# Intimate Partner Violence (IPV): How a Dentist can play a Role for victims of IPV?

Swapnil S. Bumb, <sup>1</sup> Bhaskar DJ, <sup>2</sup> Himanshu Punia, <sup>3</sup> Vikas Singh, <sup>4</sup> Safalya S. Kadtane <sup>5</sup> Post Graduate Student, <sup>1</sup> Professor & Head, <sup>2</sup> Senior Lecturer, <sup>3</sup> Post Graduate Student, <sup>4</sup> Post Graduate Student Student of Public Health Dentistry, Teerthanker Mahaveer Dental College & Research Center, Moradabad.

#### **Abstract**

Intimate partner violence (IPV) is a common source of psychological, emotional and physical morbidity. Victims of domestic abuse primarily go without help, as a majority of the attacks are not reported to the proper authorities. As a result, the medical and dental communities often act as the first line of defense as victims count on their help to relieve physical pain and repair the devastation. Dental professionals can play an important role in identifying and referring victims of Intimate Partner Violence or Domestic Violence (DV). Since most of the injuries sustained by victims occur in the head and neck region, dental professionals are uniquely positioned to help address this enormous public health issue. Unfortunately, dental professionals are among all health professionals who hardly deal of to identify and refer victims of abuse. Failure is due to a lack of sufficient knowledge. Barriers to screening for IPV & DV occur at the victim, healthcare provider and at various system levels, but they can be overcome with increasing awareness & educating them. IPV education, assessment and management should be a given utmost priority, so that dental professionals can help improve the lives of the many women faced with abuse.

Key Words: - Intimate partner violence, Dental Professionals, Patients

#### Introduction

Violence Prevention Alliance defined Violence in the World report on violence & health as: "Forceful or intentional use of force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

Several terms are randomly used on various like "Violence against Women", "Domestic Violence (DV)" and "Intimate Partner violence".

Intimate partner violence (IPV) is a persistent, serious public health issue that has multiple catastrophic effects on various peoples, families, and the larger community. <sup>1,2</sup>

The Centers for Disease Control and Prevention (CDC) defines IPV as a threats of physical and sexual violence, or psychological abuse including coercive tactics that adults or adolescents use against current or former intimate partners.<sup>3</sup> The ubiquity of domestic violence can be gauged from the fact that it has been documented several cultures, societies & communities all over the globe. There is constant awareness that domestic violence is global phenomenon and is a serious issue in developing and under developed countries.<sup>4</sup>

Intimate Partner Violence is an age old social evil which remained hidden from eye of society for long period of time. The fact that women are often emotionally attached with, and financially dependent on those who victimize and harm them, which has major implications for both the dynamic abuse and the approaches to dealing with it.<sup>5</sup>

# How dental surgeons can play role in Intimate Partner Violence?

Efforts to strengthen responses by health care professionals to domestic violence have increased dramatically in recent years. That is why, more health care professionals are able to recognize the signs of abuse and assist patients those who are victims. Dentist are the among those health professionals those appear to be the least likely of all clinicians to suspect and intervene in violence, even though there are injuries to the head and neck are present in 60 % or more of abuse cases.<sup>6</sup>

Although they may see abuse-related injuries during patient visits, dentists have not been trained to recognize the causes of these injuries or how to offer intervention and referrals to patients.<sup>7</sup>

Barriers to Intervention Reported by Dental Professional		
Limited knowledge of	Lack of local referral	
family violence issues.	information	
Lack of practical experience on how to intervene.	The presence of partner or children	
Misconception about the	Concern about offending	
nature of intervention	patients.	
Fear of litigation	Embarrassment about bring up the topic	

A dental professional responsibility, in whichever clinical setting they choose to work, is to screen for health issues, educate and offer preventive treatment procedures related to the patient's oral cavity. It is very important, however, for a clinician to remember they are not dealing just with the oral cavity, but instead treating an entire individual--one who may or may not choose to share their problems, but most definitely will benefit from their help.<sup>8</sup>

The sequel of violence includes increased acute and chronic health care utilization, psychological torture and multiple physical injuries. Mostly Head region and neck injuries are the most common result of violence, and hence here where role of dental professional comes in, as many women seek dental treatment following abuse. Here dental professional are in a unique position to identify poor abused victims. However, dentists are not well trained to identify victims of DV, and they lack appropriate and sufficient resources to manage identified victims.<sup>1</sup>

Victims who have suffered from DV do not know where to turn or how to get help. Both men and women are battered by spouses and intimate partners. It is important that all dental professionals are aware of the signs and symptoms of domestic violence. Dentists, dental hygienists and dental assistants can play an important role in stopping the cycle of abuse. <sup>10</sup>

As dental professionals on routine basis assess the head, neck and mouth areas of their patients hence they are in a perfect position to identify and treat injuries caused by domestic violence.<sup>11</sup> Domestic violence assessment can be incorporated into the comprehensive dental examination easily and quickly. Visually scan for signs and symptoms of abuse at the same time as examining the patient for other oral health finding.<sup>12</sup>

# Clinical Signs of Intimate Partner Violence or Domestic Violence 13

Burn, bites, several bruises & lacerations all over body, abrasions, head injuries and skeletal injuries are some of the common forms of domestic violence trauma detectable in the dental office.

#### Signs and symptoms may include:

- 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.
- Petechiae bruising in the face, mouth or neck caused by attempted strangulation.
- 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.
- Abscessed or non-vital teeth could be caused by blows to an area of the face or from traumatic tooth fractures.
- Torn frenum may be the result of assault or forced trauma to the mouth.
- Bitemarks
- Hair loss from pulling, black eyes, ear bruises, or lacerations to the head.
- Injuries to arms, legs, and hands noted during the dental visit.

## What a Dental Professional can do?

Since dentists work predominantly in the head and neck region, they may be the first to identify any signs of abuse. Most patients have positive views of their dentists and trust them. Dentists, thus, have a unique opportunity to open up dialogue with their patients about DV. 15

Below are mentioned few basic interventions that a dental professional can apply:

#### **Basics Intervention**

Do's	Don't
Assure patients about confidentiality to the extent allowed under the state's mandatory reporting laws	Make Joke or fun about the violence
Listen to the patient carefully and calmly	Minimize and concise the issue and try to change the subject
Respond to the patients feelings bring them into your confidence	Discuss the abuse in front of suspected person
Acknowledge that disclosure is scary for the patients	Violate confident talks, unless it falls under the state's mandatory reporting laws
Tell the patient that you are happy enough that she or he told you and trusted you to share the things with you	Give advice or dictate an appropriate response
Guide and provide the patients with option and resources.	Don't make patient feel ashamed or blame him/her for this reason.
Document the information in patients chart/Case sheets	Grill the patient for excessive details of abuse
Schedule a follow up visit.	Lie about the legal and ethical responsibilities to report suspected abuse.

Dental care providers are encouraged not to provide advice on how to deal with the situation as they can unknowingly make matters instead. Dentists should provide information on how a victim can get the help he or she needs and what local services are available to assist. Studies published in the Journal of the American Dental Association (2006) have laid out a four-stage intervention process called AVDR that dentists can use to help victims. <sup>16</sup>

The process of AVDR involves as shown in the below chart: 9

# 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 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.

# Refer:

- 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

#### **Dentistry Helps with Healing**

Nearly everyone considers a great smile to be a valuable asset and domestic abuse survivors may be lacking that important feature. There are tales of domestic abuse resulting in a myriad of dental problems such as missing teeth, broken jaws and other injuries. Not only can that trauma prevent victims from speaking properly and getting proper nutrition, until the damage is repaired their face will provide them with a constant reminder of their suffering. While dental treatments and cosmetic dentistry cannot erase the memories of abuse, a smile filled with beautiful and full functioning teeth can make a person look whole and hide the physical damage. That modification will allow victims to reclaim their identity as well as their self-confidence. <sup>15</sup>

#### Recommendations

As now Intimate Partner Violence is being recognized as a public health issue: first because of myriad health issues associated with it, second that some prevention strategies lie in the hands of practioners of public health. <sup>16</sup>

A public health approach emphasizes the primary prevention of violence by stopping them from occurring in the first place. Recently this approach has been totally neglected in the field, with the number of resources directed towards secondary or tertiary prevention. The most critical element of public health approach to prevention is the ability to identify underlying causes and determinants, rather than giving emphasis on more visible "symptoms". This requires development of uniform definition operational adapted for India and dedicated surveys on the ethical lines suggested by the WHO.<sup>17</sup>

Advocacy campaigns should also built with specific emphasis around high profile events on the global calendar, such as international day for elimination of violence against women (25 November). <sup>18</sup>

#### **Conclusion:**

Dental professional have a really unique opportunity to address the problem of domestic violence (DV). Educating dental professionals about Intimate Partner 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 IPV, it is strongly recommended that training be integrated into dental schools and dental hygiene programs across the country. National and state dental councils periodically include violence prevention and intervention topics on their conference agendas.

Many dental professionals are passionately involved in their communities and are working toward reducing Intimate Partner Violence. Dental professionals can work both within the dental profession and with other health care workers to increase the awareness of how to detect and respond to Intimate Partner Violence, especially oral abuse and oral neglect, and to join the community effort. It is through combined communication and collaboration that the community capacity to prevent abuse and neglect can be fostered and built. <sup>19</sup>

Now is the time. Intimate Partner Violence is not just a social issue; it is a health issue that affects us all. We can assist in breaking the cycle of Intimate Partner Violence and we can save lives hereafter.

#### References

- 1. Hendler TJ, Sutherland SE. Domestic violence and its relation to dentistry: a call for change in Canadian dental practice. Journal. Canadian Dental Association. 2007;73(7): 617-21
- Connor PD, Nouer SS, Mackey SN, Banet MS, Tipton NG. Dental students and intimate partner violence: measuring knowledge and experience to institute curricular change. Journal of dental education. 2011;75(8):1010-1019.
- Salzman LE, JL Fanslow, PM McMahon, GA Shelley. Intimate partner violence surveillance: Uniform definitions and recommended data elements. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Version 1.0; Atlanta; 2002.
- Mahapatro M, Gupta RN, Gupta V. The risk factor of domestic violence in India. Indian journal of community medicine. 2012;37(3):153.
- 5. Ramsay J, Richardson J, Carter YH, Davidson LL, Feder G. Should health professionals screen women for domestic violence? Systematic review. BMJ. 2002;325(7359):314.
- 6. Short S, Tiedemann JC, Rose DE. Family violence: an intervention model for dental professionals. Northwest dentistry. 1997;76(5):31.
- 7. Senn DR, McDowell JD, Alder ME. Dentistry's role in the recognition and reporting of domestic violence, abuse, and neglect. Dental clinics of North America. 2001;45(2):343.
- Waalen J, Goodwin MM, Spitz AM, Petersen R, Saltzman LE. Screening for intimate partner violence by health care providers: barriers and interventions.

- American journal of preventive medicine. 2000:19(4):230-237.
- 9. The Commonwealth Fund, Health Concerns Across a Woman's Lifespan: 1998 Survey of Women's Health, May 1999.
- Sweet D. Recognizing and Intervening in Domestic Violence: Proactive Role for Dentistry. Medscape women's health. 1996;1(6)3-3
- 11. Love C, Gerbert B, Caspers N, Bronstone A, Perry D, Bird W. Dentists' attitudes and behaviors regarding domestic violence the need for an effective response. The Journal of the American Dental Association. 2001;132(1):85-93.
- 12. Robertson, J. Domestic Violence and Health Care: An Ongoing Dilemma. Alb. L. Rev. 1994;58:1193.
- 13. Shanel-Hogan KA. Dental Professionals against Violence. California Dental Association Foundation. Inc, California; 2004.
- 14. Hsieh NK, Herzig K, Gansky SA, Danley D, Gerbert B. Changing dentists' knowledge, attitudes and behaviour regarding domestic violence through an interactive multimedia tutorial. J Am Dent Assoc. 2006;137(5):596-603.
- www.1800dentist.com/dentistrys-role-in-domesticviolence. Dentistry's Role in Domestic Violence. [updated 9 January 2014; cited 11 January 2014]. Available from:

- 16. Krug EG, Mercy JA, Dahlberg LL, Zwi AB. The world report on violence and health. The Lancet. 2002;360(9339):1083-1088.
- 17. Charlette SL, Nongkynrih B, Gupta SK. Domestic violence in India: Need for public health action. Indian Journal of Public Health. 2012;56(2):140.
- 18. Ellsberg M, Heise L. Bearing witness: ethics in domestic violence research. The Lancet. 2002;359(9317):1599-1604.
- 19. Kenney JP. Domestic violence: a complex health care issue for dentistry today. Forensic science international. 2006;159:S121-S125.

# **Corresponding Author**

Dr. D.J. Bhaskar

Professor & Head

Department of Public Health Dentistry

Teerthanker Mahaveer Dental College & Research

Moradabad, Uttar Pradesh

Email Id: - drswapnilbumb@gmail.com