Family Violence

An Intervention Model for Dental Professionals

JUGNU

Domestic violence and abuse is a societal and public health issue that affects nearly 80% of desi society today. While a majority of domestic abuse is perpetrated by men against women (due to an imbalance of power within social structures), it is not exclusive to one gender, social class, caste, race, religion or ethnicity, etc. **Anyone can be a victim of domestic violence, regardless of age, race, gender, sexual orientation, faith or class.** The violence and abuse can be focused towards a child, intimate partner or any other household member.

An endemic in desi society, it can have far-reaching consequences for individual victims, children affected by domestic violence either directly or by witnessing it in the home, and/or the community(s) as a whole. The lethal nature of domestic violence and abuse can result in physical ailments and - many times - homicidal death.

However, for every homicide victim of domestic violence who did not die are many survivors of the same, struggling with severe health problems and mental health issues, as a consequence of being trapped in abusive relationships without any support or proper treatment from healthcare providers. *(Hamberger, Saunders & Honey, 1992)*

According to researchers at the University of Arizona College of Medicine, dentists can play an important role in identifying domestic violence and abuse. As per the *Journal of Aggression, Maltreatment and Trauma (April, 2019)*, up to 75 percent of all head and neck trauma associated with domestic violence occurs with oral injury. As a result, dentists should be the most likely of all healthcare professionals to identify markers of abuse.

Although they may see abuse-related injuries during patient visits, dentists are not usually trained to recognize the causes of said injuries, or how to provide interventions or referrals to their patients.

In a study centering around dentists in Pakistan, only 10.6% of the participating dentists had received formal training in the management of domestic violence cases. Only 20% of the participating dentists had ever suspected a case of physical abuse and 30% of those actually reported it to legal authorities.

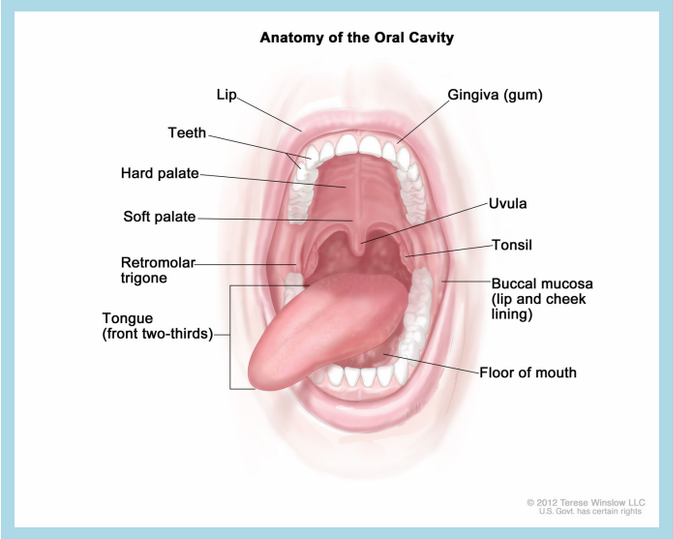
Those who failed to report stated that they were afraid of the anger of the patients' relatives. The study also revealed that Pakistan's dentists lack adequate knowledge regarding domestic violence in terms of identification, relevant physical signs/symptoms, and social indicators. Sociocultural factors along with the lack of education, awareness about the topic at hand, proper training, motivation, and legislative infrastructure were additional perceived barriers for less reporting of suspected physical abuse cases among dental professionals

The oral cavity, which refers to the mouth, can display various signs of abuse and/or violence. It includes the lips, the lining on the inside of the cheeks and lips, the front two-thirds of the tongue, the upper and lower gums, the floors of the mouth, under the tongue, the bony roof of the mouth, and the small area behind the wisdom teeth.

There are several oral biomarkers that could help dentists identify potential survivors of domestic violence and abuse.

Common oral biomarkers include tears, fractures, breaks and chips in the teeth and mouth that may be inconsistent with personal history and, consequently, would raise suspicion.

Some other obvious signs of violence and abuse that may indicate brain injury include jaw or tooth fractures, burn marks, trauma to the nerves in the jaw and mouth, along with any damage to the nasal bone.



Picture by: National Institutes of Health

Additionally, tooth discoloration, blunted roots and pulpal necrosis may signify previous dental trauma. Other non-fatal injuries may include contusions, lacerations, hematoma, fractures, and ligamentous or facial trauma.

The term "biomarker", a portmanteau of "biological marker", refers to a broad subcategory of medical signs – that is, objective indications of medical state observed from outside the patient – which can be measured accurately and reproducibly.

- National Library of Medicine

Dental professionals may also witness physical bruising, such as a blackened eye or bruises on the earlobe or chin area, or finger marks on the patient's neck and / or wrist. A study found that 98 percent of survivors (mostly battered women) had injuries to the face.

Children's dental health can significantly impact their speech, nutrition, self-esteem and overall quality of life. The stress, anxiety and trauma resulting from domestic violence can lead to parafunctional (repetitive) oral habits, altered muscular activity and changes in craniofacial development. Additionally, multiple injuries along the face, head and neck areas are common in one-half of child-abuse cases.

In cases of elder abuse, the most common types of injuries that are reported include bruises and welts, broken dentures, fractured and avulsed teeth, and abrasions and lacerations

Given that dental professionals routinely access the head, face and neck area of their patients, they are in a unique position to identify possible signs of domestic violence - and subsequently intervene. In fact, victims may seek out treatment of such injuries. Routine dental visits may alert dental professionals to possible evidence of their patients being abused - leading to early intervention.

Unfortunately, despite the high likelihood that dental professionals will interact with survivors of domestic violence and abuse in a clinical setting at some point, most of them do not think it is their responsibility to intervene; and fewer still recognize family violence as a problem they are likely to encounter. In one study, dental professionals admitted that their perception of victims revolved around children, and they did not think adults required similar rescuing. There are several reasons due to which dental professionals are hesitant to intervene. Some of these are listed below.

Barriers to Intervention as Reported by Dental Professionals

- Limited knowledge of family violence and related issues.
- Lack of practical experience on how to intervene.
- Misconceptions about the nature(s) of said intervention.
- Fear of litigation.
- The presence of a partner, children or other family members.
- Concerns about offending the patients.
- Embarassment about bringing up the topic.

Trauma from domestic violence and abuse can affect an individual several years after the actual incident(s) has taken place. Whether the survivor is a child or an adult, there are several tell-tale signs that can be used as indicators by healthcare practitioners.

There is increasing research that proves the common interplay between domestic violence and masticatory. The evidence providing the association between domestic abuse and oral health holds grave implications for health practitioners and institutions.

Some of the common oral health parameters that dentists and health practitioners should keep in mind in order to identify the signs of possible domestic violence include:

Chewing or mastication is the process by which food is ground by teeth.

01 Grinding the teeth - also known as **bruxism**.

Bruxism may be defined as repetitive jaw-muscle activity, characterized by grinding or clenching of teeth and/or by the bracing or thrusting of the mandible. It is a common symptom of stress in both adults and children. There are two different categories of bruxism: sleep bruxism and wakeful (or awake) bruxism.

Sleep bruxism involves the (rhythmic or nonrhythmic) activation of the masticatory muscles, resulting in tooth clenching and grinding during sleep. It usually peaks during childhood and progressively declines with age.

Wakeful bruxism, on the other hand, is non-functional behavior that is characterized by the consistent or repetitive tooth contact and/or by bracing or thrusting of the mandible. It is seen primarily in association with neuro-developmental disorders, such as Rett syndrome.

Bruxism is a repetitive muscular activity of the jaw characterized by grinding or clenching the teeth and bracing or thrusting of the mandible, is mainly regulated centrally, and may involve more than dental contact.

-*National Library of Medicine*

While there are various factors associated with bruxism - including high alcohol and coffee consumption; anxiety disorders; depression and respiratory diseases - research shows that bruxism may be associated with stark emotional changes (such as those associated with high degrees of stress) within the individual.

Bruxism is associated with clenching and grinding and the wear-and-tear of teeth, along with muscle pain.

Stress may be manifested through physiological functions, performance and behavior.

It has been associated with severed altered cognitive abilities, including deficiency in memory(s). Emotional stress is associated with heightened risk of cardiovascular dysfunction; and also affects the functions of the immune system and the endocrine systems.

Psychosocial stress (which is common in survivors of domestic violence) is induced by situations of social threat, including financial problems, social evaluation and social exclusion / isolation. Survivors suffering from such stress may suffer from periodic headaches, depression, anxiety and oral dysfunctions.

02 **Eating disorders** and the resulting damage to tooth enamel.

The stress of domestic violence and abuse can lead survivors to develop eating disorders. Studies show that women get more sick than men (both with regards to depression and eating disorders). One study found that over 60 % of women with some form of an eating disorder also reported suffering from domestic violence and abuse at one point in their lives.

Both domestic abuse and eating disorders are surrounded by shame and guilt, and they are often rooted in perfection, criticism, control and obsession. Food offers emotional comfort in times of stress and hardship. Victims may feel increasingly vulnerable at the hands of an abuser when faced with an eating disorder. Research shows that 1 in 4 people suffering from an eating disorder are men.

As a dentist, you will have to be extra vigilant if you patient is male, as it is sometimes harder to spot the signs of an eating disorder in men. This is due to the stereotypes and misogynistic narratives that surround most men. This is why steroid misuse, muscle and body dysmorphia are common in men and are usually linked to sexual violence and abuse.

It can be hard to spot the signs of an eating disorder, as it usually involves secrecy and isolation.

If your patient is regular, keep a sharp eye to notice any drastic change in weight. Try to be empathic when asking questions - especially regarding weight loss / gain and eating habits. If your client is hesitant about the topic, be patient. A considerable amount of support, planning, guidance and patience is required to help them break free from the habit.

An eating disorder can affect anyone, regardless of age, background, ethnicity, or religion etc. The main diagnosis of an eating disorder(s) include anorexia nervosa, bulimia nervosa and binge eating disorder. Some of the frequently observed oral manifestations of the said disorders include generalized dental erosion, caries, self-inflicted palatal or oropharyngeal trauma, atrophic mucosa, bilateral parotid gland enlargement, xerostomia and periodontal disease.

As dentists, your role is essential in recognizing the possible signs of these eating disorders. Be mindful of approaching the topic with sensitivity and care, communicating empathetically in order to engage them in treatment, reducing the risk of further erosion and improving the overall oral health and hygiene of the patient.

03 **Other signs** of domestic violence and abuse

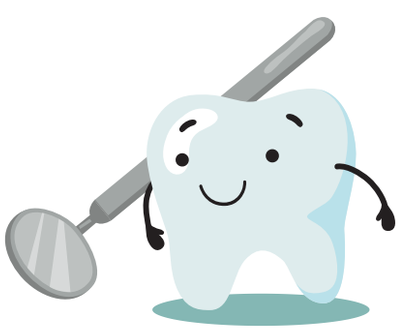
As dentists, other signs that may point toward domestic violence and abuse being suffered by your patient(s) include:

- Missed appointments and non-compliance with treatment
- An overbearing or overly solicitous partner who is always present and refuses to let the patient speak to the dental professional alone
- Denial or minimization of abuse or injuries from potential abuse
- Injuries which don't fit the explanation of the cause
- Multiple injuries at different stages of healing
- Delays between an injury occurring and seeking medical treatment
- Appearing evasive, socially withdrawn and hesitant
- Oral damage caused by neglect
- Traumatic injuries inconsistent with the patient's medical history or explanation of said injury
- Outright fear in the patient's demeanor when asked questions relating to injuries / oral neglect
- Hesitancy on the part of the patient to respond to questions

If someone is speaking for the patient, this could be a sign of coercive control. It may not always be safe to insist on seeing your patient alone, and you could try setting up a follow-up appointment.

Intervention Basics for Dental Professionals

Do	Don't
Assure patients of confidentiality, to the extent allowed by law.	Joke about the violence.
Listen to the patient.	Minimize the issue, or try to change the subject.
Respond to the patient's feelings.	Discuss the abuse in front of the suspected perpetrator / other family member(s).
Acknowledge that the disclosure is scary for the patient.	Violate patient confidentiality, unless it falls under the mandatory legal requirements / reporting law(s) of the state.
Reassure / tell the patient that you are glad he / she told you about the abuse.	Give advice in a personal capacity, or dictate an appropriate response on part of the survivor.
Provide the patient with options and resources (such as The Jugnu Project's helpline or website).	Shame or blame the patient.
Fully document the information shared in the patient's chart.	Grill the patient for excessive details about the abuse.
File mandatory reports (including medico legal reports, if required).	Lie about the legal and ethical responsibilities to report said abuse.



> *Perhaps the most important information that a dental professional can give a survivor is the fact that no one deserves to be abused and the perpetrators are responsible for their own actions..."*
>
> *- Short, Teidemann and Rose (1997)*

Creating A Safe Environment

For an effective intervention to occur, there is a need for a cohesive community response when tackling domestic violence and abuse. Thus, dental professionals should perceive themselves to be part of a larger "community response team", consisting of other healthcare professionals, law enforcement personnel, and advocates of non-violence; who are all willing to do their part in (1) raising awareness about the issue and (2) helping survivors of abuse gain access to essential services.

Similarly, community service providers (including victims' service providers and agencies) should recognize the pivotal role dental professionals can play in helping survivors of domestic violence and abuse. A victim's willingness to cooperate with their dentist on issues relating to abuse can promote early recognition of family violence, get them access to immediate victims' services and potentially prevent further abuse from taking place.

The **dental office can act as a safe space** for the victim to come forward and disclose any abuse that they may be faced. Patients may respond to non-verbal cues, which can include posters displayed in different parts of the office that relate to abuse and the help available. They may be prompted to ask for assistance or referral options.

Additionally, questions regarding family violence on the medical intake form can also provide an opportunity(s) for patient disclosure. An exhibit is shown on p-13 of this resource.

Despite this, dental and clinical staff must be trained to recognize social and clinical cues that suggest family violence. It is important to remember that suspicion of abuse is not enough.

Slight changes in the environment itself can greatly help ease a survivor's sense of well-being and safety. For example, victims of sexual violence may feel anxious lying back in a dental chair; so minimizing the time the patient spends in this chair may help put them at ease. The dental professional could also try talking to them during the checkup procedure, and making sure that the patient is relatively relaxed and at ease, which would keep them reassured during the appointment.

Sometimes, simply acknowledging the survivor's ordeal can help to alleviate their pain. For example, survivors who have experienced forced oral penetration may feel uncomfortable or nervous about the use of instruments in their mouth.

Alongside this, dental and clinical staff must be trained to recognize social and clinical cues that suggest family violence.

It is important to remember that suspicion of abuse is not enough. Follow-up appointments provide dental professionals the opportunity(s) to ask their patients questions, listen closely to understand their feelings and offer support, information and referrals. These discussions should occur privately, without the patient's partner, caregiver or other family member(s) present - as any of them could be the abuser or enabler in question.

In cases of suspected child abuse and vulnerable adult abuse or neglect, intervention includes reporting to the appropriate authority (such as Child Welfare Organizations).

A list of these organizations is available on our website in the respective directory(s) section.

Providing the patient access to such resources allows them the agency to make their own choice(s) with regards to seeking help and support. This will help survivors feel empowered to choose their next course of action.

Why Documentation Is Essential

Medical records are difficult to obtain - or contain incomplete information that does not include facts of the abuse as were first observed by the dental practitioner at the time of writing the report. They may be inaccurate or incomplete, with hand-written notes that are often illegible.

Aside from a general lack of awareness regarding domestic violence and abuse, healthcare professionals (including dental professionals) are mostly unwilling to engage in any litigation proceedings involving their patients. Most dentists in Pakistan do not even have a patient's health history form upon registration. This is one more reason why many medical reports contain shortcomings, preventing their acceptance as evidence during courtroom and other legal proceedings.

Practitioners may also be reluctant to participate in legal proceedings, worried about liability and confidentiality. As a result, some may use "neutral" language when recording examinations, inadvertently subverting the patient's legal case and helping the abuser. However, it is possible for medico-legal and medical examination reports to be submitted without the court requiring the respective medical / dental practitioner to personally make an appearance.

A well-documented report can constitute as evidence and strengthen domestic violence and abuse cases in court. It established third-party, factual evidence corroborating the fact that abuse did take place - and may be essential in litigation proceedings and also in a variety of less formal legal contexts.

Typically, only police records are submitted in court - but that is usually because many healthcare practitioners do not think detailed recording is important and so their medical reports are incomplete and, therefore, inadmissible.

A variety of information can be included in medical records, such as ***photographs*** taken at the time of examination (record images of injuries that might fade by the time the court proceedings begin); ***body maps*** (on p-12 of this resource) can detail the intensity and location of any physical injuries; and the ***emotional impact of the abuse*** suffered.

A survivor's spontaneous occurrences may also be admissible in court, making it essential that even minute details be recorded accurately. These are statements made by patients during or soon after an incident has occurred; while in an agitated state of mind. Such statements may have exceptional credibility due to their proximity in time to the event - and because they are not likely to be premeditated. Such statements must be carefully documented.

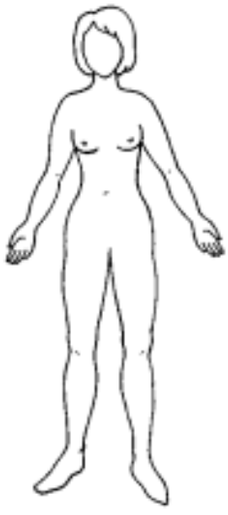
Noting the time between when the event actually took place and when the patient uttered said statement, while describing the patient's demeanor as he / she made the statement can help show they were responding to the event in question. Additionally, describing the injuries in detail in the report(s) can greatly strengthen the survivor's case in court.

Dental (and other healthcare) professionals can play a pivotal role in helping survivors of domestic violence and abuse get justice, if only certain minor aspects of the report(s) were taken care of. When faced with a patient who may be suffering from abuse, they can do the following:

- Take photographs of any injuries; especially those that are known or suspected to have resulted from domestic violence.
- Try to write legibly, if writing the reports by hand. Typing the document in a computer can greatly reduce chances of misunderstanding(s) and overcome the problem of legibility.
- Set off the patient's own words in quotation marks, or use phrases such as the "patient states" or "patient reports" to indicate that the recorded information reflects the patient's own words. To simply write that "the patient was kicked in the abdomen" obscures the perpetrator's identity.
- Avoid using phrases such as "patient claims" or "patient alleges", which may cast doubt upon the survivor's credibility.
- Openly describe the perpetrator, as detailed by the patient. You can use quotation marks to set off the statement. For example: *The patient stated, "My husband kicked and punched me."*
- Record the date and time of day when the medical examination has occurred, and, if possible, also indicate how much time has elapsed since the abuse took place.
- Avoid summarizing a patient's account of the abuse in conclusive terms. If words such as "the patient is a battered woman" or "rape" lacks sufficient evidence in the report, it may be inadmissible in court.
- Describe the patient's demeanor (such as whether the patient is crying, in pain, etc.). Even if the patient's demeanor belies the abuse (which may occur if the patient is in shock), the observations of the dental / medical practitioner regarding his/her demeanor should be recorded.

Example of an “injury location chart” or a “Body Map”

Indicate, with an arrow from the description to the body image, where any injury was observed. Indicate the number of injuries of each type in the space provided. Mark and describe all bruises, scratches, lacerations, bite marks, etc.



Encounters:

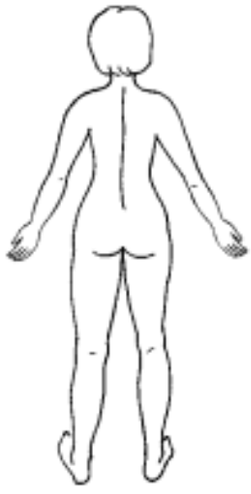
Cuts _____ Punctures _____

Bites _____ Abrasions _____

Bruises _____ Bleeding _____

Burns _____ Dislocations ___

Bone fractures _____



Source: Adapted from *Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers,* by Carole Warshaw, Anne L. Ganley, and Patricia R. Salter, San Francisco: The Family Violence Prevention Fund, 1995. Used with permission of the Family Violence Prevention Fund.

JUGNU

امدادی وسائل برائے گھریلو تشدد

Pakistan's Digital Domestic Violence Resource Centre

THE JUGNU PROJECT

https://thejugnuproject.com/