

Domestic Violence Dilemma in the Dental Clinic
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Despite the heavy downpour of rain, a true anomaly in the normally sunny city of Los Angeles, All Smiles Dental Clinic had opened its doors at the usual 9 a.m. hour. Dr. Jan Freest had expected a slow morning – most of her appointments had been cancelled as many of her patients had opted to stay indoors on such a stormy day. At 10:30 a.m., however, Dr. Freest's office staff informs her that an emergency patient has arrived. With her newly cleared schedule, Dr. Freest asks her dental assistant to escort the patient into the operatory while she reviews the patient's past dental and medical history.

Mrs. Maria Alvarez is a 29-year-old Hispanic female with a history of sporadic visits to the dentist. Her last visit was 18 months ago when she was seen for a fractured tooth. Dr. Freest's notes indicate that the patient had claimed to have fallen down and that she also presented with bruises on her hands. Mrs. Alvarez was pre-hypertensive.

After reviewing the chart, Dr. Freest enters the operatory and proceeds to greet Mrs. Alvarez. Her elder brother, Mr. Santos, has accompanied her. Dr. Freest immediately notices several scars on her patient's face and bruising along her arms. After performing the extra-oral examination, Dr. Freest notes that the patient has tenderness upon palpation around her neck. The intra-oral examination indicates moderate mobility on tooth #8 and #9. Her lateral incisor and canine (#10, 11) are both chipped. When Dr. Freest asks Mrs. Alvarez about the nature of her injury, she responds: "I fell down and hit my front teeth." Dr. Freest is immediately suspicious of this response; her patient's injuries in conjunction with the bruising seem to suggest physical abuse and not simply a fall. After Dr. Freest compiles the most appropriate treatment plan for her patient's dental issues, she discusses her suspicions with Mrs. Alvarez: "Your injuries are severe and do not seem to be merely caused by a fall. Could this possibly have been caused by another reason, perhaps abuse?" Mrs. Alvarez remains quiet and instead looks at her brother; her eyes seem to yearn for support. After a moment, Mr. Santos tells his sister: "Go on, you can tell the doctor." Mrs. Alvarez clears her throat and then explains in a quiet voice: "Yes, my husband is generally a very loving husband. Sometimes he gets mad though, and yesterday he hit me several times." Dr. Freest knows that she is obligated to report this but before she can tell them that, Mr. Santos interrupts: "We know how this sounds but please don't

tell anyone. Our elder sister reported her husband for domestic violence and the government kept her safe for a little while. But after his time in jail, he found her and beat her terribly. She became disabled and had to flee to Mexico. Please for Maria's sake, don't tell anyone. At least she has me here; our elder sister has no one in Mexico." Dr. Freest looks at Mrs. Alvarez and sees her patient's eyes pleading with her to also turn a blind eye.

Dr. Freest has been challenged with an ethical dilemma. She must look out for her patient's overall safety and well-being. At the same time, she is legally obligated to report cases of domestic violence. Should she risk losing her patient's trust and potentially put her in more danger by reporting this case? Or should Dr. Freest stay quiet and face the legal repercussions and the certainty that her patient will get hurt again?

Domestic violence is defined by the National Center for Victims of Crime as the "willful intimidation, assault, battery, sexual assault or other abusive behavior perpetrated by one family member, household member, or intimate partner against another."¹ The staggering statistics associated with domestic violence mean that it is almost inevitable that we as health professionals will be faced with ethical dilemmas similar to that of Dr. Freest's. In fact, researchers have found that one in every four women will experience domestic violence during her lifetime. In the United States of America, a woman is beaten by an intimate or former partner every fifteen seconds.² Women who leave their batterers are at a 75% greater risk of being killed by the batterer than those who stay. Furthermore, every year, domestic violence leads to 100,000 days of hospitalizations, almost 30,000 emergency department visits, and approximately 40,000 visits to a health professional.³ For these reasons, the reality of domestic violence must be acknowledged by health professionals; we must become cognizant of its dynamics so that we can provide the best care for our patients.

Although domestic violence shows no bias for gender, race, or socioeconomic level, victimized patients can often be identified by their demeanor and physical appearance. These patients may have frequent injuries that they claim have been caused by "accidents." In the case of Mrs. Alvarez, she attributed her injuries to accidental falls until further questioned by Dr. Freest. These individuals also may wear long sleeve shirt and pants in order to hide their bruises. They may be depressed, withdrawn, or anxious when they come into the dental clinic. During Dr. Freest's encounter with Mrs. Alvarez, the patient was quiet; she required the extra support

from her brother to reveal the true nature of her injuries. It is essential to recognize such signs of abuse in all patients and to listen carefully to any clues they may tell you so that these cases are not overlooked.

Once a victim has been identified, understanding the pattern of domestic violence provides invaluable insight into the victim's plight. These behaviors have often been referred to as the cycle of violence: abuse → guilt → excuses → honeymoon → fantasy and planning → set-up → abuse.⁴ The abuse phase refers to the violent incident that leads to physical and dental injuries. This is when health professionals, family members, and friends first get involved and urge the victim to seek help. This phase, however, is quickly followed by abuser guilt and excuses, where he is worried he may get caught; he therefore rationalizes his behavior by blaming the victim. The victim experiences self-doubt and begins to believe her abuser. The honeymoon phase starts next and is characterized by the abuser attempting to keep the victim in the relationship by showering her with gifts and affection. The victim often believes that the abuser has changed for the better and therefore rejects professional help and intervention. The abuser then plans for his next attack, and the cycle of abuse begins again. In Dr. Freest's case, Mrs. Alvarez described her husband as a loving partner. She may feel this way because of the honeymoon period that follows such periods of abuse. As the cycle of violence dictates, however, another abusive incident will likely occur in the future.

Dr. Freest utilizes this information to resolve her dilemma. Dr. Freest knows she must act with great care to ensure her patient's safety. She must express concern and offer help. Dr. Freest also must weigh the principles of autonomy and beneficence in determining how to best proceed. Autonomy refers to Mrs. Alvarez's right to make an informed decision about her situation. Beneficence, however, requires Dr. Freest to act in a way that serves the best interest of her patients and to ensure that they remain in good health. Per the Professional-Ethical Decision Making Model described by Ozar and Sokol,⁵ Dr. Freest identifies the alternatives and weighs what is professionally at stake against what else is ethically at stake. She then determines what ought to be done. Since Dr. Freest is inexperienced in handling incidents of domestic violence, she realizes that the National Domestic Violence Hotline will be better equipped to deal with complicated cases like that of Mrs. Alvarez's. She expects that they will respond appropriately and take the precautions necessary to guarantee her patient's safety. Dr. Freest informs the

Hotline by calling 800-799-SAFE (8233). During the call, Dr. Freest explains Mrs. Alvarez's concern for her personal safety because of her elder sister's domestic violence experience. After hanging up the phone, Dr. Freest discusses her decision to report with Mrs. Alvarez and provides her with resources to seek help on her own. The patient understands that she is now being protected and is ultimately satisfied with her doctor's decision. Dr. Freest then proceeds with her treatment plan and provides the dental care needed to stabilize the patient and restore aesthetics. Mrs. Alvarez thanks Dr. Freest and promises to make more regular dental visits to her so that both her dental and overall health can be monitored.

Dr. Freest's ethical dilemma is one that many dental professionals may face. In fact, dentists may be in a unique position to identify domestic abuse cases as victims may seek dental care before treatment by a physician. Researchers found that 16.7% of women seeking medical care for rape injuries and 9.2% of women seeking care for domestic violence injuries visited their dentists. It was also determined that 68% of women battered by their partners suffer head and neck injuries.⁶ Dentists may play an important role in recognizing these wounds as potential markers for domestic violence during their intra-oral and extra-oral examinations. For these reasons, it is important for dental professionals to become more educated on this topic so that they can assess a situation like Dr. Freest's and take appropriate action. By getting involved, dental professionals can improve their patients' emotional and physical health. As evidenced by the case of Dr. Freest and Mrs. Alvarez, this is truly invaluable.

References:

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