

## Perception and Action of the Oral Health Professionals Towards a Rise in Domestic Violence in the Covid – 19 Pandemic: A Questionnaire Based, Cross Sectional Study.

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### Abstract

#### Background

Domestic violence (DV) is presently a public wellbeing concern that has inescapable impacts at both the individual and cultural levels. Oral Health professionals play a fundamental role in tending to the casualties related to domestic abuse. A considerable increase in the incidence of domestic violence during the COVID-19 pandemic makes it important for the Oral Health professionals to understand and be aware Oral Health about domestic violence.

#### Objectives

The aim of the current study was to assess the perception and action of the oral health professionals towards a rise in domestic violence during the COVID – 19 pandemic.

#### Materials and Methods

In this Cross-sectional study, a self-structured questionnaire, was sent to oral health professionals residing in the Delhi-NCR region of India. A total of 200 subjects (Drop out=19%) were contacted for the study. The online survey link was sent with a cover message that illustrated the study context. Responses were accepted from July to October 2021. The Statistical Package for Social sciences (SPSS) 21.0 was used for data analysis Descriptive statistics, t test and chi-square test was carried out. Statistical significance was measured for qualitative variables at  $P \leq 0.05$ .

#### Result

Majority (88.9%) (162 total) of the study subjects considered domestic violence as an oral health care problem that necessitates intervention by an oral health professional. However, only 55.0% of the study subjects had come across patients in their practice who presented with visible signs of facial and oral abuse. Fracture of teeth (16.0%) and mandibular fracture (14.8%) were the most common type of oral traumatic injury. Majority of oral practitioners (64.2%) believed that domestic violence has increased in the COVID-19 pandemic and lack of training (41.4%) was the most common barrier when the managing domestic violence cases.

#### Conclusion

More education for the assessment and management of domestic violence for oral Health Professionals should be made a priority.

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#### Introduction

Domestic violence (DV) is presently a public wellbeing concern that has inescapable impacts at both the individual and cultural levels. 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

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#### Keywords

COVID-19, Domestic violence, Perception and Traumatic injury.

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.[1]

Physical attacks include, which 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 prevalence of domestic violence among women in recent times have been shown to be around 30 – 35% and the odds of violence increased 1.5 times among financially the dependent women. [4]

Oral health professionals play a fundamental role in tending to the casualties related to domestic abuse, as domestic violence is one of the primary reasons for oral and maxillofacial injuries. Facial contusion and laceration, oral concussion, and mandibular fractures are the most commonly reported trauma types. [5] It was found that majority of the injuries due to domestic violence were experienced to the head and neck region, and only 2% of which were oral injuries.

The most affected teeth were observed to be maxillary incisors, mandibular incisors and the maxillary canines. The most common signs of oral trauma due to domestic violence were mandibular fractures, luxation and avulsion of the teeth.[6] There has been found to be a significant relationship between psychological violence and poor periodontal health as the victims of domestic violence have been found to have lost one or more teeth. [1]

Health care providers are able to play a huge role in supporting domestic violence victims by providing help for the victims, showing empathy, and acknowledging their worth.[7] Oral health professionals are found to be in an ideal position to detect domestic violence and to provide victims with support, referral, and appropriate treatment.[1, 8] A considerable increase has been reported in domestic violence cases during the COVID -19 pandemic which makes it very important to know and understand the awareness of the oral health professionals about domestic violence. [9] Thus, the aim of the current study was to assess the perception and action of the oral health professionals towards a rise in domestic violence during the COVID – 19 pandemic and to list the common barriers faced by the oral health professionals while dealing with the cases of domestic violence.

### Materials and Methods

#### Study design and study setting:

A cross sectional study was conducted among the oral health professionals residing in the Delhi-NCR region of India. The study participants were selected based on convenience sampling. The oral health professionals

who were willing to participate in the study and gave consent were included while those who were not willing to participate were excluded. The study was conducted for a period of 4 months; from July to October 2021, i.e. immediately after the second deadly wave of the COVID - 19 pandemic in India.

The ethical clearance was obtained from the Institutional Review Board of the college (Ref no: DJD/IEC/2021/A210). Complete details and information regarding the study being conducted, the methods and the purpose of the study was explained to all the study participants and informed consents were taken from them.

#### Study Subjects

A total of 200 subjects who gave their consent were contacted for the study. However, only 162 of these subjects returned the completed questionnaire for the study (Drop out = 19%). The study subjects included oral health professionals who were graduates as well as post graduates from various streams of oral health. Most of the study subjects had a private practice while a few were employed in Government setups and NGOs.

#### Questionnaire

The general information of the participants including age, gender, educational qualification, years of clinical experience, and practice setting was recorded. The study was conducted using a self-structured questionnaire which consisted of 25 close ended questions. The questionnaire consisted of: descriptive questions assessing the oral health professionals for their knowledge and educational experience towards domestic violence, questions to explore the attitude and clinical action when having potential or actual domestic violence victims in an everyday clinical setting and behavioral questions such as potential barriers to provide help and fear of negative impact. For the questions related to knowledge, attitude and practice of the study subjects regarding domestic violence, the answers were graded on a three point Likert scale as Agree = 2, Neither agree nor disagree = 1 and Disagree = 0.

An online survey link was created with Google forms and the link was sent to all the study subjects with a cover message illustrating the study context through e-mails and WhatsApp. The questionnaire was prepared in English. The online survey was open for responses for the entire duration of the study and the study participants were periodically reminded to fill out the online survey links. For some participant's doubts regarding the questions were clarified at the same time. The data collected was compiled and was checked for completeness. However by the end of the study duration, only 162 complete responses were received. The collected information was then subjected to appropriate statistical analysis.

#### Questionnaire validation

To pretest the validity of the questionnaire and determine the feasibility of the study, a pilot study was conducted among 25 oral health professionals who were interviewed on a face to face basis and were not

included in the main study. Internal consistency measured through Cronbach’s alpha ( $\alpha$ ) was found to be 0.82 which is considered to be good.

**Statistical Analysis**

The findings obtained were coded and entered into Microsoft Excel (2010). The collected data were analyzed using Statistical Package for Social sciences (SPSS) 21.0. Descriptive statistics, t test and chi square test was used to compare the perception and action of oral health professionals towards a rise in domestic violence among the two groups: General oral health professionals (only BDS) and Specialist oral health professionals (BDS, MDS). Statistical significance was measured for qualitative variables at  $P \leq 0.05$ .

**Results**

The current study included a sample size of 162 oral healthcare professionals. The mean age of study population was  $(28.93 \pm 5.31)$  years. Majority of the respondents (59.9%) who participated in the study were female. Off all the study participants, 58.6% were qualified as General oral health care professionals (only BDS) while the rest of them (41.4%) were qualified as Specialist oral health professionals (BDS, MDS). Most of the respondents had 1-2 years of clinical experience (61.7%) and had (88.3%) a private oral care practice. Regarding the knowledge, attitude and the perception of the oral healthcare professionals about domestic violence (Table 1 and 2), it was found that majority of the study subjects (83.9%) have heard about or seen

domestic violence victims in their practice. However, only 55.0% of them had come across patients in their practice who presented with visible signs of facial and oral abuse.

Among the study subjects, majority (88.9%) considered domestic violence as an oral health care problem that necessitates intervention by an oral health professional. A majority (86.4%) of these professionals considered that female patients were affected more due to domestic violence which was found to be statistically significant. 64.2% of the study subjects believed that domestic violence has increased in the ongoing COVID -19 pandemic and 55.6% of them had screened new patients for visible signs of domestic violence, which were both found to be statistically significant between the General and Specialist oral health professionals.

78.4 % of the professionals were aware of the extra-oral signs, while 71.6 % of them were aware of the intra-oral signs of domestic violence. Only 24.1% of the oral health professionals had any documentation being done in their workplace for respective domestic violence for the patients, which was found to be statistically significant. 20.4% of the study subjects were acquainted with the available hotlines and social services for the victims of domestic violence, which was also found to be statistically significant between the two groups.

Very few oral health professionals (22.2%) have ever provided domestic violence victims visiting their practice with information about shelters or victim

services, which was also found to be statistically significant between the two groups.

However 58.6% of the study subjects were concerned about their personal safety and 43.2% of them had concerns about it having a negative impact on their clinical practice. 70.4% of the study subjects believed that oral health professionals may have an active role in decreasing the prevalence of domestic violence. Most of the study subjects (80.0%) wanted to have more education for domestic violence to be able to identify it in their own clinical settings.

The various types of oral traumatic injuries caused due to domestic violence which were come across recently (within 6 months) have been described. The most common type of injury reported was fracture of teeth (16.1%) and mandibular

Table 1.Perception and Attitude of the oral health practitioners about Domestic violence in their clinical practice

S.No	Questions	Agree (2)	Neither Agree nor Disagree (1)	Disagree (0)	Mean $\pm$ SD
1	Have you ever heard about or seen domestic violence victims in your clinical practice?	136 (83.9%)	3 (1.8%)	23 (14.2%)	1.69 $\pm$ 0.
2	Have you ever come across domestic violence victims in your practice when a patient presented with visible signs of oral and facial abuse?	89 (55.0 %)	3 (1.8%)	70 (43.2 %)	1.11 $\pm$ 0.
3	Do you consider domestic violence as an oral health care problem that necessitates intervention of an oral health professional?	144 (88.9%)	4 (2.5%)	14 (8.6 %)	1.80 $\pm$ 0.
4	Do you think female patients are more affected by domestic violence?	140 (86.4%)	20 (12.3%)	2 (1.3%)	1.85 $\pm$ 0.
5	Do you think domestic violence has increased in the ongoing COVID 19 pandemic?	104 (64.2%)	44 (27.2%)	14 (8.6%)	1.55 $\pm$ 0.
6	Do you ever screen new patients for visible signs of domestic violence (head, neck and exposed body parts)?	90 (55.6%)	14 (8.6%)	58 (35.8%)	1.19 $\pm$ 0.
7	Are you aware of the extra-oral signs of domestic violence?	127 (78.4 %)	3 (1.8%)	32 (19.7%)	1.59 $\pm$ 0.
8	Are you aware of the intra-oral signs of domestic violence?	116 (71.6%)	9 (5.6%)	37 (22.8%)	1.49 $\pm$ 0.
9	Is there any documentation being done in your workplace for respective domestic violence for the patients?	39 (24.1%)	21 (13.0%)	102 (62.9%)	0.61 $\pm$ 0.
10	Are you acquainted with the available hotlines and social services for the victims of domestic violence?	33 (20.4%)	28 (17.3%)	101 (62.3%)	0.58 $\pm$ 0.
11	Have you ever provided domestic violence victims visiting your practice with information about shelters or victim services?	36 (22.2%)	28 (17.3%)	98 (60.5%)	0.62 $\pm$ 0.
12	Are you concerned about your personal safety due to the actions of the abusers of the domestic violence victims?	95 (58.6%)	18 (11.1%)	49 (30.3%)	1.28 $\pm$ 0.
13	Do you have any concerns about having a negative impact on your practice?	70 (43.2%)	41 (25.3%)	51 (31.5%)	1.11 $\pm$ 0.
14	Do you believe that oral health professionals may have a role in decreasing the prevalence of domestic violence?	114 (70.4%)	33 (20.4%)	15 (9.2%)	1.61 $\pm$ 0.
15	Would you like to have more education for domestic violence to be able to identify it in your clinical setting?	130 (80.0%)	14 (8.6%)	18 (11.4%)	1.69 $\pm$ 0.

fracture (14.2%). Chi-square test was done and the

**Table 2. Mean KAP scores of the oral health professionals about Domestic violence in their clinical practice**  
\*Significant (p ≤ 0.05)

S.No	Questions	Mean ± SD		T value	P value
		General oral Health professional (BDS)	Specialist oral health professional (BDS and MDS)		
1	Have you ever heard about or seen domestic violence victims in your clinical practice?	1.68 ± 0.72	1.72 ± 0.69	-0.29	0.776
2	Have you ever come across domestic violence victims in your practice when a patient presented with visible signs of facial and oral abuse?	1.07 ± 0.99	1.18 ± 0.98	-0.67	0.505
3	Do you consider domestic violence as a health care problem that necessitates intervention of an oral health professional?	1.83 ± 0.54	1.76 ± 0.63	0.76	0.447
4	Do you think female patients are more affected by domestic violence?	1.75 ± 0.48	1.99 ± 0.12	-3.80	0.000*
5	Do you think domestic violence has increased in the ongoing COVID 19 pandemic?	1.36 ± 0.67	1.84 ± 0.51	-4.93	0.000*
6	Do you ever screen new patients for signs of domestic violence visually (head, neck and exposed body parts)?	1.14 ± 0.96	1.28 ± 0.90	-0.98	0.040*
7	Are you aware of the extra-oral signs of domestic violence?	1.57 ± 0.81	1.61 ± 0.80	-0.34	0.615
8	Are you aware of the intra-oral signs of domestic violence?	1.48 ± 0.85	1.49 ± 0.84	-0.06	0.864
9	Is there any documentation being done in your workplace for respective domestic violence for the patients?	0.72 ± 0.88	0.46 ± 0.78	1.88	0.011*
10	Are you acquainted with the available hotlines and social services for the victims of domestic violence?	0.72 ± 0.86	0.39 ± 0.70	2.58	0.000*
11	Have you ever provided domestic violence victims visiting your practice with information about shelters or victim services?	0.76 ± 0.87	0.42 ± 0.72	2.62	0.001*
12	Are you concerned about your personal safety due to the actions of the abusers of the domestic violence victims?	1.43 ± 0.86	1.07 ± 0.93	2.52	0.120
13	Do you have any concerns about having a negative impact on your clinical practice?	1.09 ± 0.86	1.15 ± 0.86	-0.40	0.994
14	Do you believe that oral health professionals may have a role in decreasing the prevalence of domestic violence?	1.62 ± 0.64	1.60 ± 0.68	0.23	0.584
15	Would you like to have more education for domestic violence to be able to identify it in your clinical setting?	1.65 ± 0.68	1.75 ± 0.64	-0.89	0.146

results were not found to statistically significant for the qualification of the oral health professionals.

The common barriers faced by the oral health professionals when managing domestic violence victims have been described in Table 3. Majority of the study subjects (41.4%) emphasized that they lacked in training to manage the domestic violence victims. However 16.7% of the study subjects did not have a list of referral agencies and 15.4% of the study subjects felt that they do not have enough time to raise the issue of domestic violence. Chi-square test was done and data was not found to be statistically significant.

S.No	Barriers faced	N	Percentage (%)	P value
1.	Lack of training	67	41.4%	8.93#
2.	Embarrassed to discuss domestic violence with patients	20	12.3%	
3.	Did not have a list of referral agencies	27	16.7%	
4.	Do not have enough time to raise the issue of domestic violence	25	15.4%	
5.	Believe domestic violence is not within the scope of oral health services	14	8.6%	
6.	Do not know the cause of domestic violence	9	5.6%	

**Table 3: Barriers faced by the oral health professionals while managing the victims of domestic violence**

**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.[10] Trauma survivors counting casualties normally are introduced to the oral health center in the intense period of injury or as a standard oral health care arrangement showing oral uneasiness or undesirable propensities.[11] Oral health specialists are inexperienced in dealing with domestic violence cases, and remembering the subject of domestic violence for the oral health educational plans will upgrade their analytic abilities and clinical preparing.[12]

Although a variety of complex obstructions may forestall victims from uncovering the viciousness to medical care suppliers, specialist should communicate affirmation and support to victim. It was being reported that domestic violence had increased during lockdown period. [9] In the light of the recent pandemic, people were forced to restrict and confine themselves to their homes. It has led to an increase in mental disequilibrium with conflicting emotion among the people resulting in an increase in the incidence of domestic violence worldwide.[13]

In the present study, 83.9% of the respondents have heard about domestic violence in their practice and 88.9% considered domestic violence as a health care problem which necessitated for intervention of an oral health professional. This has been found to be in accordance with the results of study conducted by AlAlyani WS et al in Saudi Arabia. [14] 55.0% of the study participants had come across domestic violence victims in their clinical practice where a patient presented with sign of facial or oral abuse. This was also in agreement with the previous study where a less number of domestic violence victims presented in the clinical practice. [14] This could be attributed to the nation-wide lockdown in India due to which there were already less patients in the clinical practice.

In the current study, 64.2% of study population believed that domestic violence has increased in the COVID -19 pandemic which was found to be statistically significant Majority of them (55.6%) had

screened new patients for visible signs of domestic violence (head, neck and exposed body parts), which were both found to be statistically significant. Only a few respondents (24.1%) had any documentation being done for domestic violence in the patients' chart in their workplace, which was found to be statistically

significant. This was also in agreement with the previous study conducted by AlAlyani WS et al where only a few of them practiced documentation in their clinical practice.[14] The most common type of oral



traumatic injury they had come across were fracture of teeth (16.1%) and mandibular fracture (14.2%). This is in agreement with the results of the study conducted by Garbin C et al which also reported oral fractures as the most common oral traumatic injury in domestic violence victims.[6]

Most of the respondents (70.0%) believed that oral health professionals may have a role in decreasing the prevalence of domestic violence. However the most common barrier they encountered in managing these victims was the lack of training in identifying domestic violence (41.4%). These findings are in accordance with the studies conducted by by AlAlyani WS et al and Mythri H et al. [14,15] Majority of study population would like to have more education for domestic violence (80.0%), to be able to identify domestic violence in their clinical setting. Thus, guiding the oral health professionals with the critical ideas about domestic violence will enable them to offer proper types of assistance and references.[16]

The results of the study should be interpreted accordingly while taking the various limitations of the study in consideration. The limitations of the study include the dependence on self- reported information. Using online mode of questionnaire survey may underestimate the overall effect of this study as some of the practicing oral health professionals do not check and respond to their messages on a regular basis. Practicing oral health professionals are often busy and may not find the time to return back their completed questionnaire. Furthermore the present study evaluated a small number of subjects as only a few oral health professionals were included in the study. However, it is important to note that the present study had a cross-sectional design, and the results of this study could provide important data to assess the perception and action of the oral health professionals about domestic violence and the barriers faced by them while dealing with such cases.

### Conclusion

The present study had shown that a greater number of study subjects considered domestic violence as an oral health care problem that necessitates intervention of oral health professionals. It has also been shown that the oral health professionals have reported a rise in the incidence of domestic violence in the COVID – 19 pandemic. The most common type of facial or traumatic injury reported was fracture of teeth followed by mandibular fracture. The most common barrier for the oral health professionals in managing victims was the lack of training in identifying the cases of domestic violence.

Thus, practicing oral health specialists and students ought to be prepared to deal with these types of casualties and act appropriately on a legitimate premise. More education for the assessment and management of domestic violence should be a priority, so as to enable the oral health professionals to help in the improvement of the lives of the many people who had been a victim of domestic violence.

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