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Violence and Abuse: Identification and Treatment in the Oral Health Arena

AMERICAN DENTAL EDUCATION ASSOCIATION

Today's Speaker

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Disclosure

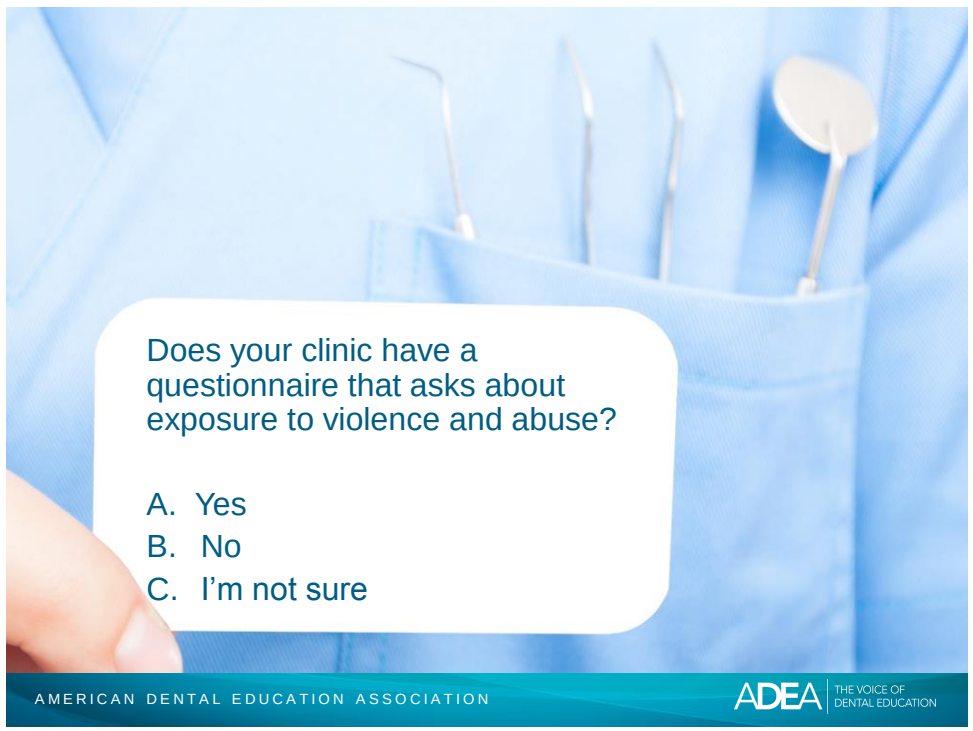
Speaker agrees that neither they nor members of their immediate family have any financial relationships with commercial entities that may be relevant to their presentations.

Goals of This Discussion

- Examine the prevalence and impact of intimate partner violence (IPV) particularly as it relates to oral health.
- Utilize a diagnostic tool to identify patients who frequent the office to determine if they are IPV-positive.
- Assess the importance of the oral health care provider in identifying and improving outcomes for victims of IPV.

Discussion Outline

1. Epidemiology violence/abuse
2. Clinical data:
   - Dental
   - Oral/Maxillofacial
   - Medical
3. Evidence-based approaches
4. Future: Preventive/Intervention



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World Health Organization (WHO)

Gender-based violence, or violence against women (VAW):
A major public health and human rights problem throughout the world.

WHO World Report on Violence*:

- "One of the most common forms of violence against women is that performed by a husband or male partner"
- >1 in 5,000 to 1 in 10,000 children under the age of five years dies each year from physical violence.
- 2013 Report*
- 2014: Global Plan of Action to address IPV against women, girls, children
- 2017: Violence against women is a violation of women's human rights; 1 in 3 have experienced abuse by a partner; violence negatively affects the mental, sexual and physical health of women

*WHO (2013 and 2017) from: http://www.who.int/violence_injury_prevention/publications/violence/en/

Domestic Violence/ Intimate Partner Violence

Intimate partner violence—or **IPV**—is actual or threatened physical, sexual or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend.

Common terms: domestic abuse, spouse abuse, domestic violence, courtship violence, battering, marital rape, date rape and human trafficking*

*Saltzman, 1999, CDC

Epidemiology of Violence/Abuse

Child Abuse

- National Child Abuse and Neglect Data System Database (NCANDS): **2016–2017***
  - 2.36 deaths of children per 100,000
  - >676,000 victims (NCANDS, 2016).
  - >3.5 million referrals* (>10.1/1,000; Boys 48%/Girls 51%)
  - 1 in 6 in the U.S.
  - Fatalities: 1,700 in 49 states (increase from 1,589 in 2015)
- Mothers**:** 80%
- Neglect is the most under-recorded form of fatal mistreatment
- Lifetime cost/burden: $124 billion

*U.S. Department of Health and Human Services, NCANDS Data, *Child Maltreatment 2016*

Epidemiology of Violence/Abuse*

Domestic/Elder Abuse

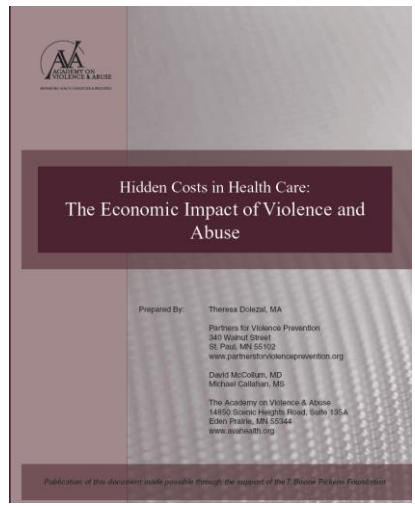
- 2-3 million adult victims annually:
  - 8.5 million women (7% US) / >4 million men (4%)
  - >76% female victims (Judicial data)
  - LGBTQ: Men: 24%; Women: 40.4%; Bisexual: 2.6x >heterosexual women
- 1-6% diagnosed as victims of IPV in ED
- Actual estimates of IPV in the ED range from 22-35%
- 1 in 3.75 women; 1 in 7 men
- In 2016, one in >10 elders reported emotional, physical, or sexual mistreatment or potential neglect in the past year.**
- Severely under-reported: 10% prevalence rate
  - Women > men
  - Different risk predictors: Social, finance, dementia special needs, nursing home
  - Family most common perpetrator

2017 IPV Fact Sheet, CDC; ** 2016 NCEA report

Economic Impact of Violence and Abuse

ACADEMY ON VIOLENCE & ABUSE

ADVANCING HEALTH EDUCATION & RESEARCH



Dolezal T., McCollum D., Callahan M. (2009). *Hidden Costs in Health Care: The Economic Impact of Violence and Abuse.* (Academy on Violence and Abuse, Eden Prairie, MN); 34, 1–12.

Economic Impact of Violence and Abuse

USA:

- Costs >$12.6 billion; 0.1% Gross domestic product /yr. loss of productivity, medical expenses, health care costs (CDC: 2002 and 2007[1]; WHO: 2016[2])
- Mental health care: >$4.1 billion and rising

State Examples

Tennessee: 2006[3]

- TN loses at least $10 million/year in paid work time, as well as,
- $33 million in health care costs due to IPV, often carried out, at least in part, in an emergency room setting.*

Utah: 2011-2017[4]

- >$92 million on people who have been perpetrators vs. $16.5 million on victims
- Increase in Human Trafficking due to influx of Refugees (UTIP)[4]

1. CDC (2002 and 2007) from: https://www.cdc.gov/violenceprevention/pub/IPV_cost.html
2. WHO (2016).from: http://www.who.int/violence_injury_prevention/publications/violence/en/
3. Tennessee Economic Council on Women. (2006). *The impact of domestic violence on the Tennessee economy.*
4. Cowan, L., Brechlin T., Fondario A., Hedin R., Waters M. *Cost of Sexual Violence in Utah.* Utah Department of Health Violence and Injury Prevention Program; pp.1-24.

IPV is a Dental/Medical/Surgical Issue

- As much as 75% of physical abuse involves injuries to the head, face or neck.
- IPV has long term negative health consequences for survivors even after the abuse has ended.
  - Poor health
  - Poor quality of life
  - High use of health services
- Victims of IPV are higher utilizer's of care—HMO data, public hospital data (Rivara, 2007).
- In a multi-city study of femicides, 41% had been in contact with health care providers prior to their deaths, while only 3% accessed an advocacy or shelter program

** Community health care providers are in routine contact with affected patients!

Consensus Statements

2006: American Dental Association
"Educate dental community and obligation to recognize signs and symptoms of family violence/abuse."

2008: American Association of Oral Maxillofacial Surgeons
"are dedicated to the health and well-being of all our patients, including those affected by violence and abuse, post traumatic stress disorders or traumatic brain injury."

2011: Academy on Violence & Abuse
Core competencies across all health care:
Health care system, educational institution and the individual learner to both identify and intervene in their patient community.

Academy of General Dentistry | ADA American Dental Association | AVA Academy on Violence & Abuse | AAOMS

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Facial Injuries and IPV

- OMFS data: head, neck, facial injuries and a verbal questionnaire: High sensitivity and specificity for IPV etiology*.
- A study in the *Archives of Facial Plastic Surgery*, 2009 found that such injuries are more common in female victims of (IPV)**.
- ***"There's a lot of hitting in the face because a woman's face is the most meaningful area."***
- "Facial surgeons and other health-care providers who treat patients with maxillofacial injuries are in a unique position to identify these victims and refer…safety planning, information and support services and advocacy, depending on the victims' needs and choices."*

* Perciaccante et al. 1999; Halpern et al, 2005, 2006

**Arosarena et al. Maxillofacial Injuries and Violence Against Women. *Archives of Facial Plastic Surgery*, 2009; 11 (1): 48.

Epidemiology of Maxillofacial Injuries and IPV: n=12
Wilson, Dodson and Halpern, 2008

Author	Study Design	Data Type	Age (Range)	N (%)	Sex	Injury
Zacharides (1990)	Retrospective	Chart review	16 - 32	51 (9)	Female	H,N,F
Fisher (1990)	Cross-sectional	Chart review	10 – 78	23 (20)	Female	H,N,F
Berrios and Gray (1991)	Retrospective	Chart review	16 – 66	149 (68)	Female	H,N,F
Ochs et al. (1995)	Cross-sectional	Cohort	18 – 51	15 (94)	Female	H,N,F
Muelleman (1996)	Cross-sectional	Cohort	19 – 65	121 (51)	Female	H,N,F
Hartzell (1996)	Retrospective	Chart review	15 – 63	7 (30)	Female	Ocular
Huang et al. (1998)	Retrospective	Chart review	15 – 45	109 (36)	Female	H,N,F
Perciacante et al. (1999)	Cross-sectional	Cohort	24 – 56	34 (31)	Female	H,N,F
Le et al. (2002)	Retrospective	Chart review	15 – 71	85 (30)	Female	H,N,F
Halpern and Dodson (2005-2006)	Cross-sectional	Cohort	27 - 64	63 (31-45)	Female	H,N,F

Wilson S, Dodson, TB, Halpern LR. (2008). Maxillofacial injuries as tools for diagnosis of Intimate partner violence. In: Violence and Abuse Across the Individual's Lifespan. C Mitchell, D Anglin, eds. (Oxford University Press, New York), pp. 201–216

Health Effects of IPV:*/**
10 Common Chronic Illnesses

Physical effects:*
- Headaches
- Stress-related sequela
- Abdominal pain
- STD/PID (Pelvic Pain)
- Peri-natal, neonatal death; low birth weight
- Chronic Facial Pain; TMD/ Sinusitis/dental
- Cardiovascular disease

Mental health effects:*
- PTSD
- Depression
- Anxiety
- Substance abuse
- Suicide

Impact on Ethnicity/Race**

*Campbell et al. Lancet, 359:1331-1336, 2002;
**Halpern et al. 2016, Violence and Gender, 3(4):180-188.

Why can't anyone figure out why I feel this way?

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How can we as oral/medical health care providers help?

- Studies: abused women want their providers to query them about IPV and "side effects."
- Asking is an intervention.
- "Simply making a connection between their life history and previously incomprehensible symptoms may have a significant therapeutic effect."
- Injury location: Oral health care is pivotal!!!

To Screen or Not to Screen

Screening by health professionals increases identification and many women/men do not object to being asked.

- 2002: Most health professionals surveyed do not agree with screening of women in health care settings *
  - Insufficient evidence exists to show whether screening and intervention can lead to *improved outcomes* for victims identified as abused
  - Implementation of screening programs in health care settings is not justified by current evidence
- 2013, 2016 : *"Screening is likely to increase ID…yet rates of referrals for intervention are low…long-term benefit?"* **
- ***So What Effect?***

*Ramsay et al. BMJ (2002)
**Cochrane Database Systematic Rev, 2016 from: https://www.cochrane.org/CD007007/BEHAV_screening-women-intimate-partner-violence-healthcare-settings.

Studies: “Olden days”: Identification/Intervention

- “...dentists and dental hygienists least likely…to suspect abuse in children, elders or young adults...if so are not responsible...”*
- “87% never screened patients with head, and facial injuries...”**
- “18% did not screen even when there were visible signs of head and neck injury”**
- “<2% of all child abuse reports are made by dental staff even though they are mandated so…”***

* Tilden et al. (1994); **Love et al. (2001); ***Mouden and Smedstad (1992 and 2002)

Family Violence and Dentistry/Oral/Maxillofacial Surgery

- Abusers often avoid the same physician, BUT return to the same dental office.*
- Children are more likely to have regular preventive care in the dental office.**
- As much as 75% of physical abuse involves injuries to the head or neck.***

* da Fonesca et al. (1992); Berrios et al. (1991); Becker et al. (1978)
** NCANDS (2011 and 2016)
*** Perciaccante et al. (1999); Halpern et al. (2005); Halpern and Dodson (2006)

Barriers for Identification

Education

- The training of health care providers has been insufficient even when the signs of abuse are present.
- Inadequate education/approach to identify victims.
- Barriers to questioning: patients accompanied by their partners, family members, cultural norms and personal embarrassment by the doctor.
- Fear of litigation if mistaken.
- "Secondary victimization."
- Risk predictors for victims: Physical vs. Psychological: What are they?
- **IPV screening—2018: National Survey*:** A need for dentists to maintain their professional responsibilities to screen and work with referrals for interventional strategies.
  - Develop greater learning opportunities with respect to their professional role as pivotal in the ID of victims/referral for intervention.

*Parish et al., *JADA*, 2018

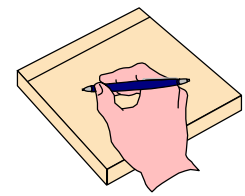
Oral/Maxillofacial Surgeons and Dentistry: P.A.N.D.A.™

Prevent
Abuse
Neglect
Dental
Awareness

*Artwork and acronym used by permission of the P.A.N.D.A.™ Coalition developed by Delta Dental of Missouri, copyright 1992 *L Mouden with permission

P.A.N.D.A.™ Contributing Factors: Violence/Abuse

Learned behaviors:
Many abusers may have been victims



Patient histories:
Does parent and child or perpetrator/victim match

Documentation:
Radiographs, photos, clinical findings

Legal and liability issues:
Confidentiality, reasonable suspicion

Physical Abuse

Inflicted Facial Injuries

- Contusions and ecchymoses
- Abrasions and lacerations
- Burns
- Bites
- Fractures

Dentofacial Trauma

- Avulsed teeth
- Non-vital teeth
- Lip lacerations
- Tongue injuries
- Frenum injuries
- Jaw fractures

Potential Signs of Abuse

Child Sexual Abuse

- Oral lesions of STDs
- Bruising of hard or soft palate
- Pregnancy
- Difficulty in walking or sitting
- Extreme fear of the oral exam
- Temporomandibular Disorders

Additional Considerations

- Emotional abuse
- Neglect
- Pattern of injuries
- Delay of treatment: different colors of healing

Approaching the Parent or Caregiver

- Decide whether to discuss your suspicions with an adult.
- Do NOT
  - Accuse anyone
  - Be judgmental
- DO refer to your legal obligations to report suspected cases.

Establishing Team Collaborative

- Discuss abuse and neglect at staff meetings.
- Provide clinical articles to all clinical staff (AVA).
- Encourage staff to discuss concerns about a patient—in private.
- Keep reporting phone number handy.
- **Trauma-informed care collaborative***
  1. *Understanding of trauma…responsive to the impact of traumatic stress and health.*
  2. *This framework should decrease the risk of re-traumatization, as well as contribute to recovery from traumatic stress.*
  3. *To understand the profound neurological, biological, psychological and social effects of trauma and violence has on the individual.*

**Raja et al. 2014*

Evidence-based Diagnostic Tools for Identification of IPV

- Self–report: “Gold Standard”
- Victims/Patients want to be asked.
  - Risk factors need to be identified.
  - Tools need to be developed to measure risk factors.
  - Victims are identified: “So What Affect.”
  - Appropriate referral and intervention.
  - Decrease the risk of future IPV-related injuries.

Curricula/Continuing Education in Pre-doctoral Programs

Dental Schools:

- *" dental educators.. Instruction on the familiarity with signs and symptoms…monitoring regulations…"***
- Do dental professionals face the same challenges and barriers to addressing violence and abuse in their training programs?***

Medical Schools:

- *"medical educators have emphasized the need to identify/intervene… victims of DV, IPV"**
- *"There is recognition in both dentistry and medicine that oral health directly impacts systemic health,…each profession's academic community should address the role that oral health education ultimately plays in patient care."*

*Alpert et al. (1998); ** ADEA/ADA (2007); ***AVA Blueprint; Halpern,2008
*AAMC Medical Education Director Alexis L. Ruffin.

Pre-doctoral Medical/Dental Education

Massachusetts General Hospital/ Harvard School of Dental Medicine

Diagnostic protocol to diagnose IPV *:

- Injury location as a marker for IPV: Head, Neck and/or Facial *
- Responses to a questionnaire (Partner Violence Screen: PVS)* * as markers for IPV
  - Have you been kicked, punched, hit in a relationship?
  - Do you feel unsafe in a relationship?
  - Past feelings of being unsafe?
    - An affirmative response to any of the above questions was considered positive as a marker for IPV.

*Ochs, et al. (1995); *Perciaccante, et al. (1999 and 2002); *Halpern et al. (2005 and 2006)
*Feldhaus et al. (1997)

Performance of Protocol by Institution*

Self Report of IPV: HI (Grady, GA)

Probability	IPV	Other	Total
High	61	5	66
Low	7	127	134
Total	68	132	200
Sensitivity	0.90		
Specificity	0.96		
PPV	0.92		
NPV	0.95		
Odds Ratio: 18 (8.6<OR<36.5;p=0.01)			

Self Report of IPV: H2 (MGH, MA)

Probability	IPV	Other	Total
High	14	22	36
Low	5	159	164
Total	19	181	200
Sensitivity	0.74		
Specificity	0.88		
PPV	0.39		
NPV	0.92		
Odds Ratio: 13 (4.9<OR<31;p=0.01)			

*Halpern et al. 2006: J. Trauma, 60(5): 1101-1105.

Diagnostic Protocol: Predictive Model*

Multivariate Regression model to evaluate predictor variables of model set versus outcome as an IPV-related injury etiology.

Predictor Variable	Odds Ratio	95% CI	p-value
Age	0.9	89, .99	0.01
Race	3.7	1.2, 12.0	0.01
Risk	10.4	3.2, 34	0.01

Age: As age increases, the likelihood of reporting IPV-related injuries decreases.

Race: White is the reference category and compared to nonwhite. Nonwhite females are 3.7 times more likely to report IPV-related injuries compared to white females.

Risk: Low risk is the reference category and subjects coded as high-risk were 10.4 times more likely to report IPV-related injuries than subjects coded as low risk.

* Halpern and Dodson, JADA, 2006,137 (5): 604-609.

Types of Presentation of Victims

- Victims with obvious trauma vs. those without
- Victims have long term negative health consequences
- Victims with chronic illnesses

Does violence and abuse affect the lifespan of victims?

Why can't anyone figure out why I feel this way?

So what effect?

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Why Does This Happen?
A Physiologic Basis: ACE* Study

A relationship between medical conditions and abuse: Brain Consequences of Early Child Abuse/Trauma

Vincent Felleti, M.D. (ACE, 2002)*

1. Nervous system—Brain affected by environment, genes and sexually dimorphic cascades controlled by hormones.
2. Neuro-anatomic areas affected by adverse events.
3. Chronic stress: Clinical, functional and behavioral consequences.

*Adverse Childhood Experience

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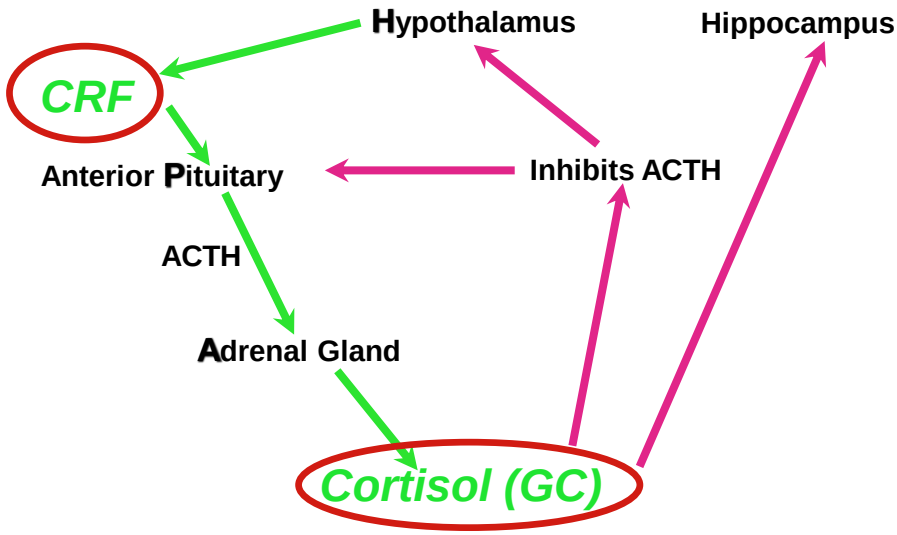
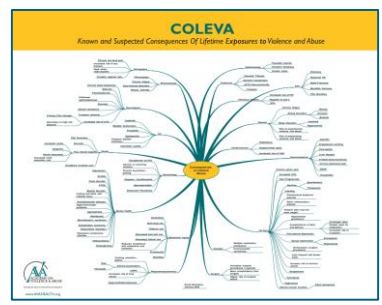
IPV: A Dysfunction in Neuroendocrine Cascades

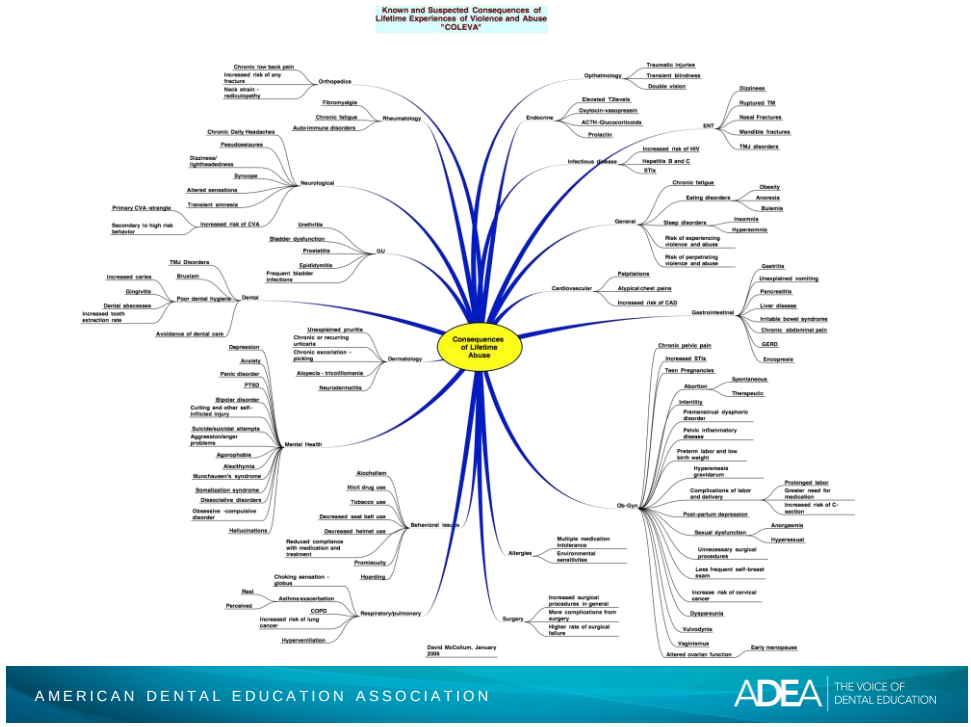


H-P-A Axis

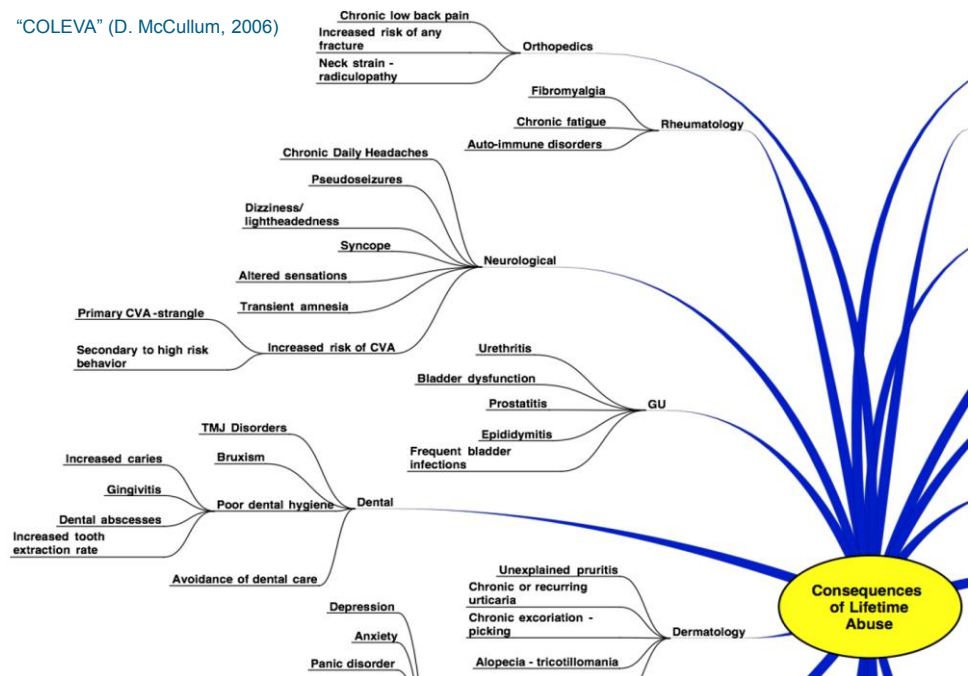
*National Advisory Council on Violence and Abuse (NACVA and AVA)**

Consequences of Lifetime Experiences of Violence and Abuse "COLEVA" (D. McCullum, 2006)





"COLEVA" (D. McCullum, 2006)



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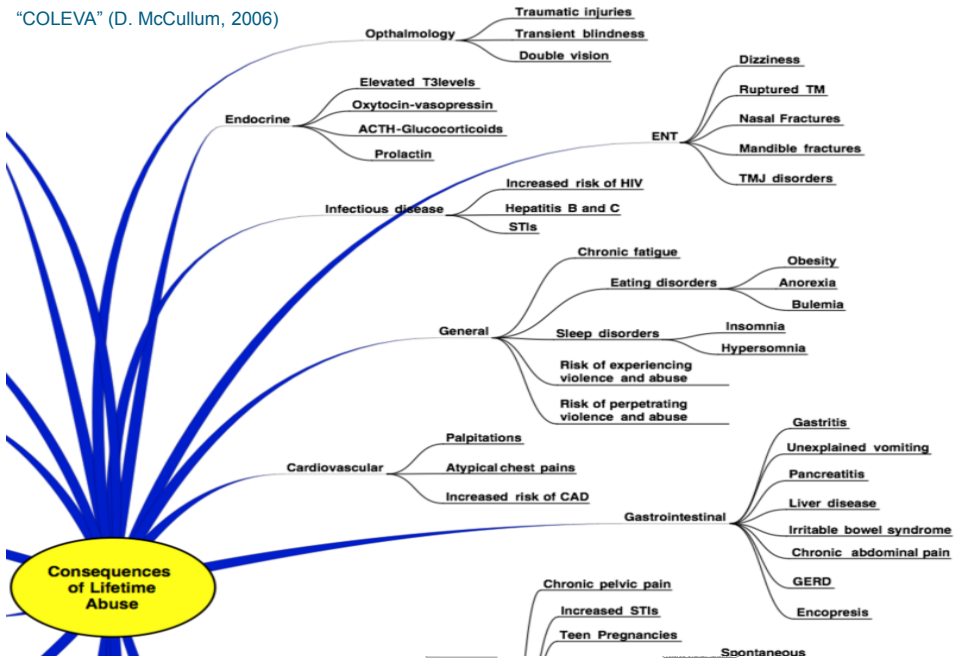

ADA/AMA/AVA: "Ideal Strategic Plan"

- Effects of violence and abuse throughout the lifespan of the victim
- Develop a Trauma-informed Care Collaborative
  - Enhance child well-being/resilience
  - Enhance Family resilience
  - Enhance the well being of the systems resilience
  - Partner with families and services
  - Partner with agencies
- Develop long-term health-related intervention of victims to raise HRQL/Healthy Society

* AMA/NACVA/IOM: Blueprints (2007, 2009 and 2011)

ADA American Dental Association®

AMA

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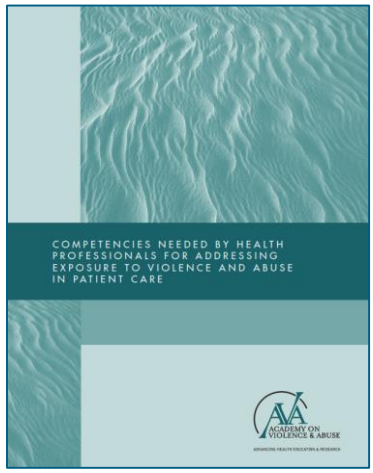
Core Competencies for Oral/Overall Health Care*



3 goals for competency

1. Health care system
2. Educational institution
3. Individual learner

* AVA Blueprint, 2010

Future Directions/Conclusions: Strategies/Approaches

- Change the learning environment for identification
  - Minimize the formal lecture format to one that invites speakers from the community
  - Computer approaches: DVD, web-based
- Develop a standard template/protocol/web/DVD
  - Risk predictors:
    - Injury location
    - Other; i.e. health risk predictors
- Asking is an intervention
  - Studies demonstrate that abused women want their providers to query them about IPV and “side effects”
    - Acknowledge and believe
    - Communicate that it ‘is not okay’
    - Empower by providing access to resources when patient is ready

Future Directions/Conclusions: Successful Intervention

- Making a connection among health histories, previously incomprehensible symptoms and h/o V/A may have a significant therapeutic effect
  - Long term negative health consequences
    - i.e. Chronic illnesses: *New Risk Predictors?*
- Education on domestic violence needs to be "standardized and incorporated into dental/medical schools/residency programs and continuing education curricula, thus normalizing intervention with victims and making it a standard part of a health care providers professional responsibility".*
- To integrate knowledge and systems into our practices promote identification, appropriate care, safety and support for patients (and staff) who are exposed to current or past IPV.

Dream of the Ideal Cure

- Decline in morbidity and mortality.
- Improved awareness of the health consequences of abuse.
- Improved recognition and appropriate eradication of abuse.
- Decline in health professional frustration with "difficult patients".
- Prevention of inappropriate use of medical resources.
- Reduction in financial drain on health care resources.
- Better health-related quality of life.

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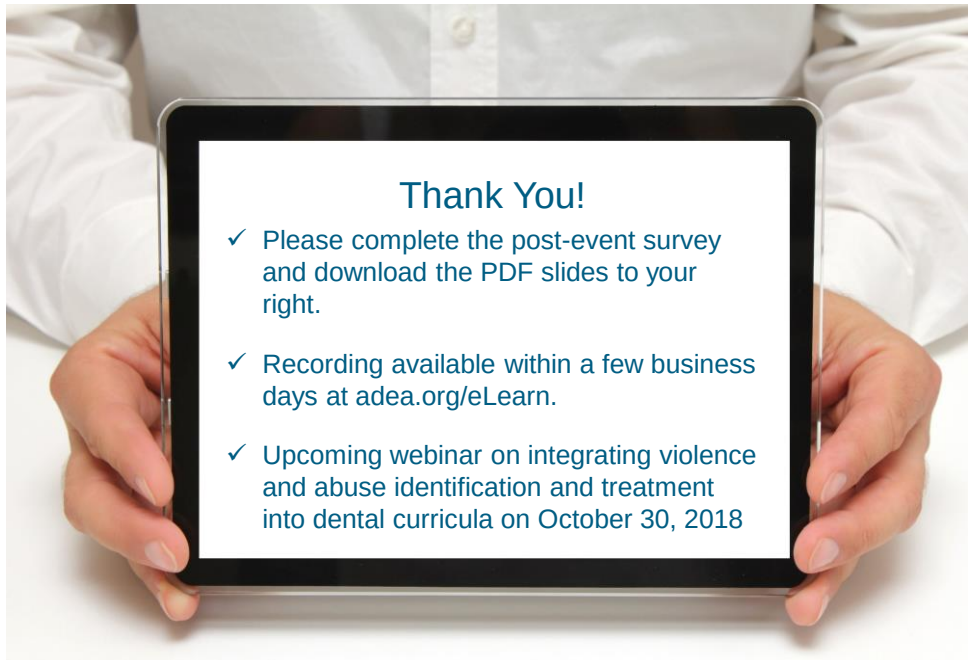

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