

# Changing dentists' knowledge, attitudes and behavior regarding domestic violence through an interactive multimedia tutorial

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**D**omestic violence (DV) exacts an enormous human toll. It has been called a "silent epidemic" by the American Medical Association<sup>1,2</sup> and three U.S. surgeons general.<sup>2,3</sup> DV is defined as a pattern of control involving physical, sexual and/or psychological assaults against current or former intimate partners.<sup>4</sup> An estimated two to four million women are abused physically each year, and DV may occur each year in as many as one in four U.S. families.<sup>2</sup> Studies indicate that U.S. women are more likely to be assaulted, raped or killed by a current or former male partner than by all other types of assailants combined.<sup>1</sup>

## DV AND DENTISTRY

One study reported that 94 percent of victims of DV have head, neck and facial injuries,<sup>5</sup> and a second study found that 88 percent of assaulted women have some facial injury, including lacerations, bruising and fractures.<sup>6</sup> Many dentists, however, are unaware of the relationship between head and neck injury and possible abuse.<sup>7</sup> In a 1994 survey of health care professionals in Oregon, only 6 percent of dentists commonly suspected physical abuse among their patients, compared with 23 percent of physicians and 53 percent of social workers.<sup>8</sup>

More than two-thirds of adults in

## ABSTRACT



**Background.** Dentists have a unique opportunity to address the problem of domestic violence (DV). The authors tested the effectiveness of a tutorial designed to educate dentists in identifying and responding to DV.

**Methods.** The authors developed a brief interactive multimedia tutorial for dentists and recruited practicing dentists (N = 174) for a randomized, controlled trial. A 24-question instrument assessed participants' knowledge, attitudes and practice behaviors regarding DV at two time points. The control group took the tutorial before completing a posttest. The authors also administered a 20-question empathy scale.

**Results.** The experimental group demonstrated significantly greater improvement in scores on most items, including knowledge, attitudes and behaviors, relative to control subjects ( $P < .01$ ). Empathy scores did not show significant correlation with change scores on the DV assessment instrument.

**Conclusions.** The tutorial is effective in helping dentists learn how to identify and help patients who are experiencing abuse.

**Clinical Implications.** Broad dissemination of the tutorial about DV would introduce dentists to simple strategies for responding to patients who experience DV.

**Key Words.** domestic violence; tutorial; empathy; teaching methods; computer-assisted instruction; attitudes of health care personnel; dental education.

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the United States visit a dentist at least once a year.<sup>9</sup> 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.<sup>10</sup> Dentists, thus, have a unique opportunity to open up dialogue with their patients about DV. Despite this opportunity, less than 10 percent of surveyed dentists and dental hygienists reported having received any DV-related training.<sup>8</sup> A national survey of dentists found that those who had received any education about DV were more likely to screen for DV and to intervene than those who had received none.<sup>11</sup> It appears that little has been done to identify effective approaches to educating or training dentists to assess or treat DV. While a previous study showed our tutorial to be effective for dental students,<sup>12</sup> DV training for dentists has not been addressed in any published report.<sup>13</sup>

**Asking, validating, documenting, referring: AVDR.** We developed an approach that can simplify the dentist's role in addressing DV. This four-stage process, known as asking, validating, documenting and referring (AVDR), involves the following:

- asking patients about abuse;
- providing validating messages that acknowledge that battering is wrong while confirming the patient's worth;
- documenting signs, symptoms and disclosures in the patient's dental record in writing and with photographs;
- referring victims to DV specialists and resources in the community.

Dentists can use AVDR intervention even when abuse is suspected but not disclosed, and patients have reported that intervention has been helpful in that circumstance.<sup>14,15</sup> The objective of the AVDR approach is to help patients without imposing unreasonable expectations that dentists solve the problem of family violence.

In a study in which women who had experienced DV described their experiences with their health care providers, most of the women interviewed believed that their health care providers were "uninterested, uncaring, or uncomfortable" about the abuse.<sup>16</sup> One woman reported that the most helpful health care provider was a nurse

practitioner who demonstrated empathy. We sought to investigate whether empathy is, indeed, related to dentists' attitudes, awareness and practices pertaining to DV or to the efficacy of our AVDR tutorial. Hojat and colleagues<sup>17</sup> developed the Jefferson Scale of Physician Empathy to measure empathy of medical students and physicians in relation to patient care. The researchers used factor analysis to identify three components of empathy:

- perspective taking (the core ingredient in empathy);
- compassionate care (emotions involved in care);
- "the ability to stand in the patient's shoes" (thinking like the patient).<sup>18</sup>

Sherman and Cramer<sup>19</sup> validated the Jefferson scale in a sample of dental students. We decided to use the Jefferson scale to explore the importance of dentists' empathy in a context of addressing DV in patients and modified it appropriately. We also sought to replicate the above-described factor analysis in our sample of dentists.

The specific aims of this study were

- to provide a brief multimedia tutorial to educate dentists to recognize and respond to DV;
- to determine the effectiveness of the tutorial in improving the knowledge, attitudes and behavior scores of dentists in an intervention group relative to a control condition;
- to examine the relationship of empathy scores with knowledge, attitude and behavior scores regarding DV.

## SUBJECTS, METHODS AND MATERIALS

The institutional review board of the University of California San Francisco approved the study, for which we obtained informed consent from all participants.

**Subject selection and recruitment.** For inclusion in the study, dentists had to practice in the United States and be engaged in at least 20 hours of outpatient care per week. In September and October of 2003, we recruited a convenience sample of dentists from attendees at the 2003 annual session of the American Dental Association held in San Francisco, participants in continuing dental education courses of the University of the Pacific, San Francisco, and attendees at meet-

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