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Short communication

Domestic violence: A complex health care issue for dentistry today

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Abstract

As a natural outgrowth of the dental professional's role in recognizing and reporting child abuse the topic has been broadened in recent years to domestic violence, that is child, spouse/intimate partner, disabled and elder abuse. Forty years ago in the US there were 662 cases of child abuse reported to authorities. Today that reported number is in excess of 3 million per year [D. Wiese, D. Daro, Current trends in reporting and fatalities; the results of the 1994 annual 50 state survey, National Committee to Prevent Child Abuse, Working Paper 808, 1995]. The ''dirty secret'' of spousal/intimate partner violence is believed to affect 3–4 million individuals per year in the US. Studies have also found that between 50 and 70% of these perpetrators also abuse their children or those of their intimate partner [J. Kessman, Domestic violence, identifying the deadly silence, Texas Dent. J. (2000) 43].

Just as child abuse is most often manifested in the head or neck regions, likewise the evidence of physical violence to intimate partners and the elderly can be seen in the head or neck regions. The insidious part of partner and elder abuse is that often the largest component of these behaviors is psychological, emotional and indirect neglect, which leave no physical evidence [M. Bowers, Forensic Dental Evidence: An Investigator's Handbook, Elesevier, San Diego, CA, 2004, p. 119].

Keywords: Domestic violence; Child abuse; Intimate partner abuse; Elder abuse; Disabled abuse

1. Introduction

The abusive party will use any means necessary to obtain the control he or she seeks in a given situation. That may be psychological threats such as harm to children, pets or personal possessions with a significant intrinsic meaning to the victim. Humiliation, ridicule, withholding of affection and belittling are all types of emotional abuse. Financial dependence, exploitation or isolation–prohibition from working in order to preclude independence from the abuser are also part of a pattern of control. Social isolation from family or friends, or monitoring of telephone calls are prevalent. Physical and sexual abuse includes hitting, slapping, choking, beating, restraining or forced intimate contact in painful or degrading ways.

The parallels between the various categories of abuse are always there, and crossover from one victim type to another is common. Domestic violence is a learned behavior. Just as we parent the way we were parented, we treat our spouse or elders the way we saw it happen in our own lives be it as perpetrator or accepting adult or child victim. The serial predator perpetrators of intimate partner violence often seek out the weak and vulnerable as their partner, because they know they can easily control, intimidate and exploit the situation. Being partner abusive when there are vulnerable children also present will lead to their abuse and exploitation as well. How often we see in abuse cases, the perpetrator is the ''paramour''.

This paper will present an overview of these types of abuse, their recognition by the dental health professional and what we need to do to protect and assist these patients.

2. Domestic or intimate partner violence

It is estimated that between 20 and 30% of women and 7.5% of men have been physically and/or sexually abused by an intimate partner at some point in their lives [4]. This is a cycle that will beget future violence as it becomes a ''norm'' for the children growing up in this setting. Fifty percent of all female homicides are the result of intimate partner violence [5]. Chronic but often non-specific problems are often reported by the adult victim. They include headaches, sleep disorders, GI discomfort and bowel problems, depression, fatigue, anxiety and post traumatic stress disorder (PTSD). Neurological

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symptoms can include headache, numbness or tingling. Specific physical injuries such as dental trauma and head or neck injuries of any kind without adequate explanation, defensive injuries on the forearms, presence of multiple injury sites, especially bilaterally, bruises in various stages of healing, all point to physical abuse. The victim will often dress in inappropriate attire such as long sleeved dresses and pants in hot weather, and oversized dark sunglasses even when it is overcast. The author has personal experience in his practice where the mother of a child patient was being badly abused. They lived in an upper middle class suburb and had a second home on an island in a resort area about 150 miles away where the woman would go after a beating to await the bruising to disappear. It was so well concealed that only after the local police became involved when a neighbor witnessed an event, did those who knew the family find out.

The victim of the abuse may not be willing to articulate what happened, or will offer an explanation inconsistent with the actual injury. ''I am clumsy and fell''. A tip-off here would be self denigrating terminology to describe how the injury occurred. This choice of words might be due to the emotional abuse such as belittling, or ridicule that accompanies the physical abuse. The victim has a feeling of hopelessness, that she and her children, if any, are trapped in the situation. Shame, embarrassment or guilt can also trigger a ''responsibility'' response for the abuse (''I deserved it for being . . .''). Religious beliefs where women are ''second class'', social or immigration status all can contribute to the problem. Economics also drives the situation, i.e. if the abuser is prominent in the business or political community and there is concern that they could possibly ''influence'' the court system. The victims are fearful of physical retribution from the abuser or their threats, even of reporting to immigration authorities in the case of illegal aliens, thus they will often lie or mislead practitioners. The abusive partner will often beg forgiveness, or offer a gift or attention to keep the spouse dependent.

In 1996 the American Dental Association enacted a policy to encourage efforts to educate the dental health professional in identification of abuse and neglect of adults. In 2001 the US Department of Justice reported that 85% of intimate partner violence victims are women, however males in heterosexual relationships as well as members of the gay, lesbian, bisexual and transsexual relationship communities have been affected.

In domestic violence, 94% of the victims will show an injury in the head or neck region [6]. The head and neck area is readily visible during a dental examination.

What do we look for as symptoms? A presenting history that conflicts with the clinical appearance of the injury, a history that is inconsistent, contradictory or vague, the patient who has a history of repeated ''accidents'' or uses a vague/rare illness or disease process as their explanation. The victim may act unusually aggressive or withdrawn or exhibit a sudden behavior change. They will bear signs of previous injuries or have multiple injuries in various stages of healing. They may recoil back from a simple touch as part of the examination process. These victims will come from all educational and socio-economic levels. Just because you practice in a middle or upper middle class area does not mean that the dirty little secret of domestic violence/partner, child or elder abuse does not occur!

A good way of screening patients for domestic violence is found in the acronym RADAR developed by the Massachusetts Medical Society and made into a laminated hand out card by the Illinois Violence Prevention Authority (Table 1): routinely screen female patients; ask direct questions; document your findings; assess the patient's safety; review options and referrals for the victim.

The American Dental Association amended its code of ethics in 1993 to state that ''dentists shall be obliged to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities consistent with state laws'' In 1996 the ADA enacted a policy to increase efforts to education dental professionals on how to identify abuse and neglect of adults [7].

Once the victim has disclosed, and the office has done its part to inform the patient about what options are available or to at least provide the telephone number of a shelter or counseling center for abused individuals (never identify what the phone number is on the card or piece of paper), they can also be supportive of the victim by providing free or reduced cost

Table 1
RADAR: screening patients for domestic violence

Routinely screen
Interview patient alone
No partner/relative present
Female assistant in room if male DDS
Simple direct questions
Non-judgmental attitude
Ask direct questions
State that because violence is common in women's lives we now ask about it routinely
Are you in an abusive relationship?
Ever been hit, kicked, punched by your partner?
I notice you have a number of bruises, did someone do that to you?
Document your findings
Record statement in patient's own words
Use assailant's name in record if offered
Record pertinent physical findings
Body diagram to document evidence
Photography if indicated and consented
Preserve physical evidence
Document an opinion, i.e. patients statement is consistent/ inconsistent with injuries
Assess patient safety
Is she afraid to go home
Increase in severity/frequency lately of the abuse
Threats of homicide/suicide
Threats to the children
Is there a firearm in the household
Review options and referrals
If in imminent danger, is there a friend or relative who has safe harbor
Need immediate access to a shelter
Have hotline/resource numbers available
Do not force literature on victim; that could become a trigger for the abusive party
Phone numbers of hotlines in stalls of women's restrooms
Follow up appointment necessary