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The Role of the Dental Professional in Responding to Domestic Violence

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ABSTRACT

Background: Domestic violence is any type of physical, sexual, emotional, economic or psychological action or threat of actions that influence another person within some type of familial relationship. This includes any behavior that intimidates, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure or wound someone. Since most domestic violence injuries occur in the head and neck areas, it is critical that dental professionals be prepared to identify, interview and assist potential victims. The dental professional can play a vital role in preventing violence against women and children, by helping to identify the abuse early, providing the victim with necessary treatment and referring to appropriate care.

Keywords: Domestic, Violence, dental, professional.

INTRODUCTION

Domestic Violence (DV) in the current literature is also known as battering, family violence, domestic abuse, spouse abuse and intimate partner violence (IPV). Chez defined IPV as 'a pattern of regularly occurring abuse and violence or the threat of violence in an intimate (though not necessary cohabitated) relationship.'¹ Family violence, a broader term, is defined as 'child physical & sexual abuse and neglect, intimate partner violence and elder abuse & neglect'.² Domestic violence is a complex and pervasive problem affecting a large proportion of the Indian population. Family violence constitutes a triad encompassing: child abuse, adult domestic violence and elder abuse. Many women who have had experienced domestic violence often go undetected in the health care setting. Humiliation is one of the many reasons for not disclosing violence as also the

fear of reprisal from their abusers³. It is not uncommon that men are also abused by their female partners.⁴ However, domestic violence against males is not always acknowledged.⁵ The dental professionals are in a key position to identify neglect and abuse caused by family violence and to intervene on behalf of the victimized patient. However research shows that dental professionals are least likely of all health care providers to do so.⁶

Clinical signs and symptoms of domestic violence in Dentistry

Violence has gained recognition as a serious public health problem. Research indicates that most physical injuries resulting from domestic violence are found in the head and neck area that are clearly visible to the dental team during routine examination.(Table 1) The dentist and allied dental personnel are in an ideal position to identify

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injuries associated with emotional, sexual and physical injuries such as chipped or cracked teeth, poor dental hygiene, broken jaw, black eye, broken nose, bruises on the ear lobes or chin and finger marks on the neck, upper arms and wrist.^{7,8} Many dentists, however, are unaware of the relationship between head and neck injury and possible abuse⁹. In a 1994 survey of health care professionals in Oregon, only 6 percent of the dentists commonly suspected physical abuse among their patients, compared with 23 percent of physicians and 53 percent of social workers¹⁰. However, research has also shown that, even when head and neck injuries were evident, dentists might be less likely than other health care providers to screen for IPV^{11,12}, to offer minimal intervention when working with IPV victims as patients or to address the issue of IPV with their patients.¹¹⁻¹⁶ Bruises, bites, burns, lacerations, abrasions, head injuries and skeletal injuries are some of the common forms of domestic violence trauma detectable in dental office.

Table 1: Clinical signs of domestic violence¹⁷

| S.No | Sign and Symptoms |
|------|---|
| 1. | Intraoral bruises from slaps or hits when soft tissues are pressed against hard structures such as teeth and bones. |
| 2. | Patterned bruises on the neck from attempted strangulation; such as thumb bruises, ligature marks, scratch marks. |
| 3. | Petechiae bruising in the face, mouth or neck caused by attempted strangulation. |
| 4. | Soft and hard palate bruises or abrasions from implements of penetration may indicate forced sexual act |
| 5. | Fractured teeth, nose, mandible or maxilla. Signs of healing fractures may be detected in panoramic radiographs |
| 6. | Abscessed or nonvital teeth could be caused by blows to an area of the face or from traumatic tooth fractures. |
| 7. | Torn frenum may be the result of assault or forced trauma to the mouth. |
| 8. | Bitemarks |
| 9. | Hair loss from pulling, black eyes, ear bruises, or lacerations to the head |
| 10. | Injuries to arms, legs, and hands noted during the dental visit. |

Dental Neglect

Dental neglect could be an indicator of domestic violence. Patients experiencing domestic violence may be restricted by their abuser from their normal daily activities, seeking help or contact with friends and families or seeking dental or medical care. As a result they may suffer from lack of dental care that medically endangers themselves, untreated rampant caries, untreated pain or chronic pain or infection, bleeding or trauma affecting the orofacial region and a history of a lack of follow-through for care with identified dental pathology. Sometimes the dental neglect can be an indicator of a larger neglect problem. No treatment or lack of the continuity of care is critical in the case of facial infections that could travel through the facial planes of the body toward the heart.¹⁸

Strangulation

Strangulation is often indicative of a high level of IPV in a relationship that can escalate quickly to death. The dental professional may observe visible injuries to the patient's neck including ligature marks, scratches, abrasions, scrapes, and bruises from assailant's thumb and fingers. Petechiae on the neck, face, eyes, and mouth may be present. Symptomatic voice changes will occur in up to 50 percent of victims. Attempted strangulation with 11 - 33 pounds of pressure on the neck for 4-5 minutes can cause brain death. Swelling and swallowing or breathing difficulties could be an indicator of underlying neck injury. It is critical to appreciate that although breathing changes and symptoms may initially appear to be mild, underlying injuries may kill the victim up to 36 or more hours later. Identification, intervention and quick action to refer the patient for medical evaluation and treatment can save a life.^{19,20}

Barriers to Intervention Reported by Dental Professional

Several barriers to change have been recognized, including a lack of knowledge and awareness about domestic violence amongst health professionals and a lack of training in the skills needed to identify, approach and manage the experience of violence.^{21,22} (Table 2)

Table 2: Barriers and Facilitators to Screening for Domestic violence.

| Health care provider barriers | |
|--|--|
| a. | Lack of knowledge/education on domestic violence |
| b. | Fear of offending patients |
| c. | Perceived time pressures |
| d.. | Perceived irrelevance of domestic violence to health care practice |
| e. | Fear of loss of control of the provider-patient relationship |
| f. | Provider attitudes and accountability |
| g. | Lack of comfort with the topic |
| Patient barriers | |
| a. | Lack of trust |
| b. | Fear of retribution |
| c. | Fear of loss of control |
| d. | Sense of futility |
| e. | Love for partner |
| f. | Lack of knowledge of helping resources |
| g. | Embarrassment and humiliation |
| Barriers involving patient and providers interactions | |
| a. | Communication problems |
| b. | Gender differences |
| c. | Unclear expectations |
| System-level barriers | |
| a. | Insufficient training |
| b. | Work load and time pressure |
| c. | Lack of referral networks or on-site patient advocates |
| d. | Lack of infrastructure to support screening (space, privacy, presence of children) |
| e. | Lack of process to give feedback to providers regarding screening |
| f. | Overall environment |

Intervention

The dentist can implement simple changes to help victims of domestic violence. In view of the numerous and complex barriers that exist in screening for domestic violence , an intervention strategy ought to be straight forward and easily integrated into the practice and ought to be non-threatening to both the health care professional and the victim.²³ (Table 3)

Table 3: Dentist’s address domestic violence as a health care issue! Here are some ways.

| Create a Supportive Environment for Patients | |
|---|---|
| | Commit to begin routine assessment for domestic violence at your dental office/clinic. Begin by trying routine assessment for one week |
| b. | Place victims’ safety cards in the bathroom, and/or dental operatory for patients who need information, but may not be ready to disclose. |
| c. | Hang posters in waiting areas to convey the message that support is available for patients experiencing domestic violence. |
| d. | Have dentists/dental hygienists/dental assistants/office staff wear “Is someone hurting you? You can talk to me about it” buttons. |
| e. | Document assessment of domestic violence using a rubber stamp on clinical records or add this to patient chart |
| Get the Word Out to the Community | |
| | Organize a resource table and distribute patient education materials with phone numbers of localshelters, hotlines, and community resources for domestic violence victims. |
| b. | Work with domestic violence programs in your community to let both patients and the community know that your dental office/clinic, health care facility or state/local professional association cares about addressing domestic violence. |
| c. | Encourage the editorial staff of your local dental society’s newsletter to publish and invite articles from dental professionals who have expertise in the issue of domestic violence. |
| Get Staff and Coworkers Involved: | |
| | Organize trainings for dentists/dental hygienists/dental assistants/office staff on domestic violence intervention and assessment. |
| b. | Create a domestic violence protocol or review and amend an existing protocol for your dental office/clinic setting. |
| c. | Invite a domestic violence advocate, or survivor to speak at a brown bag lunch. |
| d. | Learn More About Domestic Violence as a Health Care Issue |

AVDR approach

The importance of confidentiality in such a setting cannot be overstated, which includes a confidential environment and the conscientious management of all information and documents. Gerbert and others developed the AVDR approach (ask, validate, document, refer) to standardized the health professional’s role in screening for domestic violence and reduce the barrier that exist in this process. The AVDR approach advocates as a preliminary step, *asking* the patient about abuse. The second step is providing *validating* messages to impress upon that battering is wrong while confirming the patient’s worth. The third step is *documenting* signs, symptoms and disclosures in the patient’s dental record in writing along with photographs. The final step is *referring* the victims to DV specialists and resources in the community. The AVDR model has many benefits including efficiency, no requirement for extensive training and incorporation of universal screening (asking and validating), thereby reducing cultural barriers, personal discomfort and fears of offending the patient^{24,25}.

Table 4 - The process of AVDR involves as shown in the below chart

| | |
|----------------|--|
| Ask | - Ask the patient like “It looks like you’ve been hurt or tortured by someone. Tell them that I am very much concerned about you and these injuries. Is everything fine? How things going for you at home? Is there anything you would like to share or talk about?” |
| Validate | - “As your dentist, I have to ask when I see signs that are often associated with abuse. A lot of people have that problem and no one deserves to be abused.” - “Whatever is happening is extremely wrong. You not at all deserve to be hit or hurt by someone, no matter what happened.” |
| Documentation: | -Document presenting all signs and symptoms of abused victim |

| | |
|--------|---|
| Refer: | like the location, size and shape of injury, duration, colour, etc -Take photos and radiographs if patient gives consents -Note down patient disclosures in a specific and detailed manner; record the data in patient’s exact words in quotations, including names, locations and witnesses - Suggest some centers or hospitals of local domestic violence resources/referrals in private -- If patient declines (may not feel ready; may not feel safe enough), let her know that these are sources are available. - Follow up at next visit with “How are things at home?” Validate and offer referrals again in non-judgmental way. |
|--------|---|

RADAR

RADAR was an acronym-mnemonic developed by the Massachusetts Medical Society in 1992 that helps summarize key action steps that dental professional should take in recognizing and treating patients affected by IPV or domestic violence. The steps of RADAR include the following: (1) **Routinely** screen adult patients, (2) **Ask** direct questions, (3) **Document** your findings, (4) **Assess** patient safety, and (5) **Review** options and referrals.(Table 5)

The RADAR method has been a very popular screening prompt that has been adopted nationally across numerous medical, dental community-based, mental health, and legal organizations. Its goal is to reinforce care, support, and trust in the patient-provider relationship, ensure appropriate follow-up care in subsequent patient visits, and refine ongoing physician education and expertise.²⁶⁻²⁸

Table 5: RADAR for Dental Professionals

| | |
|---|---|
| R | Recognize signs and symptoms of abuse/neglect, Routinely screen |
| A | Ask direct, non-judgmental questions with compassion |
| D | Document your findings |
| A | Assess patient safety |
| R | Review, refer, report |

P.A.N.D.A collation

Another promising IPV/family violence initiative is the PANDA program. It is an acronym for Prevent Abuse and Neglect through Dental Awareness. According to Mouden,²⁹ PANDA began as a model program in Missouri in 1992 to help close the gap in dental knowledge about stopping child abuse and neglect. However, while PANDA’s overarching focus on child abuse was certainly important both in terms of reinforcing the dental profession’s role as mandated reporters and promulgating knowledge that could lead to possible intervention and prevention, it nevertheless minimized the education that dental professionals could receive on the myriad potential challenges associated with IPV.³⁰

CONCLUSION

Domestic violence is a key public health issue, which affects the health and welfare of men, women and children. It is not restricted to any one particular group in the society. Violence against another person is a crime and for many women, abuse and violence start early in a relationship. For others it might start later, often during pregnancy . It is important to educate the public about the cycle of violence and the serious and long-lasting effect that this has on children and also to acknowledge that domestic violence against men is an increasing health issue in recent times. While the media, health professionals, support services and the justice system responds positively to female abuse, they are blameworthy for ignoring male victims, who therefore remain hidden and do not report their abuse. Children may develop emotional and behavioral problems. All health professionals ought to be actively involved in breaking the silence surrounding the scourge of violence, so that they could provide an appropriate and effective service.

Dental professional have a really unique opportunity to address the problem of domestic violence (DV). Educating dental professionals about Domestic Violence increases the likelihood they will screen for abuse and appropriately intervene whenever necessary. Such a response and immediate action can have a profound impact on the lives of patients who are abused. In order to familiarize dental professionals with their role in responding to DV, it is strongly recommended that training be integrated into dental schools and dental hygiene programs across the country.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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