ENHANCING DENTIST’S RESPONSIVENESS TOWARDS DOMESTIC VIOLENCE
- A STUDY IN CHENNAI CITY

Preetha Parthasarathy, Dhanraj, Preetham

ABSTRACT

BACKGROUND: A dentist is the first health care professional to treat patients who have experienced oro-facial trauma resulting from a domestic violence. Hence, it challenges the social responsibility of a dentist in addressing the issue.

AIM & OBJECTIVE: The aim of this study is to enhance the Dentist’s responsiveness towards dental violence, in Chennai city. To assess the knowledge and awareness of domestic violence among dentists in Chennai.

METHOD: A cross-sectional study was conducted among the dental practitioners in Chennai city. 100 respondents participated who were chosen randomly selected. They filled in the survey after agreeing to participate.

RESULT: From the study, it can be summarised that 22% of the participants have encountered victims of domestic violence, and from which about 35% have tried to ask the reason and cause for the same. About 69% of the participants believe that dentists have a role in bringing down the prevalence of domestic violence and about 2% of the participants from 22% have tried to report and recording the domestic violence.

CONCLUSION: This study shows that knowledge, attitude and awareness among dentists in bringing down domestic violence. Hence, there must be educational programs on the same to enhance the role of dentists in addressing domestic violence.

Author Affiliations:
Department of Prosthodontics, Saveetha Dental College & Hospitals, Chennai, Tamilnadu.

Keywords: Domestic violence, maxillofacial injury, abrasion

*Corresponding Author:

Preetha Parthasarathy
Department of Prosthodontics
Saveetha Dental College
Email Id- preetha4554@gmail.com
INTRODUCTION
Domestic violence is defined as violent or aggressive behavior within the home, typically involving the violent abuse of a spouse or partner. Domestic violence is an age old social evil which remains hidden from the eyes of the society for long. Domestic violence is not only a state problem, but an international. In India, the prevalence of Domestic violence ranges from 6-60%, with considerable variation across the states.\(^{(2)}\)

Domestic violence occurs in all the countries, irrespective of group one belongs to. Mythri, et al(2015) reported 38.7% of DV injuries are related to head and neck region. Of the dental trauma cases, 59.1% were fractures, 27.2% were laxation and 13.7% were avulsions.\(^{(1)}\) The most frequently injured teeth were the incisors and dental professionals may observe visible injuries to patient's neck including, ligature marks, scratches, abrasions, and scrapes, petechial on the neck, face, eyes, mouth, swelling, and difficulty in swallowing, which could be indicators of Domestic violence.

Dental violence is higher among young women, usually associated with spousal violence which can be due to lower household income, lower caste, or the partner who drinks. However, the holistic nature of this problem seems to be under reported and under estimated in many parts of India.

Hence, this article focuses on the prevalence of domestic violence and its awareness among dentist as they will be the first individual to notice any trauma or injury in oro-facial region in a clinical situation.

Materials and Methods:
A cross sectional study was conducted among the dental practitioners in Chennai city. This study aimed at evaluation of the dental professional’s responsiveness and how aware they are about domestic violence.

This study was based on a questionnaire on domestic violence, awareness and attitude of the dental professionals on the same.

About 100 respondents participated in this study. The participants were randomly selected and following their consent, the questionnaire was given to them and the relevant data were extracted from the questionnaire and subjected to analysis.

The questionnaire is attached below as Table1 and 2.
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you aware of the term domestic violence?</td>
<td>86%</td>
</tr>
<tr>
<td>Have you witnessed any victims of domestic violence?</td>
<td>22%</td>
</tr>
<tr>
<td>Have you tried asking the victim the reason for the same?</td>
<td>35%</td>
</tr>
<tr>
<td>Do you record or report domestic violence.?</td>
<td>2%</td>
</tr>
<tr>
<td>Are you aware that 75% of injuries in DV victims are related to head and neck?</td>
<td>73%</td>
</tr>
<tr>
<td>Do you think dentists have role in bringing down the prevalence of domestic violence?</td>
<td>69%</td>
</tr>
<tr>
<td>Have you encountered any victim having oro-facial injury?</td>
<td>17%</td>
</tr>
</tbody>
</table>

Table 1: Questionnaire which could be indicators of Domestic violence

Table 2: Responses to the questionnaire which could be indicators of Domestic violence
Results:
From the study conducted, it can be summarized that about 22% of the participants have encountered victims of domestic violence, and from which about 35% have tried to ask the reason and cause for the same.

It is to be noted that about 17% of the victims had injury in oro-facial region from the 22% of participants, which shows high risk factors associated with it.

Only about 2% of the participants from 22% have actually tried reporting and recording the domestic violence.

This shows that the dentists are not much aware about reporting a domestic violence and also to witness one. (Fig1)

Discussion:
Domestic violence is usually seen among people coming from below poverty line or less educated people or in case of spousal abuse, the partner might be a drug addict or consumes alcohol.

The face region is likely to affected/injured more in case of a domestic violence. As the dentists are medical professionals who work in close relation with the facial region; it is of utmost importance for a dentist to be aware about domestic violence and how to report one.

Though, many educational programs on domestic violence is being done, the dentists are not much aware of the same, except a few who have interest and are getting aware and knowledge about domestic violence.

The “tools” that are used against the victims is infinite. They can be belts, kitchen utensils, bat, stick, iron rod or belts. The tools can be
categorised into blunt force, sharp force and thermal force.

The common weapon or tool used in domestic violence is the hand. The mark produced by the hand may show central clearing from the impact of extended fingers.

The next common weapon used is the belt. With the shape and type of belt the injury produced varies. Say, woven belts are seen to leave mirror image of the weave produced on the skin.

Bite marks also comes under domestic violence. It represents an array of patterns. The typical bite mark is an oval or circular configuration of ecchymosis or bruising, which upon closer examination, may represent both individual teeth and arch form.

Injuries from sharp edged tools might reveal small punctate abrasions. The tools can be a knife or blade. Thermal injuries from hot iron and splashed water droplets can cause steam bubbles or holes and splashed burns respectively.

Injuries from knife usually inflict stab wound. Severity of the injury depends on the sharpness of the object and the force.

Le B.T, et al have stated that the injuries reported from domestic violence were either by blunt or penetrating force or of both. It shows that 15% of the injuries were by weapons, the weapons being blunt objects as bottles, pipes or sticks. Also shows that from the sample size, about eight women were chocked and one woman suffered a gunshot wound.\(^{(9)}\)

It was also reveals that most women victims suffered maxillofacial injuries and in few cases, upper limb injury. It revealed that the fractures of middle face encountered by the victims were mainly nasal fractures which is due to the prominent projection of the nose from face. The next region to be affected was found to be left zygomatic region of the face.

From the above conducted study, it can be seen that about 86% of the participants are aware of the term domestic violence which is on par with the study done by Mythri, et al(2015), Stating that 84% were aware.\(^{(1)}\)

This study states that 22% of the participants have encountered victims of domestic violence and from that 17% have seen victims having injury in oro-facial region, which does not coincide with the study done by Mythri, et al(2015).\(^{(3)}\)

Also, about 35% of the participants tried asking the reason behind the act and only 2% have reported to the respective authorities
which is in contrasts with the study conducted by- Mythri, et al (2015).\(^{(1)}\)

Mahapatro, et al have stated that domestic violence is more prevalent in working women who contribute to the household budget. They were found to be at higher risk of violence besides illiterate and poor people.\(^{(4)}\)

Love, C., et al has stated that 87% of their respondents were never presented for a domestic violence and 18% of their respondents hadn’t screened their patients even when the patients had visible trauma and injuries in head and necks. The barriers to screening was found to be the presence of a partner or children and lack of training.\(^{(6)}\)

McDowell, J.D., et al have stated that 29% of their respondents had suspected at least one of their patient be a victim of child abuse and 14 of the respondents have reported at least one case of domestic violence. Just 1% of the respondent have stated that they had reported at least one suspected domestic violence case to the authorities.\(^{(5)}\)

Warburton, A.L., et al have stated that post training, the perception of the dental staffs have changed. Before training, 5% of the respondents thought that patients don’t mind being asked about their abuse, compared with post training which was 63%. Post training, 28% of the respondents felt comfortable asking about the abuse to their patients with compared to 11% pre-training.\(^{(7)}\)

Garbin, C.A.S have studied the occurrence of traumatic dental injury in case of domestic violence. They have stated that injuries to the head and neck region was found to be predominant (38.7%). The maxillary incisors were the most frequently injured teeth (31.8%) followed by the mandibular incisors (27.3%). Among the dental trauma cases, about 59.1% were fractures and 27.2% were luxations and 13.7% were avulsions.\(^{(8)}\)

Since, eliciting information about domestic violence is a very sensitive issue, it will be difficult to extract the true information from the victims who have suffered domestic violence. Hence, it is paramount to establish trust and good rapport with the victims and their emotional quotient and stability should also be considered before interviewing a victim of domestic violence.

**Conclusion:**

Thus, this study shows that knowledge, attitude and awareness among dental practitioners and their role in bringing down the domestic violence is very low. There must be programs on addressing a domestic violence, recording and its importance for the
dentists to gain knowledge to bring down the prevalence of domestic violence by proper identification and reporting the same to the suitable authorities.

**Conflict of Interest Statement**

There is no conflict of interest.

Informed consent was taken from the patient.

**References:**


