

# Enhancing the Dental Professional's Responsiveness Towards Domestic Violence; A Cross-Sectional Study

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## ABSTRACT

**Background:** Dentists may be the first health care professionals to treat patients who have experienced Oro-facial trauma resulting from Domestic violence (DV). Hence, as a national health concern, it challenges the social responsibility of a dentist in bringing down its prevalence.

**Objective:** To assess the knowledge of Domestic violence among dentists of Karnataka.

**Materials and Methods:** A cross-sectional questionnaire survey was conducted among dentists of Karnataka to know

their knowledge, its relation to dentistry and measures they practice to bring down the prevalence of DV victims.

**Results:** Overall knowledge about DV was very less among the dentists & out of 64% who said the dentist has a role in bringing down the prevalence, 28% reported the need for training.

**Conclusion:** Based on analysis of the data, dentists were interested and would benefit from additional education opportunities concerning recognizing, referring and managing patients who may be the victim of domestic violence in order to enhance their role.

**Keywords:** AVDR technique, Counselling, Dental abuse

## INTRODUCTION

Domestic violence is an age old social evil which remains hidden from the eyes of the society for long. The incidence of domestic violence (DV) is at epidemic proportions, with approximately four million women being battered every year in the United States [1,2]. Domestic violence is not only a state problem, but an international. In India, the prevalence of DV ranges from 6-60%, with considerable variation across the states [3]. However, the magnitude, extent, and burden of the problem are not accounted, as reporting of the problem is still inadequate. In India, few community-based micro level studies are available [3]. But, the prevalence studies only show one sided problem i.e., the seriousness of how widespread it is, the other side that most cases of DV are unreported has received less attention. Therefore, it seems probable that the incidence of DV is actually more prevalent than the statistics suggest [1,2]. Hence, the present questionnaire study was planned to know the awareness about domestic violence among dentists.

Prevalence studies have demonstrated that common site of injuries in domestic violence is to head & neck accounting 38.7%. Fracture was the most common type of traumatic dental injury, and the most frequently injured teeth were the incisors [2,4]. The dental professionals are the first persons to observe visible injuries on the patient's neck including ligature marks, scratches, abrasions, scrapes, and bruises. Petechiae on the neck, face, eyes, and mouth may be present. Symptomatic voice changes will be present in 50% of victims & swelling and swallowing or breathing difficulties could be an indicator of underlying neck injury [2,5].

Most dental schools in other countries teach students about domestic abuse [6,7] but it is unknown if this information is ever applied in practice & in India, unfortunately, few oral health care professionals are knowledgeable about the relationship between head and neck injuries and domestic violence [2].

Hence, a study was designed to assess the knowledge of Domestic violence among dentists of Karnataka.

## MATERIALS AND METHODS

A cross-sectional, questionnaire study was conducted during the state dental conference in the month of September 2013 to involve the dentists from all over Karnataka state. Out of 782 participants,

people who were voluntarily willing (536) to participate were included in the study.

An anonymous, self-administrated, structured questionnaire was used to assess the knowledge about Domestic violence & dentistry. The questionnaire consisted of eight close ended & one open ended question & it included the demographic characteristics of the dentists like age, gender, and year of experience. The close ended questions were to know the knowledge about DV & their awareness about its relation to dentistry. Regarding their role in bringing down its prevalence an open ended question was included based on expert opinion. The questionnaire was checked for validity by using kappa statistics. The data was analysed using SPSS (Version 17.0) statistical computer software.

## RESULTS

Total number of participant for the conference program was 782, out of them only 536 participated voluntarily by filling the questionnaire making a response rate of 68.54%. [Table/Fig-1] shows agreement of dentists towards domestic violence in which out of 68.5% of respondents, 84% answered they heard about domestic violence & only 30% of them reported that they had come across the domestic violence victims. But out of 30%, only 42% has asked the reason for the injury but didn't took any measures to reduce showing overall attitude towards approach for DV victims among dentists is very low.

The four common barriers to ask the reason for the injury were in the order - Lack of training in identifying domestic violence (21%), Patient was accompanied by partner or children (15%), Do not have a list of referral agencies (13%), Believe domestic violence is not my business (11%). Eighty two percent accepted they are aware that 75% of physical injuries in domestic injuries are to head, neck &/or mouth & 64% of them accepted that dentist has a role in bringing down the prevalence of domestic violence. And for the open question to specify how, many answers were given. Answer with similar meaning are grouped into five categories based on AVDR technique [2] as,

1. Asking (Asking in details to patients having contusion to head and neck regions, The cause for the same, observing interpersonal interaction between patients and relatives, Can

help the victim by enforcing and asking if the help from socially active institute, Quick identification of patients psychology and physical condition).

2. Counselling (Counselling for the person who is responsible, Counselling of patient, proper counselling must be done, educate the people social education and counselling).
3. Awareness (Social Awareness in patients, Social education, Social utility, Can motivate regarding the drawbacks and taking public health education, Victims relative should raise their voice against their domestic violence).
4. Reporting (Dentist is the first person to have a keen observation of patients injuries related to head and neck and intra oral so dentist starts it to Report such cases. Identification reporting in such cases, if all cases of domestic violence seen by dentist are recorded and reported adequately, the incidence would definitely come down. Report/ educate/health /to report/to local authorities. The police authorities and the NGO's can be altered on these issues and counselling can be provided by dentist).
5. Training (Course attending, CDE programmes, Curriculum, Training, and Workshop).

In present study out of 64% who said the dentist has a role in bringing down the prevalence, 16% reported it by Asking, 28% by Counselling, 19% by Awareness/ Educate, 9% by Reporting & 28% by Training; highlighting Counselling as the method and mentioned need for training for the same.

## DISCUSSION

S no	Questions	Number & Percentage of Agreement N (%)
1	Have you heard about domestic violence? (n=536)	450 (84%)
2	Have you come across any victims of domestic violence? (n= 536)	161 (30%)
3	Did you ask the reason for the victims? (n=161)	68 (42%)
4	Did you take any measures to record or report DV? (n=161)	0 (0%)
5	What was the barriers to not to ask the reason? (n=475)	100 (21.05%) - Lack of training in identifying domestic violence. 71(14.94%) - Patient was accompanied by partner or children. 62 (13.05%) - Do not have a list of referral agencies. 52 (10.94%) - Believe domestic violence is not my business. 43 (9.05%) - Do not have enough time to raise the issue of domestic violence. 43 (9.05%) - Embarrassed to bring up domestic violence. 43 (9.05%) - No mandatory reporting requirement. 33 (6.94%) - Believe patient would not follow up on referral. 28 (5.89%) - Concerned about offending patient.
6	Are you aware 75% of injuries in DV victims is related to head & neck? (n=536)	438 (82%)
7	Does dentist have a role in bringing down the DV prevalence? (n=536)	343 (64%)

**[Table/Fig-1]:** Agreement of dentists towards Domestic violence

The initial response rate towards the study among dentists gathered itself was low (68.5%) & out of them 30% had seen DV victims and out of that 30% only 42% has asked the reason for the injury showing a wide gap among dentists knowledge & attitude towards DV. This was similar to a study conducted in Texas, where 50% of the DV victims had seen a dentist when signs of abuse were present,

yet 88.6% were not asked about their injuries [6]. Although victims want the abuse to be recognized, dental health care providers face barriers when it comes to domestic violence recognition. The common barrier to ask the reason for the injury was lack of training in identifying domestic violence. This was also similar to a studies reported Skelton et al., Nahla et al., & Love et al., [7-9].

Education is a key factor in overcoming some of these barriers. Lack of training in identifying suspected, dental professionals didn't know the appropriate actions to take to prevent further abuse. 82% accepted in the present study that 75% of physical injuries in domestic injuries are to head, neck &/or mouth & 64% of them accepted that dentist has a role in bringing down the prevalence of domestic violence but they were not clear what are their roles. This was similar to studies by Skelton et al., & Nahla et al., [7,8]. As none of the dentists were aware what were their role in bringing down the prevalence Hence, an answers of an open question were categorized into groups Ask, Counsel, Awareness, Report & Training.

There were no studies to determine what services DV victims want or need from the dental profession [10]. But, the authors in an article titled "Changing Dentists' Knowledge, Attitudes, and Behaviours Regarding Domestic Violence through an Interactive Multimedia Tutorial" mentioned regarding a tool called "AVDR," an acronym for "asking, validating, documenting, and referring." AVDR means: 1) asking the patient about the injury or incident; 2) providing validating messages that battering is wrong and it is not the victim's fault in any circumstance; 3) documenting signs, symptoms, or any verbal disclosures that the patient has shown or given in the patient's records in writing and with any pictures; and 4) referring victims to a DV specialist, which may include counselors, authorities, or shelters [2,10]. This was developed to explain and simplify the dentist's role in addressing DV. This intervention can be used when abuse is suspected but not disclosed, and it allows dentists to help their patients. Hence, AVDR tutorial is a quick & simple way to educate oral health professionals about the importance of recognizing DV among their patients and learning how to help them by providing strategies for assessment and intervention [10,11].

Even though in present study few mentioned about asking, validating (counseling+ creating awareness) and reporting, documenting was not mentioned. This was similar to the report by Hendler et al., & Tilden et al., [6,12]. Similar to the findings of these studies, a study conducted by Mc Dowell et al., showed out of 30% suspected cases only 3% reported to higher authorities [13]. Identification, intervention and quick action to refer the patient for medical evaluation and treatment can save a life. Hence, dentists have a moral & legal obligation to recognize and report the abuse [14].

Few studies [6,7,11,15,16] have shown brief domestic violence intervention training can be effective in improving knowledge and attitudes among dentists but could lead to a false confidence in staff and should be followed by in-depth practical training and the development of appropriate processes for dealing with abuse victims.

## LIMITATIONS OF THE STUDY

Convenience sampling method to collect the information from dentists of Karnataka making a small sample size is one of the limitations of the study and as we have included people who are willing to participate in a survey has still reduced the number of samples. Hence, further in depth studies are recommended.

## CONCLUSION

Knowledge about Domestic Violence and their role in bringing down its prevalence was very low among dentists. The research findings suggest several potential directions for change indicating the providers' barriers and emphasizing the importance of establishing systematic evidence based multidisciplinary and interagency

approach to teaching and learning on the topic of DV for dentists. In addition, regular continual developmental updates should be empowered with a joined approach and a clear knowledge of support agencies and interagency networks to enhance the dental professional's response to support the DV victims.

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## S No:

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1. Have you heard about Domestic Violence?
  - a. Yes
  - b. No
2. Have you come across any victims of Domestic violence?
  - a. Yes
  - b. No
3. If yes, did you ask the reason?
  - a. Yes
  - b. No
4. If no, what was the barrier to not to ask the reason?
  - a. Patient was accompanied by partner or children
  - b. Lack of training in identifying domestic violence
  - c. Concerned about offending patient
  - d. Embarrassed to bring up domestic violence
  - e. Do not have a list of referral agencies
  - f. Do not have enough time to raise the issue of domestic violence
  - g. No mandatory reporting requirement
  - h. Believe patient would not follow up on referral
  - i. Believe domestic violence is not my business
5. Are you aware that 75% of physical injuries in domestic injuries are to head, neck &/or mouth?
  - a. Yes
  - b. No
6. Can a dentist have any role in bringing down its prevalence?
  - a. Yes
  - b. No
7. If yes, pls specify.....  
 .....  
 .....Thank you.....

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