Review article

Indian Journal of Forensic Odontology
Volume 5 Number 2, April - June 2012

Role of Dentist in Responding to Domestic Violence

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Abstract

Dental professionals can play an important role in identifying and referring victims of domestic violence. Since most of the injuries sustained by victims occur in the head and neck region, dentists are uniquely positioned to help address this enormous public health issue. Unfortunately, dentists are the least likely of all health professionals to identify and refer victims of abuse. Much of this failure may be attributed to a lack of knowledge. This article provides an overview of the types and indicators of abuse, information about screening and dealing with such victims.

Key words: Domestic violence; Dentist; Intimate partner violence; Elder abuse.

Introduction

Domestic violence, is a problem of epidemic proportions affecting primarily women regardless of age, race, socio-economic status, sexual orientation or educational background. Efforts to strengthen responses by health care professionals to domestic violence have increased dramatically in recent years. As a result, more health care providers are able to recognize the signs of abuse and assist patients who are victims. However, dental professionals appear to be the least likely of all clinicians to suspect and intervene in family violence, even though injuries to the head and neck are present in 60 percent or more of abuse cases.[1] Although they may see abuse-related injuries during patient visits, dental professionals typically have not been trained to recognize the causes of these injuries or how to offer intervention and referrals to patients.

The objective of this paper is to provide an overview of domestic violence, discuss types and indicators of abuse and to prepare dental practitioners to recognize and deal with patients affected by domestic violence.

In recent years, domestic violence has emerged as a significant risk factor for many chronic health problems, including obesity, substance abuse, mental disorders and gastrointestinal problems.[2]

While the overwhelming majority of victims are women, it is important to note that domestic violence can also affect men in both heterosexual and same-sex relationships. When victims are identified and referred to appropriate resources, they can receive necessary care and counseling, thereby affording protection from further violence, disease, even death, and helping to break the cycle of violence from harming future generations.

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Up to 95% of all domestic violence injuries occur in the head and neck area, making dentists uniquely qualified to identify victims.[3] Many victims will visit different physicians and emergency rooms to avoid detection of abuse, but they will routinely see the same dentist. Moreover, two-thirds of all adults regularly schedule at least one dental visit each year. As such, they are more likely to see a dentist than a physician in any given year.[4] Despite these obvious advantages, dentists are the least likely of all health care professionals to recognize and report instances of domestic violence.[5] A recent survey of victims found over half of them had seen a dentist when signs of abuse were present, yet 88.6% were not asked about their injuries. In addition, 69.2% indicated they wanted to be asked and would have appreciated assistance and referrals.[6]

Failure to report instances of domestic violence may to some degree be attributed to dentist's fear of offending their patients, the presence of the partner or child, time constraints and a fear of litigation. However, the failure to report may be due primarily to a lack of knowledge on the part of dentists.[7] It is widely documented that when dentists and other healthcare professionals receive necessary training, they are more likely to recognize and respond to cases of abuse on behalf of their abused patients.[8,9,10,11] In 1996, the American Dental Association established a policy that called for expanded efforts to educate dental professionals to recognize abuse and neglect of adults and to encourage training programs in compliance with members' state laws.[12]

Domestic Violence Defined

Abusers establish and maintain power over victims through the use of a variety of coercive tactics, which may include physical, emotional, sexual and financial abuse (Table 1).

Physical abuse constitutes the most overt type of abuse that includes hitting, punching, slapping, kicking, burning, shoving, pulling hair, biting, stabbing or shooting. Withholding access to food or medical services is also considered a form of physical abuse.

Emotional and psychological abuse often results in victim self-doubt and low self-esteem. The victim is often blamed for abuse. Other tactics include humiliation, insults, constant criticism, subverting a victim's relationship with her children. Stalking, forced confinement, blackmail and isolation from victim's social and support network also constitute forms of emotional abuse

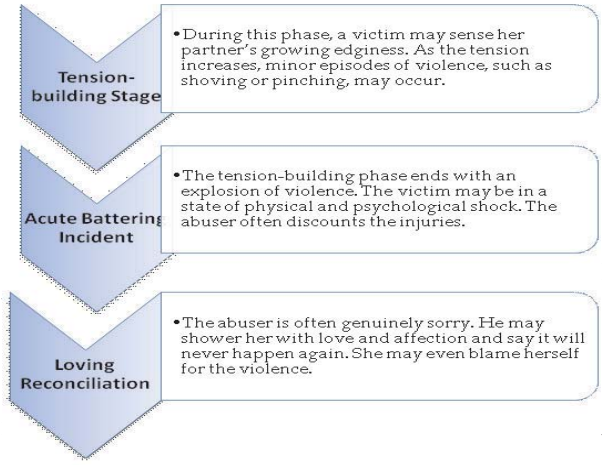
Sexual abuse can take the form of rape, forced prostitution, or tactics to control reproduction. In addition, criticizing victim's sexual performance and desirability and falsely accusing victim of infidelity are forms of sexual abuse.

Financial abuse includes taking control over finances, attempting to make the victim financially dependent, forbidding the victim to seek employment or pursue education, harassing the victim at work, and running up bills for which the victim is responsible.

Cycle of Abuse

Domestic violence follows a cyclical pattern, consisting of three main phases: tension building; acute battering; and loving reconciliation (Figure 1). Disturbingly, the intervals between the different stages typically get shorter, and violent events often become more severe as time progresses.

Figure 1



status and ability. Abuse is a health care issue that impacts people of all ages, including children, adolescents, and the elderly; its impact can manifest throughout the lifespan.

Intimate partner violence

The term "intimate partner" includes current and former spouses and dating partners[13].

41– 61% of Asian women report experiencing physical violence by an intimate partner during their lifetime.[14] This is higher than the rates in a national study reported by Whites (21.3%), African Americans (26.3%), Hispanics of any race (21.2%), people of mixed race (27.0%), and American Indians and Alaskan Natives (30.7%), and Asians and Pacific Islanders (12.8%).[15]

Approximately 30.3% women and 25.7% men in the United States have been slapped, pushed or shoved by an intimate partner in their lifetime. 1 in 4 women (24.3%) and 1 in 7 men (24.3%) in the United States has experienced severe physical violence by an intimate partner in their lifetime[16].

An estimated 17.2% of women have been slammed against something by a partner, 14.2% have been hit with a fist or something hard, and 11.2% reported that they have been beaten by an intimate partner in their lifetime[16].

According to United Nation Population Fund Report, around 70 per cent of married women in India between the age of 15 and 49 are victims of domestic violence.[17]

Victim groups

Certain groups may be at a higher risk for domestic violence. These include pregnant women, young adults and teens, the disabled and the elderly

Elder Abuse

The indicators of elder abuse are similar to those of other forms of domestic violence and may include physical violence, sexual assault, psychological abuse, financial exploitation, abandonment and neglect. Elder abuse, also known as elder mistreatment, can be even more difficult for healthcare professionals to identify.

Older persons may be frail, heal slowly and unstable on their feet. In addition, they may have an altered mental state due to age, medications or pathology. These conditions can result in bodily injuries that mimic those of domestic violence. It is estimated that up to 10% of the elderly experience some form of domestic violence.[18] This problem is vastly underreported and is expected to skyrocket as the fastest growing segment of the population is over 75.[19] It is imperative that dental professionals are aware of this growing public health issue.

Dealing with domestic violence in dental practice

Screening for Domestic Violence

In order to assist patients who may be involved in unsafe home situations, dentists and other health professionals are advised to use a screening tool such as RADAR (Table 1), a model developed by the Massachusetts Medical Society, and recommended by the New York State Office for the Prevention of Domestic Violence.[20,21]

Table 1

R = Routinely Screen Female Patients

A = Ask Direct Questions

D = Document Your Findings

A = Assess Patient Safety

R = Review Options and Referrals

R = Routinely Screen Female Patients

Dentists should screen female patients by looking for risk factors or "red flags" that suggest domestic violence (Table 2).

Table 2

Red Flags

- Bitemarks
- Missing or avulsed teeth
- Unexplained orofacial pain
- Untreated or rampant decay
- Abscessed or nonvital teeth could be caused by blows to an area of the face
- Intraoral bruises from slaps or hits when soft tissues are pressed against hard structures such as teeth and bones.
- Patterned bruises on the neck from attempted strangulation; such as thumb bruises, ligature marks, scratch marks.
- Soft and hard palate bruises or abrasions from implements of penetration may indicate forced sexual act(s).
- Fractured teeth, nose, mandible or maxilla. Signs of healing fractures may be detected in panoramic radiographs.

Since myriad types of objects are used to hurt someone, one must look for patterned injuries that contain the imprint of the object used, such as a shoe or belt buckle. Human bite marks are roughly four centimeters in diameter and can sometimes be used to identify an attacker due to the unique pattern created by the dentition and/or by DNA evidence left from the saliva. Often, victims try to defend themselves from their attackers, so injuries incurred on the back of the hands and arms may be suggestive of domestic violence.

Injuries due to either ligature or manual strangulation are especially serious. Dental professionals should look for circular bruises from fingertips, and scratches and fingernail marks on the neck incurred when the victim struggles. Take special note if the patient exhibits difficulty swallowing and breathing and/or presents with a raspy voice, because these symptoms may indicate a serious neck injury. Death can occur as much as 36 hours after the incident, so it is critical to refer the patient for immediate medical attention if strangulation is suspected.[22]

A woman who is being abused may exhibit depression or anxiety. The practitioner should also note if the patient's partner won't leave her side, if the patient seems overly deferential to her partner or if she allows him to answer questions about the injuries on her behalf.

A = Ask Direct Questions

Interview the patient alone. If an interpreter is needed, do not use a family member. Although many women who are victims of domestic violence will not be forthcoming with information, they may discuss it if asked simple, direct questions in a nonjudgmental way. Here are some phrases that may be helpful to use:

- Because violence is so common in many women's lives, I've begun to ask about it routinely.
- I notice you have a number of bruises; did someone do this to you?
- Are you in a relationship in which you have been physically hurt or threatened?"
- Do you feel safe at home?

If the patient answers "yes," encourage her to talk about it.

Ask open-ended questions, such as: "Would you like to talk about what has happened to you?; "What would you like to do about this?" Listen nonjudgmentally.

This serves to both begin the healing process for the woman and to give you an idea of what kind of referrals she may need. Do not tell her to just leave her attacker. Instead, you should validate her experience by saying:

"You are not alone"; "You do not deserve to be treated this way"; "Help is available to you."

If the patient denies abuse, but you strongly suspect it, document your opinion and let her know there are resources available to her should she choose to pursue such options at a later date. Even though she may not be prepared to do something about her situation, just asking about the abuse has been shown

to encourage patients to seek help when they are ready.[7]

D = Document Your Findings

It is critically important to document all findings associated with possible abuse on patient's chart as they can be important court documents. All dental practices can start with these pointers for charting, adapted from the Family Violence Prevention Fund[23, 24]:

- As far as possible always use the patient's own words regarding injury and abuse.
- Note the exact location of all current injuries; use a body map, head and neck region map, and intraoral chart. For example, chart the interior of the mouth using clock directions to specify the location of injuries (eg, at 3 o'clock in the midbuccal area, there is a large purple lesion about 3 cm in size with a focal area of 2 mm in the center that is darker in color).
- Use both radiography and photography (Intraoral or extraoral) for recordkeeping. Today, digital trchnology is used for diagnosis, referral, and recordkeeping.
- If the patient has had restorative or orthodontic treatment, available plaster or stone study models may demonstrate pre-trauma conditions.
- Document the referral and any follow-up for reporting purposes. Put a copy of any reports in the record.

A = Assess Patient Safety

Before the patient leaves the office, find out if she is afraid to go home. Ask if there has been an increase in frequency or severity of violence or threats of homicide or suicide. Ask if her children have been threatened.

R = Review Options and Referrals

If the patient is in imminent danger, find out if there is someone with whom she can stay or if she needs access to a shelter. If she does not want immediate assistance, offer information about resources in the community. Remember that it may be dangerous for the woman to have this information in her possession, so do not insist that she take it. In fact, when a woman attempts to leave a relationship is the time when she is most at risk for serious abuse.

Intervention

Suspicion alone is enough to warrant further investigation into whether abuse is occurring.[25] Follow up requires dental professionals to ask their patients questions, listen closely to understand their issues and feelings, and offer support, information, and referrals. These discussions should occur privately, without the patient's partner, caregiver, or parent, as one of these individuals could be the abuser or may not support the victim's attempts to get help.

Dental professionals can help patients of abuse consider their options, such as calling the police, talking with an advocate at a shelter, leaving the abuser, taking related brochures, or doing nothing. Knowing these options, the patient can decide his or her next course of action.

Dentists are not expected to be experts on domestic violence. In fact, referring patients to appropriate community resources is the best course of action.

Referrals

Protocols for referring patients and reporting violence may vary depending on the area of practice. Confidentiality and assuring safety for the patient should be maintained at all times. Dental team's obligation is to identify and report domestic violence. State dental associations along with the local legal entities and specific social service agencies in particular area must develop a current list of local resources for assistance that could include:

- Hospital personnel with special training
- Law enforcement (police, lawyers, advocates)

- Shelters (housing, and support groups)
- Child protective services

Barriers to Reporting

Reasons why dental staff does not proactively intervene in domestic violence[26] include limited knowledge and lack of training and misconceptions[25] about the nature of intervention on the issue of domestic violence.

Other major obstacles included the presence of a partner or children, concern about offending patients, their own embarrassment and their fear of legal ramifications of reporting their suspicions.[1]

Respondents indicated that a lack of referral information and knowledge about how to develop a coordinated referral network were additional reasons they did not intervene.[25]

Mostly dental team think of intervening in terms of rescuing a helpless victim such as a child, [27] however they tend to perceive adult victims as autonomous and having the capacity for self defense in abusive situations.[2] Spousal abuse is the most frequently suspected category of abuse noted by dental professionals, but it rarely causes them to intervene.[25]

Fostering a Cohesive Community Response

Effective intervention requires dental professionals to see themselves as part of a community response team that includes other health care professionals, law enforcement personnel, protection agencies, and antiviolence advocates.[25] Once dental professionals view themselves as part of the local intervention network, it becomes necessary to determine the best ways for them to communicate with agencies and individuals on the community response team about abuse cases and how to help victims. Likewise, community service providers need to recognize that dental professionals are likely to come into contact with victimized patients, putting dental professionals in a position to intervene on the victim's behalf.

Critical Need for Education

The likelihood that dentists will suspect or intervene in domestic violence appears to depend on the amount of related education they receive. Of all the clinicians sampled in one survey, dental professionals reported the smallest proportion of education in child, spouse, and elder abuse.[28]

As a group, they also suspected abuse the least often. Another survey found that dentists who received domestic violence education were significantly more likely to screen for domestic violence and intervene as necessary. Further, education on domestic violence needs to be "standardized and incorporated into dental curriculum and continuing education programme, thus 'normalizing' intervention with victims and making it a part of a dentist's professional responsibility."[1]

Conclusion

This article emphasized the role of the dentist in identifying cases of potential domestic violence and the need for follow-up activity.

National and state dental associations can periodically include violence prevention and intervention topics on their conference agendas. Even a single session lecture can be effective in increasing knowledge and changing attitudes amongst dentists and members of the team.

Local, state, and national coalitions that address domestic violence can also educate community service providers about the role of dental professionals and invite dental professionals to participate in related training programs and initiatives for developing a coordinated response.

To familiarize dental professionals with their role in responding to domestic violence, it is strongly recommended that training be integrated into dental curriculum. Such training will promote a proactive response by dental professionals against domestic violence by increasing their awareness, recognition and

intervention. Early intervention by identification and referral can have a profound impact on the lives of patients who are victims.

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