Summary of: New England, USA dental professionals' attitudes and behaviours regarding domestic violence

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FULL PAPER DETAILS

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Online article number E5

Refereed Paper – accepted 11 November 2008

DOI: 10.1038/sj.bdj.2009.7

©British Dental Journal 2009; 206: E5

Background The aim of this study was to describe New England dental professionals' attitudes and behaviours regarding domestic violence (DV) and to identify barriers faced in intervening to help suspected victims. **Methods** A cross-sectional survey using a convenience sample of dentists (n = 169) and hygienists (n = 190) attending the 2004 Yankee Dental Conference in Boston, MA was conducted. Data were collected using a questionnaire assessing screening practices, actions taken, deterrents in identification and referral, prior DV education and perceived need for DV education. Descriptive, bivariate and multivariate analyses were performed. **Results** Dentists and hygienist were very similar in their attitudes and behaviours regarding DV. Dental professionals who had received prior DV education were more likely to screen for DV ($p \leq 0.0001$) and to take action when DV was suspected ($p = 0.0006$) compared to those who had not received prior DV education. **Conclusions** Results indicate a need for DV education for dental professionals to improve abuse recognition and enhance intervention.

EDITOR'S SUMMARY

This paper is the latest in a number of articles in the *BDJ* considering the role of dental professionals in responding to suspected domestic violence. The importance of the issue has also been highlighted in an earlier editorial (*BDJ* 2006; 201: 611). Domestic violence is sadly a common occurrence, and as a large proportion of victims suffer dental or facial injuries, members of the dental team are well placed to identify patients experiencing domestic violence and refer them appropriately.

In this US study, the authors investigated the attitudes of dental team members in New England to domestic violence and their behaviours and actions when domestic violence was suspected. They found that over half of the dentists and hygienists surveyed had received some form of education about domestic violence and that these respondents were more likely to screen their patients for domestic violence and to take action when it was suspected, compared with those who had not received any educa-

tion on the subject. Most of those surveyed stated that they needed more education in this area.

It is interesting to compare these results with those of Warburton *et al.*, who investigated the effects of a brief training course on the knowledge and attitudes of some UK dental professionals regarding domestic violence (*BDJ* 2006; 201: 653–659). They found that the course improved participants' knowledge and attitudes significantly, although they also cautioned that it could lead to false confidence and should be followed by more in-depth training.

What both these papers underline is the importance of appropriate education and training in ensuring that dental professionals know how to identify patients who may be victims of domestic violence and take the appropriate course of action. The fact that nearly all the respondents in this survey felt that they needed more education suggests strongly that, at least in this study population, training is either lacking or is inappropriate, or both – a conclusion

that may also be inferred from Warburton *et al.*'s results. This is clearly an area where action needs to be taken.

Domestic violence is sadly a worldwide problem, and the issues and responsibilities it raises for dental professionals are similar, whether in the UK, the USA or elsewhere. It is therefore vital that dental team members are aware of these issues and responsibilities, and papers such as this have an important role to play in raising the profile of what can be a difficult subject to tackle.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 206 issue 3.

Rowena Milan,
Journal Editor

DOI: 10.1038/sj.bdj.2009.80

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IN BRIEF

- Dentistry's role in recognising and reporting in cases of abuse or neglect has a strong association to early prevention of trauma in abused patients.
- Less than half of the surveyed dental professionals screen for domestic violence.
- Domestic violence education should be included in the regular curricula of dental and hygiene schools and continuing education courses should be developed and promoted.

COMMENT

Some may ask, 'What has domestic violence got to do with dentistry?' If you think this then you will find this paper particularly interesting. The researchers from Boston School of Dental Medicine investigated the attitudes of dentists and hygienists in the US towards domestic violence, because in the US dental professionals are required by law to identify and report such violence. In the UK, the Department of Health expects dentists and dental care professionals to do the same, although many may not be aware of this.

The Boston researchers asked dentists and hygienists to complete a questionnaire when visiting any of five participating booths at large dental conference in Boston. The participants were mainly from Massachusetts and nearby states. This cross-sectional survey method could be criticised because those volunteering to complete the questionnaire might be those also better at recognising and reporting domestic violence. Also, the results may not be generalisable to all dentists and hygienists practising the US. However these limits are recognised by the authors when presenting their results.

More than half (57%) of the dental professionals reported having had domestic violence education. Of these, 52% received it in dental/hygiene school and 78% in continuing education. The majority (82%) of dental professionals reported their need for more education and nearly all (96%) felt that it should be included in dental/hygiene programmes.

Domestic violence is a term which refers to a wide range of physical, sexual, emotional and financial abuse of people who are, or have been, intimate partners – whether or not they are married or cohabiting. The role of the dental team is to identify domestic violence and refer the individual to appropriate services by providing information. It is not to give advice.

Dentists and hygienists in the study were more likely to enquire about domestic violence when a patient presented with obvious injuries rather than for new or returning patients. The UK Department of Health is encouraging a 'routine enquiry' approach, that is, asking all patients (taking into account an appropriate setting) irrespective of whether they have injury or not. There has been some debate about the appropriateness of introducing routine enquiry in healthcare settings. The Boston study highlights lack of education as a reason for under-reporting of domestic violence and concludes that there is a need for more education for dental professionals to improve recognition and referral.

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

Domestic violence (DV) has long been recognised as an epidemic in Western society, with one in four US families reported to have experienced some form of violence. Recently there has also been a reported increase in violent behaviour in all segments of society, regardless of ethnicity or socio-economic status. The literature shows a strong association between head, neck and facial (HNF) injuries and DV victims. Despite the high association between HNF injuries and DV, dentists and hygienists report less than 1% of all abuse cases. This finding is particularly troubling since most injuries in DV are found in the head and neck area, the area which is clearly visible to the dental team. This highlights the need for increased awareness and updated knowledge for all dental professionals about DV. It is also our social and ethical responsibility to the communities we serve.

2. What would you like to do next in this area to follow on from this work?

We would like to develop courses in domestic and family violence to be included in the curricula of dental and hygiene schools and continuing education programs for dental professionals. We would also petition and urge dental licensing bodies such as Dental Councils and State Boards of Dentistry to require dental professionals to take courses on domestic violence as a condition of licensure.