

Dentist perception and action toward domestic violence patient in current pandemic corona time: A cross – sectional study

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Abstract

Background: Domestic violence (DV) is presently a public wellbeing concern, has inescapable impacts at both the individual and cultural levels. The aim of this study was to identify about dentist perception and action toward domestic violence during Covid 19 pandemics. Also, to list the common barriers that dentists face when managing DV victims.

Methods: In this cross-sectional study, a self-administered, structured questionnaire was sent randomly to, Intern, PG, and dentists practicing in Dharwad, Karnataka. The online survey link was emailed with a cover message that illustrated the study context. Responses were accepted from March 2020 until the end August 2020. The Statistical Package for the Social Sciences version 26 was used for data analysis.

Descriptive statistics, chi-square analysis carried out to identify significant variables at $p < 0.05$ level of significance.

Result: A Sample size of 140 responses was recruited for the study. 88.6% Consider domestic violence a health care problem necessities for dentist’s intervention. 55.0 % came across domestic violence victims in practice where patient presented with sign of dental abuse. The most common type of dental traumatic injury they came across recently was fracture of teeth. (15.70%). 64.3 % had given opinion that domestic violence has increased in the Covid 19 pandemic and lack of training(41.3%) was most common barriers dentists were facing when managing domestic violence victims.

Conclusion: DV education, assessment and management should be a priority, so that dentists can help in

improvement of the lives of the many people who had faced domestic violence.

Keyword: Dentition Perception, Action, Domestic Violence

Introduction

The National Health Service - Barking and Dagenham London (2015) - defined domestic violence (DV) as “any episode of undermining conduct, savagery or misuse (mental, physical, sexual, monetary or passionate) between adults who are or have been intimate partners or family members, regardless of gender or sexuality”. Domestic violence has been recognized as one of the most important public health and human rights issues today. The aftereffects of the current writing show that the scourges of brutality against ladies are under recorded in various social orders.¹ Physical attacks incorporate, however are not restricted to, an assortment of behavioral activities going from straightforward slapping and hair pulling to the utilization of hazardous weapons. Detachment, terrorizing, coercing, and compromising are additionally perceived as a type of passionate savagery.² Openness to viciousness fundamentally expands the chances of self-announced chronic weakness, a sleeping disorder, depression, and increased numbers of doctor visits.³ The results of a cross-sectional study in Jeddah, Kingdom of Saudi Arabia (KSA) showed that the prevalence of DV was 34%, where 29% were emotional abuse, 11.6% were physical violence, and 4.8% were sexual abuse. Moreover, the odds of violence increased 1.5 times among financially dependent women.⁴ Dental specialists have a fundamental part in tending to the casualties' necessities, as DV is one of the rule reasons for oral maxillofacial injury. Facial contusion and laceration, dental concussion, and mandibular fractures are the most reported trauma types.⁵ The cross-sectional study was conducted to demonstrate the types of the traumatic dental injuries

caused by DV, 38.7% of the injuries were to the head and neck region, and only 2% of which were dental injuries. The most affected teeth were the maxillary incisors (31.8%), the mandibular incisors (27.3%), and the maxillary canines (9.1%). Also, the reported trauma cases were 59.1% fractures, 27.2% luxation, and 13.7% avulsions.⁶ There are significant relationships between psychological violence and poor periodontal health. Approximately 37.3% of the physical violence victims had lost one or more teeth; this result was statistically significant.¹ Health care providers are able to play a huge role in supporting DV victims by providing help for the victims, showing empathy, and acknowledging their worth.⁷

Dentists are found to be in an ideal position to detect DV and to provide victims with support, referral, and appropriate treatment.^{1, 8} DV is reported to increase in this pandemic time,⁹ Thereby, we need to know that whether graduating, post graduating dentist and practitioner are aware about DV and this study may help in knowing perception and awareness about DV and result of the study may tell which are the barrier faced by dental profession while dealing DV. Thereby study is attempted.

Materials and Methods

The study was a descriptive study conducted among Intern, postgraduate and practitioner. The study was approved by the institutional ethical committee and was conducted from a period of March 2020 to August 2020. The inclusion criteria of the subjects include dentist who were willing to participate and had given consent while exclusion consist vice-versa.

A total of 140 subjects were included in the study. The questionnaire was adopted from previous studies and was constructed and sent in English. It was modified to accommodate the objectives of our study.^{10, 11, 12} It had a total of 24 questions. The first section was on the

respondents' demographic information (for example, age, gender, clinical qualification, department, years of clinical experience, and practice setting). Then, there were descriptive questions assessing the dentists' knowledge and educational experience towards DV. The third section is designed to explore the dentists' attitude and clinical action when having potential or actual DV victims in an everyday clinical setting. The last section contains behavioral questions such as potential barriers to provide help and fear of negative impact. All the questions were closed ended to eliminate the chances of researcher bias.

The online survey link was emailed to a mailing list with a cover message illustrating the study context and asking to forward the e-mail to study subject. The remainder of the e-mail was sent to ensure a higher response rate and to reduce the possibility of self-reported bias.

Same procedure was conducted for a period of given time till the desired sample size was achieved. The collected information was then subjected to appropriate statistical analysis.

Statistical analysis

The collected data was entered into SPSS 21.0 version and then subjected to statically analysis using descriptive statistics. The chi-square test was used to test the significant difference between the categorical variables at and the p value was set at 0.005

Result

In this study 140 subjects had been recruited. The mean age of study population was 27.53 year. Majority of the respondent were female (60%). 58.60% were post graduate, 34.30% were practitioner while 7.10% were intern. Majority of them were from public health dentist (39.30%). Most of the respondent had 1-2 year of experience (39.30%) and belong from private setting. The demographic characteristic of study population is illustrated in Graph 1.

Table 1 had shown that majority of the study population (84.3%) heard about DV in practice 55.0% of study population had come across DV in practice where patient presented with signs of dental abuse. With respect to this percentage, majority belong from practitioner group. Chi-square was done, data was significant with qualification. ($p=0.000$). 64.3% had given opinion that domestic violence had increased in covid 19. With respect to above percentage, majority of them were female who were either practitioner or post graduate. Majority of study respondent screen new patient for DV visually (55.7%). Most of them were aware of extra oral (78.6%) and intra oral sign (71.4%) of domestic violence and majority of them belong from practitioner group. Few respondent (24.3%) only practice documentation for respective DV in patients' chart in their workplace. Majority of them would like to have more DV education (80%), to be able to identify domestic violence in their clinical setting. Majority in the above percentage belong from PG or practitioner with regard to qualification. Chi-square was done and the data was significant with qualification ($p=0.000$). Most of the respondent (70%) believe that dentists may have a role in decreasing DV prevalence.

The Graph 2 had shown types of dental traumatic injury due to DV, study respondent had come across recently. Most of them hadn't come across recently (40%). While most common type of injury they had come across was fracture of teeth (15.70%) and mandible fracture (14.30%). The analysis had shown that majority of them belong from department of oral surgery and practitioner with the qualification. Chi-square was done and the data was significant with department ($p=0.004$) and qualification ($p=0.000$).

Graph 3 demonstrates awareness toward oral sign of domestic violence. Majority of the respondent got awareness in their undergraduate and post graduate

training. The analysis had highlighted that percentage of study population who had shown unawareness, majority belong from intern. The result had shown that in comparison to other department oral surgeon and OMRD. People had shown greater percentage of awareness toward sign of domestic violence. Graph 4 shows distribution of most common barriers dentists were facing when managing domestic violence victims. 41.3% emphasized that they lack training, 12.7% were embarrassed to discuss DV with patients, 16.47% did not have a list of referral agencies, 15.71% Do not have enough time to raise the issue of DV, 7.1% believe DV is not within the scope of dental health services while 4.26% don't know the cause. Chi-square test was done and data was significant with qualification.

Discussion

Domestic violence is a major public health problem. Domestic violence at home alludes to physical, verbal, mental, sexual, or financial maltreatment used to apply force or command over somebody or to keep somebody from free decision.¹³Trauma survivors counting casualties normally are introduced to the dental center in the intense period of injury or as a standard dental care arrangement showing dental uneasiness or undesirable propensities.¹⁴Dental specialists are inexperienced with Domestic violence cases, and remembering the subject of DV for the dental educational plans will upgrade their analytic abilities and clinical preparing.¹⁵Although variety of complex obstructions could forestall victim from uncovering viciousness to medical care suppliers, specialist co-ops should communicate affirmation and support to victim. It was being reported that domestic violence had increased during lockdown period.⁹It might be because people had restricted themselves from going out of their house, it had led to increase mental

disequilibrium with conflicting emotion among people which led to increase DV.

In this current study, 140 subject had taken part with required socio-demographic profile for the study. In this study 84.3% of the respondents heard about DV in practice and 88.6% consider DV a health care problem necessities for dentist's intervention. This was in consideration with the previous study done in Saudi Arab by Wafa S. AlAlyani where majority of the respondent had shown similar result.¹²55% of the respondent Came across DV victims in practice where patient presented with sign of dental abuse. This was in agreement with the previous study where less percentage DV victim they came across in practice. This might be because of lockdown due to which there is increased prevalence of DV Victim. With regard to this maximum respondent were practitioner in term of clinical qualification, who came across DV in practice. This might be because victim want to take treatment who are having more experienced of work and generally PG and intern are considered to be budding dentist. The most common type of dental traumatic injury they had come across were fracture of teeth and mandible fracture. The result had shown that majority of them belong from department of oral surgery and practitioner with the qualification. This might be because oral surgery is the branch for facial trauma. In this study 64.3% of study population had given opinion that DV had increased in covid 19.

Majority of the respondent (55.7 %) reported that they Screen new patients for DV visually (head, neck and exposed body parts). Most of them were aware of extra oral (78.6%) and intra oral sign (71.4%) of DV and majority of them belong from practitioner group. This might be because DV sign are in the curriculum of dentistry, and also practitioner having more experience in term of years keep on upgrading themselves for their

enhancing clinical skill. In this present study few respondent (24.3%) only practice documentation for respective DV in patients' chart in their workplace. This was in agreement with the previous study where majority of them practiced documentation.¹² Majority of study population would like to have more DV education (80%), to be able to identify DV in their clinical setting. Majority in the above percentage belong from PG or practitioner qualification. Chi-square was done and the data was significant with qualification ($p=0.000$). Showing dentist the critical ideas of DV will enable them to offer proper types of assistance and references.¹⁶ Most of the respondent (70%) believe that dentists may have a role in decreasing DV prevalence. This finding was similar with the previous study.^{11,12} However the most common barrier they encountered was lack of training in identifying domestic violence (41.3%) This was in consideration with the previous study.^{11,12}

This study's limitations include the dependence on self-reported information. Using online recruitment may underestimate the overall effect of this study as some of the practicing dentists do not check and respond to their e-mails on a regular basis. Nevertheless, the significant findings of this study could be generalized to the conclusion of study.

Conclusion

This study had shown that greater number of dentist Consider domestic violence a health care problem necessity for dentist's intervention. The most common type of dental traumatic injury they came across were fracture of teeth followed by mandible fracture, facial contusion and laceration, luxation and avulsion, and the most common type of barrier was lack of training in identifying domestic violence. Rehearsing dental specialists and dental understudies ought to be prepared to deal with those casualties and act appropriately on

legitimate premise. More courses in such manner would enable dental specialists to help DV casualties. Further exploration is needed to help the association of dental expert and future arrangement making.

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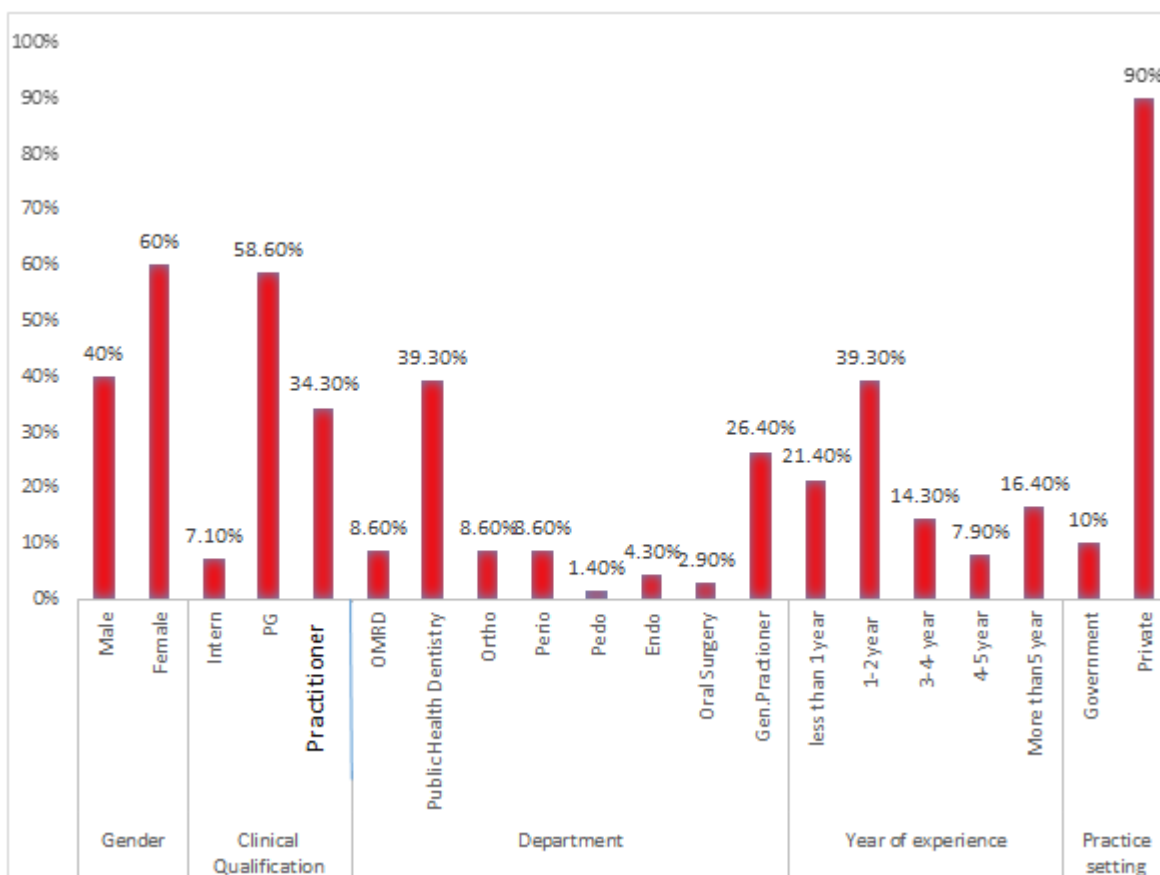
Legend Table and Figure

Table 1 Respondent opinion, knowledge, and practice toward domestic violence

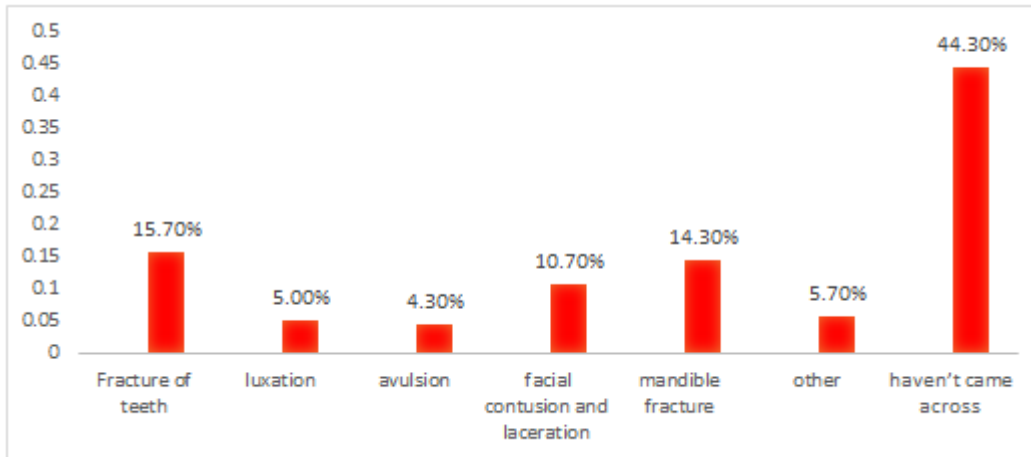
Screening respondent opinion, knowledge, and practice	Yes	No	Don't Know
1) Heard about domestic violence victims in practice?	84.3 %	14.3 %	1.4 %
2) Consider domestic violence a health care problem Necessities dentist's intervention?	88.6 %	8.6 %	2.9 %
3) Came across domestic violence victims in practice where patient presented with sign of dental abuse	55.0 %	43.6 %	1.4 %
4) Do you think domestic violence has increased in the Covid 19?	64.3 %	8.6 %	27.1 %
5) Do you Screen new patients for domestic violence Visually (head, neck and exposed body parts)?	55.7 %	35.7 %	8.6 %
6) Aware of the extra-oral signs of domestic violence?	78.6 %	20.0 %	1.4%
7) Aware of the intra-oral signs of domestic violence?	71.4%	22.9%	5.7%
8) Is their Documentation being done in your workplace for respective domestic violence 52in patients' chart?	24.3%	62.9%	12.9%
9) Acquainted with the available hotlines and social services	27.1%	55.7 %	17.1%

for domestic violence victims ?			
10) Provided domestic violence victims visiting your practice with information about shelters or victim services ?	22.9 %	60.0 %	17.1%
11) Are you Concerns about personal safety due to domestic violence victim's opponent?	58.6 %	30.0 %	11.4%
12) Concerns about having negative impact on practice	42.9 %	31.4 %	25.7%
13) Would like to have more domestic violence education to be able to identify domestic violence in your clinical setting	80.0 %	11.4 %	8.6%
14) Do you believe that dentists may have a role in Decreasing domestic violence prevalence?	70.0 %	11.4 %	18.6%

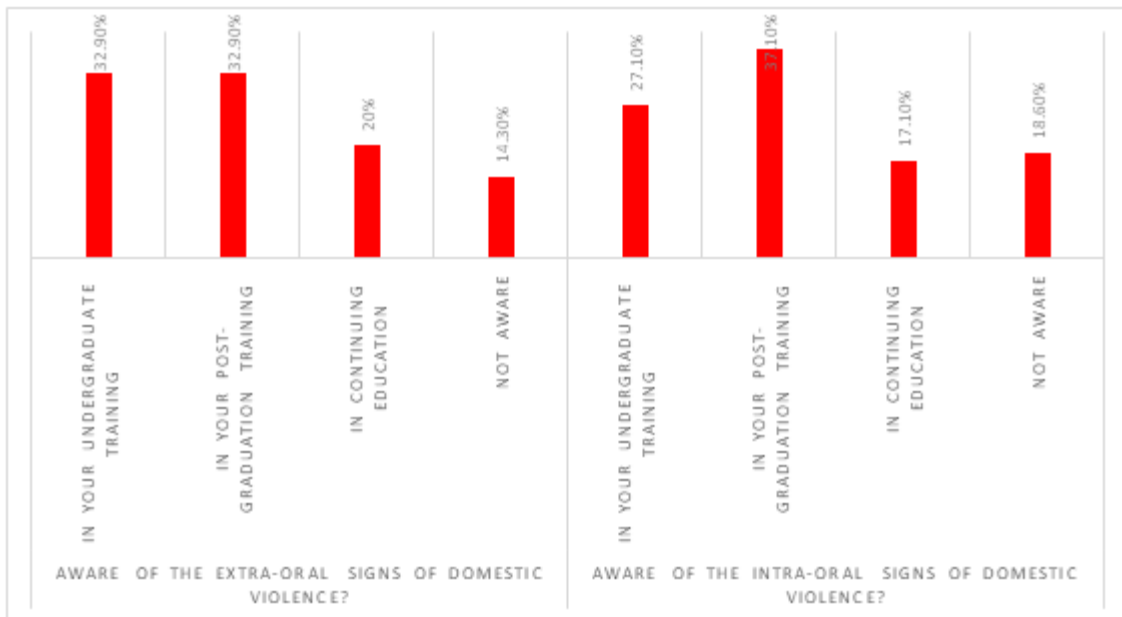
Graph 1: Demographic feature of study population



Graph 2: Types of dental traumatic injury due to domestic violence came across recently



Graph 3: Awareness toward oral sign of domestic violence



Graph 4: The most common barriers dentists were facing when managing domestic violence victims

