumas of the oral and maxillofacial complex.

## **THEORETICAL FRAMEWORK**

The Maria da Penha law (Law No. 11,340) defines domestic and family violence against women as any act or conduct that causes death, damage or physical, sexual, psychological, patrimonial and moral suffering. It is considered a violation of human rights. In order to be configured in the crime described by the law, the incidence of aggression has to be in the domestic sphere, family or in any cohabitation with the aggressor having an intimate relationship of affection with the victim (Brasil, 2006).

The social history of patriarchy, that is, the hierarchical relationship of power between men and women, still has significant repercussions on current experience. This sociocultural construction of female submission and passivity begins from childhood based on teachings of what is acceptable to be the social role of men and women, designating as female duties mainly to take care of the home and children and to accept everything for the sake of the family, abstaining from autonomy and financial independence, which often makes it difficult to get out of situations of violence (Silva *et al.*, 2020).

Violence against women is quite prevalent, in the global context, one in three women in the world has been a victim of physical or sexual violence, and it is commonly perpetrated by an intimate partner. This violence tends to increase in emergency conditions, including epidemics. Countries such as China, the United Kingdom, and the United States have indicated an increase in the number of cases of domestic violence since the beginning of the COVID-19 pandemic (World Health Organization, 2020).

According to the survey carried out by DataSenado in 2023, 30% of Brazilian women have suffered domestic or family violence, at some point in their lives, perpetrated by men, estimating a number of more than 25.4 million Brazilian women. In addition, the survey pointed out that, regarding the victim's bond with the aggressor, about 52% of women say that the aggressor was a husband or partner and 15% that he was an ex-husband, ex-boyfriend or ex-partner (DataSenado, 2023).

Among physical aggressions, the maxillofacial region is one of the most affected due to the vulnerability of its apparent exposure, due to which there is an increasing number of forensic examinations involving this region (Clemente; Silva; Cruz, 2022). Traumas and injuries in this region commonly reveal effects of gender violence, since the face is associated with the victim's identity and the damage is persistent, because, in addition to physical sequelae, there is also the involvement of psychological impacts, such as the weakening of self-esteem (Batista *et al.*, 2021).

The stomatognathic region, through its noble anatomical structures, is responsible for performing important functions, such as speech, swallowing, chewing, communication and breathing. Because domestic violence is often associated with oral and maxillofacial trauma, permanent consequences may occur, such as changes in soft and hard tissue movements, dysphagia, in addition to impacts on the victims' social lives (Bernardino *et al.*, 2018).

From article 129 of the Brazilian Penal Code, there is the typification of injuries in the body examination, elucidating whether they are framed as light, serious or very serious. The correct evaluation of the trauma by the expert, with detail, answering the questions requested in the report is extremely important, since from this it will be possible to define with more assertiveness a civil action to repair the damage suffered by the victim (Clemente; Silva; Cruz, 2022; Batista *et al.*, 2021).

However, the absence of forensic dentists in the forensic examination, compared to the greater presence of forensic doctors, is a limitation, since they are the professionals best able to analyze the repercussion of damages related to injuries involving the oral and maxillofacial region, which may hinder fair compensation to the victim and an adequate response from the aggressor for the crimes, in addition to the possibility of underreporting of these injuries (Clemente; Silva; Cruz, 2022; Batista *et al.*, 2021).

Law No. 10,778 establishes the compulsory notification of women treated in health services (public or private) who present signs or confirmation of violence, that is, it makes it mandatory for all health professionals who provide care to the patient to report it to the police authority (Brasil, 2003).

However, it is noteworthy that many women choose not to report due to their emotional and financial dependence on their partners, fear of further aggression and lack of trust in responsible public institutions, which commonly reflect a patriarchal ideology. In addition, they often do not have family support, as the complaint is seen as a threat to family integrity, disregarding the fact that the crime committed is already a violation. From this perspective, women, influenced by the environment around them, end up making the violence they suffer invisible (Cordeiro, 2018).

## **METHODOLOGY**

This study is an integrative literature review, based on the theoretical framework of Whittemore (2005), which is systematized in the following steps: identification of the theme

and selection of the research question, establishment of inclusion and exclusion criteria, identification of pre-selected and selected studies, categorization of selected studies, analysis and interpretation of data and finally, presentation of the synthesis of knowledge.

To conduct the research, the following guiding question was elaborated: "what is the main scientific evidence on oral and maxillofacial lesions that affect women victims of domestic violence?". The PICO strategy (acronym for P – Population: women; I – Interest: oral and maxillofacial traumas; and Co – Context: domestic violence) (Cardoso *et al.*, 2019).

The criteria for inclusion of the studies in the sample were that they be complete primary articles available in full, in the selected databases, with a time frame from 2013 to 2023, in Portuguese, English, and Spanish and that respond to the research objective. Case reports were excluded.

The databases selected for the searches were the *Medical Literature Analysis and Retrieval System Online* (MEDLINE) and *Latin American and Caribbean Literature on Health Sciences* (LILACS), in addition to the *Scientific Electronic Library Online* (SciELO). A software reference manager (Mendeley) was used to collect the references and remove duplicate articles. Next, a manual search was performed in the reference list of the included articles.

To carry out the searches, keywords were used, according to the Health Sciences Descriptors (DeCS) and *the Medical Subject Headings* (MeSH), adapted according to the database, and Boolean operators were used, inserted in the databases as follows:

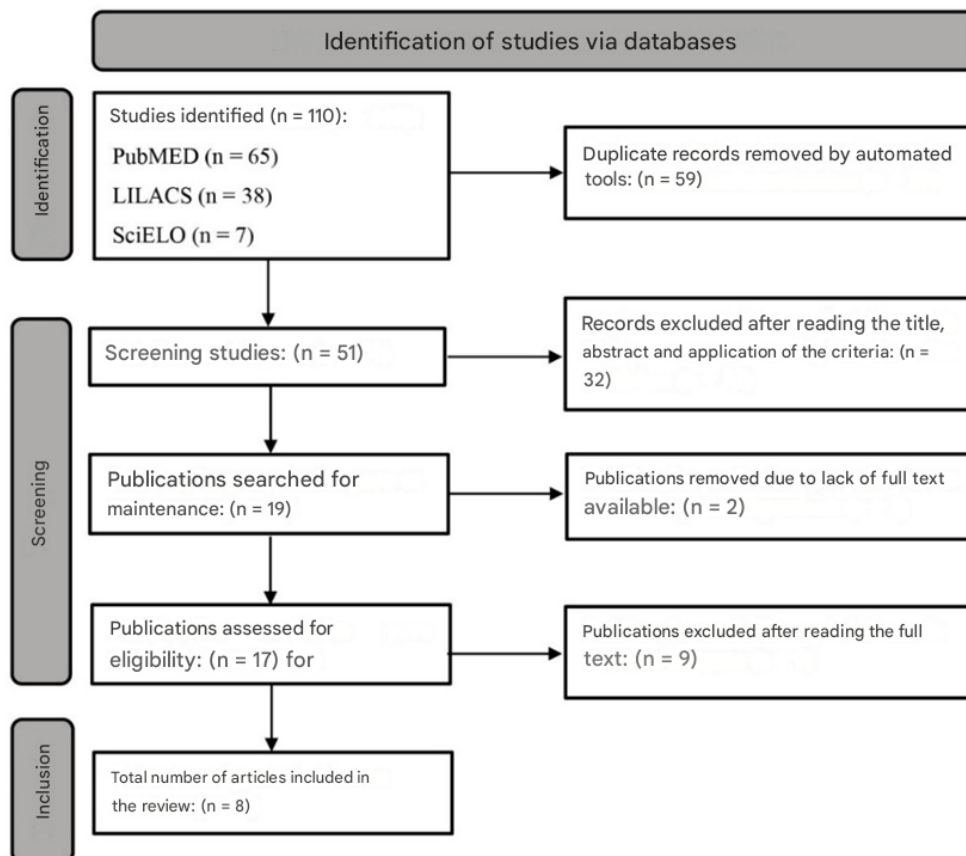
Table 1. Crosses of Boolean descriptors and operators

Maxillofacial Trauma	AND	Domestic violence	AND	Women
Maxillofacial Trauma	AND	Domestic violence		
Maxillofacial Injuries	AND	Domestic Violence	AND	Woman
Maxillofacial Injuries	AND	Domestic Violence		
Maxillofacial Trauma	AND	Domestic violence	AND	Mujeres
Maxillofacial Trauma	AND	Domestic violence		

Source: prepared by the authors.

The screening and selection of the scientific articles that made up the final sample is presented using the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) flowchart, in figure 1.

Figure 1. Study selection flowchart adapted from the PRISMA recommendation.



Source: adapted by the authors as recommended by PRISMA (2020), 2024.

The following data, when available, were extracted from the included studies: their titles, authors, year of publication, country, objectives, methods, gender and age of the individuals, and main results of the findings. The synthesis of the data was presented in a table for better visualization.

## RESULTS AND DISCUSSIONS

Table 2. Characteristics of the selected articles

TITLE/AUTHORS/YEAR	DESIGN OF STUDY	OBJECTIVES	RESULTS
<p>1.Prevalence and pattern of maxillofacial injuries associated with domestic violence: A retrospective study at a major trauma center.</p> <p>Yari <i>et al.</i>, 2023</p>	Retrospective study	To analyze the frequency and pattern of maxillofacial injuries associated with domestic violence from the medical records of victims of domestic violence, from the Electronic Health Record System of Shahid Beheshti Hospital in Iran, between May 2016 and May 2023.	A total of 86 victims of domestic violence were identified, with an average age of 27 years, with maxillofacial lesions in 78 patients, of whom 75 were women (96.2%), perpetrated by the victim's partner in 62 cases (79.5%) and ex-partner in 10 of the cases (12.8%). Soft tissue injuries were present in 96.1% of the cases, with the prevalence being: contusion (n = 58), abrasion (n = 21) and laceration (n = 13). Regarding maxillofacial fractures: zygoma (n = 13), nose and mandible (n = 12). Dentoalveolar lesions: lateral subluxation/dislocation (n = 7), crown fracture (n = 6) and avulsion (n = 3).
<p>2.Dental and maxillofacial injuries associated with domestic violence against women in Israel: A report for 2011-2021.</p> <p>Levin <i>et al.</i>, 2023</p>	Retrospective cohort study	To analyze dental and maxillofacial injuries associated with domestic violence against women in Israel between the years 2011 to 2021 from data from the Israeli National Trauma Registry for hospitalized patients.	Of 1818 women over 14 years of age, 753 were victims of domestic violence, with a prevalence of age ranging from 30 to 44 years. 38 patients (5% of the sample) had maxillofacial lesions, and the spouse was responsible for 24 victims (63.2%). 47.7% required surgical intervention, and patients with facial injuries required a longer hospital stay compared to victims without these injuries. The most injured areas were the maxilla (n = 18), followed by the zygomatic bone (n = 14) and the mandible (n = 13).
<p>3.Domestic violence and abuse related emergency room visits in Ontario, Canada</p> <p>Singhal <i>et al.</i>, 2021</p>	Retrospective descriptive study	To quantify and evaluate the standard of care for victims of domestic violence and abuse through databases of the Ministry of Health of Ontario (Canada), in the period from 2012 to 2016.	Of the 10,935 consultations, 8,878 (81.2%) were women, with a prevalence of ages ranging from 15 to 34 years, with an estimated annual average of 25.5 consultations per 100 thousand women and 6.1 consultations per 100 thousand men. Of the patients who had injuries (n = 5,239), 2,647 (50.5%) had craniomaxillofacial trauma.
<p>4.Maxillofacial injuries associated with domestic violence: experience at a major trauma centre.</p> <p>Boyes, Fan, 2019</p>	Retrospective study	To identify patients with facial injuries caused by domestic violence between January 2017 and July 2018 in a London trauma centre and find out how confident the oral and maxillofacial surgery team members were in assessing them.	Of the 18 patients identified as victims of domestic violence, 14 were female and 4 were male, with a mean age of 28 years. In 10 cases, the alleged aggressor was the victim's current partner. 15 patients had facial lacerations and 8 had at least one facial fracture. The prevalence of trauma was: dentoalveolar complex (n = 4), orbit and zygomatic-maxillary complex (n = 3), nasal bone (n = 3), mandible (n = 2).

<p>5. Epidemiological Profile and Characterization of Oral and Maxillofacial injuries in Women Victims of Interpersonal Violence.</p> <p>Silva <i>et al.</i>, 2016</p>	<p>Study analytic</p>	<p>To determine the epidemiological profile of women victims of violence and to characterize the lesions that affect their maxillofacial region based on expert reports from the Forensic Medical Institute (IML) of Feira de Santana (Bahia), between January 2007 and December 2011.</p>	<p>Of 223 reports from women, with a prevalent age of 18-35 years (n = 128), 105 reported the victim's bond with the aggressor. In 50 cases (47.6%) the aggressor was the victim's current partner and in 34 cases (32.3%) the aggressor was the ex-partner. The most frequent injuries were edema (n = 64), dental fractures (n = 54), dental dislocation (n = 43), ecchymosis (n = 40), cutting wound (n = 39), blunt wound (n = 30), incised wound (n = 25) and abrasions (n = 20). In the injured extraoral regions, there was a predominance of buccal (n = 99), orbital (n = 17) and zygomatic (n = 10). Regarding the intraoral region, the teeth were the most affected (n = 100) and the labial mucosa (n = 69).</p>
<p>6. Patterns aetiology and risk factors of intimate partner violence-related injuries to head, neck and face in Chinese women.</p> <p>Wong <i>et al.</i>, 2014</p>	<p>Retrospective study</p>	<p>To examine the patterns of head, neck, and facial injury in Chinese women victims of intimate partner violence through medical records from Hong Kong hospitals between January 2010 and December 2011.</p>	<p>223 medical records were analyzed, the mean age of the patients was 38.6 years. 173 women had lesions in the head, neck or face regions, with the prevalence being: contusion (n = 109), abrasion (n = 62), swelling (n = 39), erythema (n = 25), hematoma (n = 23), laceration (n = 17), epistaxis (n = 2) and tooth loss (n = 2), no bone fracture was found.</p>
<p>7. Clinical-epidemiological characteristics of maxillofacial trauma due to physical violence against women</p> <p>Díaz-Fernández; Fernández Cardero, 2014</p>	<p>Cross-sectional descriptive study</p>	<p>OBJECTIVE: To characterize clinical and epidemiological variables of orofacial trauma due to physical violence in women treated at the emergency department of maxillofacial surgery in a hospital in Santiago (Cuba), between January 2007 and December 2010.</p>	<p>Of the 1391 women treated at the hospital for violence, 576 (44.6%) were affected by oral and maxillofacial lesions. Most of the victims were between 15 and 34 years old. Violent actions occurred preferentially at home (n = 261, 45.3%) and on public roads (n = 123, 21.3%), with the main aggressors being husbands (28.1%), ex-husbands (23.8%), partners (12.8%), and ex-partners (13%). Lesions in the middle third prevailed, followed by those in the lower third. Of the 898 lesions, 784 (87.3%) were in soft tissues and 114 (12.7%) in hard tissues.</p>



<p>8. Pattern of oral-maxillofacial trauma stemming from interpersonal physical violence and determinant factors.</p> <p>Ferreira <i>et al.</i>, 2014</p>	<p>Retrospective study</p>	<p>OBJECTIVE: To evaluate the prevalence and pattern of oral and maxillofacial trauma resulting from interpersonal physical violence and to determine whether this violence is a factor associated with trauma based on the medical records of the emergency room of a hospital in Minas Gerais, Brazil, between January 2005 and December 2007.</p>	<p>Of the 790 oral and maxillofacial trauma records analyzed, 42 individuals had injuries resulting from domestic violence, 29 of whom were women (69%). The most frequent types of injuries were facial contusion (n = 41), facial laceration (n = 16), and mandible fracture (n = 10).</p>
---	----------------------------	--	--

Source: prepared by the authors, 2024

The included studies cover research from countries located on the following continents: Asia, North America, Europe, and South America. Demonstrating the global importance of the researched theme. All studies were conducted using secondary data from patient records.

Of the 8 studies included, seven carried out the research through hospital records, mainly from trauma centers, and only one from reports from a forensic institute. It is noteworthy that victims usually go to hospitals first, in order to receive medical care, and it is more difficult for them to go to police stations to report the aggressor and consequently carry out forensic examinations, usually out of fear and coercion (Batista *et al.*, 2021). Health services play a key role in identifying suspected cases of domestic violence, as they are often the only point of external contact that the victim has (Cantão *et al.*, 2024).

According to the study by Bernardino *et al.* (2018), carried out in the Northeast of Brazil, among 1391 women victims of interpersonal violence, 98.2% of the aggressions were perpetrated by men, 61.1% of whom were the partner/boyfriend. These findings converge with the studies included in this research, when the bond between the aggressor and the victim was informed, which report a greater number of women affected by violence by their current intimate partner, followed by former partners. The majority number of male perpetrators reflects the problem of gender-based violence in aggressions against women (Oliveira *et al.*, 2019).

Domestic violence tends to recur and victims commonly remain in this situation, due to the difficulty of leaving this abusive environment, as observed in 15 cases of article 8. In

addition, many women do not get to undergo body exams and deny police involvement, making it difficult to identify and record the crime. This behavior derives from the fear that the aggressor will discover the complaint and commit more violent acts (Ferreira *et al.*, 2014).

Studies 1, 3 and 4 compared, among the cases in the sample, the number of women and men affected by domestic violence, with the number of women being prevalent in the three articles. The fact that the female population is more subject to this violence permeates a culturally constructed history of gender inequality, discrimination, submission, and structural oppression, since men are placed in a social role of power, domination, and control (Barufaldi *et al.*, 2017).

According to Dourado and Noronha (2015), the face is a body locus that is very affected by aggressors not only due to greater exposure and lack of protection, but also due to the subjective nuances that involve this aggression, since the face is associated with the victim's personal identity and facial injuries can represent a violation of human dignity, provoking feelings of humiliation and shame of moral judgment, interfering in the victim's social relationships, in contrast to the feeling of male power by hurting her in this region. In other words, in addition to the physical marks, the emotional and invisible marks persist. Articles 1, 2 and 7, through the results of the research, report the high prevalence of oral and maxillofacial involvement in the face of all injuries resulting from domestic violence.

Among the injuries, there was a predominance of soft tissue traumas. This can be explained as a result of the form of aggression, which the instrument is commonly forceful, such as through punches and kicks, affecting only soft tissues (Oliveira *et al.*, 2019). Regarding bone fractures, the most affected sites were: zygomatic-orbital complex, maxilla, mandible and nose. These regions, because they are more prominent, become more affected (Gabriel; Reis, 2022).

Some of the included articles reported data on dentoalveolar traumas, however, following the study by Cantão *et al.* (2024), the prevalence of these lesions may be underestimated because it is still a neglected condition, since they are considered less severe lesions, with many cases underreported. In addition, victims are not always examined by a professional who is able to recognize the importance of notifying dentoalveolar sequelae, since they can significantly interfere with the quality of life of the victims.

The importance of early detection of domestic violence and notification to the competent authorities in order to end the vicious cycle that affects the victims is highlighted, preventing more serious aggressions and even femicide. Thus, dental surgeons play a fundamental role in the identification of suspected cases, given the frequency of injuries in the head, neck, and face regions (Cantão *et al.*, 2024).

According to Silva *et al.*, (2023), based on a case study of a victim who survived domestic violence and sexual abuse for almost 30 years, it was found that even with the presence of contemporary public policies, the crime is often only discovered after it has occurred, highlighting the importance of prevention.

There is a need for further studies that prioritize associating the occurrence of domestic violence in women with the outcome of oral and maxillofacial trauma, given the difficulty of gathering data that focus on this correlation. Identifying the diagnosis, the epidemiology of the injuries and the link between the aggressor and the victim, in order to provide subsidies to assist public safety policy measures and guide the performance of health professionals, since understanding the pattern of injuries can help in the identification of the victimized population and in the conduct of care.

## **CONCLUSION**

The findings of the studies reveal a predominance of aggressions perpetrated by men, especially current intimate partners or former partners. In addition, the recurrence of domestic violence and the difficulty of victims in getting out of this cycle of abuse are highlighted.

The most common injuries include trauma to the soft tissues of the oral and maxillofacial region, as well as bone fractures in prominent areas such as the zygomatic-orbital complex, maxilla, mandible, and nose. These injuries not only have an immediate physical impact, but can also cause lasting psychological damage, affecting the victims' self-esteem and quality of life.

## **ACKNOWLEDGMENTS**

Acknowledgments are due to the University of Pernambuco (UPE) and the Faculty of Dentistry of Pernambuco (FOP) for the institutional support and resources offered, especially to the Master's Program in Forensic Investigations. Also to the Coordination for

the Improvement of Higher Education Personnel (CAPES), a foundation of the Ministry of Education (MEC), for the financial support and incentive to research.

## REFERENCES

1. Barufaldi, L. A., Barbosa, A. R., & Alves, P. M. (2017). Violência de gênero: Comparação da mortalidade por agressão em mulheres com e sem notificação prévia de violência. *Ciência & saúde coletiva*, 22, 2929-2938.
2. Batista, A. F. S., Gomes, L. T., & Silva, M. A. (2021). Lesões orofaciais em mulheres vítimas de violência não fatal: Uma revisão integrativa. *Revista Brasileira de Odontologia Legal*, 8(2).
3. Bernardino, Í. de M., Oliveira, A. J. P., & Silva, L. A. (2018). Intimate partner violence against women, circumstances of aggressions and oral-maxillofacial traumas: A medical-legal and forensic approach. *Legal medicine*, 31, 1-6.
4. Boyes, H., & Fan, K. (2020). Maxillofacial injuries associated with domestic violence: Experience at a major trauma centre. *British journal of oral and maxillofacial surgery*, 58(2), 185-189.
5. Brasil. Secretaria Geral da Presidência da República. (2006). LEI Nº 11.340, DE 7 DE AGOSTO DE 2006. Institui a Lei Maria da Penha, Brasil.
6. Brasil. Secretaria Geral da Presidência da República. (2003). LEI Nº 10.778, DE 24 DE NOVEMBRO DE 2003. Estabelece a notificação compulsória, no território nacional, do caso de violência contra a mulher que for atendida em serviços de saúde públicos ou privados, Brasil.
7. Cantão, A. B. C. de S., Silva, C. F., & Lima, E. S. (2024). Prevalence of dental, oral, and maxillofacial traumatic injuries among domestic violence victims: A systematic review and meta-analysis. *Dental traumatology*.
8. Cardoso, V., Lima, F. D. de S., & Silva, J. R. A. (2019). Systematic review of mixed methods: Method of research for the incorporation of evidence in nursing. *Texto & Contexto-Enfermagem*, 28.
9. Clemente, A. C. C. L., Silva, B. L. F., & Cruz, I. J. A. da S. (2022). A importância do cirurgião-dentista nos institutos de medicina legal: Uma revisão de literatura. *Revista Ibero-Americana de Humanidades, Ciências e Educação*, 8(8), 974-983.
10. Conceição, L. D., & Silva, M. F. A. (2018). Epidemiology and risk factors of maxillofacial injuries in Brazil, a 5-year retrospective study. *Journal of maxillofacial and oral surgery*, 17(2), 169-174.
11. Cordeiro, D. C. da S. (2018). Por que algumas mulheres não denunciam seus agressores?. *CSONline-Revista Eletrônica De Ciências Sociais*, 27.

12. DataSenado. (2023, November 21). Pesquisa DataSenado: Pesquisa nacional de violência contra a mulher. Instituto de Pesquisa DataSenado, Secretaria de Transparência, Senado Federal. Available at: <https://www12.senado.leg.br/institucional/datasenado/arquivos/pesquisa-nacional-de-violencia-contra-a-mulher-datasenado-2023>
13. Díaz Fernández, J. M., & Fernández Cordero, A. (2014). Características clinicoepidemiológicas del trauma maxilofacial por violencia física contra la mujer. *Medisan*, 18(12), 1652-1660.
14. Dourado, S. de M., & Noronha, C. V. (2015). Marcas visíveis e invisíveis: Danos ao rosto feminino em episódios de violência conjugal. *Ciência & Saúde Coletiva*, 20, 2911-2920.
15. Ferreira, M. C., Almeida, L. S., & Silva, D. (2014). Pattern of oral–maxillofacial trauma stemming from interpersonal physical violence and determinant factors. *Dental Traumatology*, 30(1), 15-21.
16. Gabriel, J. D. A., & Reis, T. A. (2022). Traumas faciais como indicadores de violência doméstica contra mulheres. *Research, Society and Development*, 11(15), e23111536703-e23111536703.
17. Levin, L., & Ben-Bassat, Y. (2023). Dental and maxillofacial injuries associated with domestic violence against women in Israel: A report for 2011–2021. *Dental traumatology*.
18. Nunes, J. G. M., Alves, S. A. P., & Barbosa, M. F. (2022). Lesões bucomaxilofaciais decorrentes de violência doméstica contra mulheres: Uma revisão integrativa. *Revista Brasileira de Odontologia Legal*, 9(3), 105-114.
19. Oliveira, M. V. J., Souza, L. S. S. de, & Silva, C. S. (2019). Análise temporal das agressões físicas contra a mulher sob a perspectiva da odontologia legal na cidade de Fortaleza, Ceará. *Revista Brasileira de Odontologia Legal*, 6(3).
20. Rodrigues, L. G., Andrade, S. M. C., & Costa, L. R. (2019). Trends of maxillofacial injuries resulting from physical violence in Brazil. *Dental traumatology*, 36(1), 69-75.
21. Ruiz, H. F. de O., Souza, G. M., & Silva, L. C. (2022). Violência doméstica e quarentena: A subnotificação nos tempos de pandemia. *Revista da Seção Judiciária do Rio de Janeiro*, 26(55), 43-63.
22. Silva, A. F. C., Costa, R. P. L., & Lima, E. R. (2020). Violência doméstica contra a mulher: Contexto sociocultural e saúde mental da vítima. *Research, Society and Development*, 9(3), e35932363-e35932363.
23. Silva, E. N., Oliveira, L. L., & Lima, S. L. (2016). Epidemiological Profile and Characterization of Oral and Maxillofacial injuries in Women Victims of Interpersonal Violence. *Int. J. Odontostomat.*, 10(1), 11-16.

24. Silva, K. T. M., Souza, L. F. C., & Silva, M. B. (2023). Sobrevivente de violência sexual: Um estudo de caso. *Revista Contemporânea*, 3(4), 3244-3260.
25. Singhal, S., Finkelstein, S., & Agarwal, N. (2021). Domestic violence and abuse related emergency room visits in Ontario, Canada. *BMC public health*, 21(1), 1-9.
26. Tavares, L. A., & Campos, C. H. de. (2018). A convenção interamericana para prevenir, punir e erradicar a violência contra a mulher, “Convenção de Belém do Pará”, e a Lei Maria da Penha. *Interfaces Científicas-Humanas e Sociais*, 6(3), 9-18.
27. Whittemore, R. (2005). Combining evidence in nursing research: Methods and implications. *Nursing Research*, 54(1), 56-62.
28. World Health Organization. (2020, April 7). COVID-19 and violence against women: What the health sector/system can do. World Health Organization.
29. Wong, J. Y. H., Chan, K. W., & Lau, K. K. (2014). Patterns, aetiology and risk factors of intimate partner violence-related injuries to head, neck and face in Chinese women. *BMC Women's Health*, 14, 1-9.
30. Yari, A., Sadeghi, S., & Molaei, M. (2023). Prevalence and pattern of maxillofacial injuries associated with domestic violence: A retrospective study at a major trauma center. *Dental Traumatology*.