

## COMMENTARY

# Empathetic Dentistry: Noble Opportunity to Restore Broken Hearts of Malaysian Homes

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## ABSTRACT

Dentistry is not only about restoring teeth and beauty and there is more to it. One such unexplored dimension is the empathetic side of intimate partner violence victims attending dental hospitals. In Malaysian context, recent figures are staggering and 40% were victims; especially women. One must agree that family physician is the first person that victims contact and serving their best. Unfortunately, violence against women is almost universally under-reported to authorities. Thereby the prevalence of intimate partner violence is more than what is being projected in statistics. In such circumstances, it would be reasonable to investigate if dentists have anything to contribute in this regard. The honest truth that should urge dentists to screen intimate partner violence victims are the one being oro-facial injuries and other their close association with intra-oral anatomy. Given these facts, more opportunities exist to restore broken hearts of Malaysian homes.

**Keywords:** Intimate Partner Abuse, Dentists, Physician, Domestic violence

## INTRODUCTION

Blessed that being a dentist, we do have the opportunity to restore broken tooth, create smile designs and renewed confidence in patients. Meanwhile, have we ever had a second thought that these beautiful smiles may hold traumatic experiences buried in their hearts? Dentistry is not only about restoring teeth and beauty and there is more to it. One such unexplored dimension is the empathetic side of intimate partner violence (IPV) victims attending dental hospitals. The term IPV denotes the physical or sexual violence perpetrated by the partner, wherein victims are mostly women (1). Irrespective of caste creed and race it occurs in all countries its impact is alarming. Nearly one in three women (35%) worldwide would have experienced such episode in their lifetime (1). In Malaysian context, to curb this crime, Domestic Violence Act (1994) was passed and proudly the first Asian country. The latest amendment was made in 2017 and been into existence since January 2018 (2). It's painful to know that Malaysian Social Welfare Department declared that among the 57,519 cases of violence against women reported between 2010 and March 2017, 23,212 cases (40%) were mostly women (3). Recent figures are staggering wherein 3130 cases of IPV have been already reported within the first six months of 2019. Selangor recorded the highest incidence followed by Pahang and Kedah (4). The tragic news is that only 10% of the IPV cases are received and thousands of cases are unreported. Aren't these numbers

shocking to us? Is it the reluctance of victims or the negligence of the family physician (FP) that has led to increase in the prevalence of IPV? One must agree that FP are the first person that victims contact and serving their best (5). Unfortunately, violence against women is almost universally under-reported to authorities. On the other side, it's commonly believed that men are hardly the victims of IPV. Till date, much concern has been towards the women considering the prevalence. Even though the global statistical figures of men victims (3.8%) being less on par with women (7.5%), we cannot ignore the mental agony (6). Meanwhile male domestic victims are also equally under-reported since decades (6,7). Thereby the prevalence of IPV is more than what is being projected in statistics. In such circumstances, it would be reasonable to investigate if dentists have anything to contribute in this regard.

## THE DENTIST'S NATURE

Dentist's professional role has expanded in recent years and heading towards multidisciplinary dentistry and identification of IPV is no exception. Established documents confirm that injuries to Head Neck Face (HNF) often suggest violence by an intimate partner (8,9). In Malaysian experience, Sadakki et al reviewed 242 recorded cases of IPV and found that 74.8% had maxillofacial injuries with middle third of face (60.6%) more frequent and soft tissue injuries (87.7%) being common (10). The trends seems to reoccur and it is

likely that dentists encounter victims of IPV, but goes unnoticed assuming as injuries not limiting to falls, road-traffic crashes, sports and occupational accidents. Multiple citations have described the common dental injuries of IPV not limiting to petechiae in face, lip trauma, torn frenum, soft and hard palate bruises, bruising of edentulous ridges, fractured teeth, non-vital tooth, trauma-induced malocclusion, zygomatico-maxillary complex fractures, bruises around eye, chin and neck (11-13). If any of the above signs of abuse are noticed, they could be indicators that the patient is victimized. These criteria may not fit for all candidates wherein a tooth could have really fractured during a sport activity or bruises in edentulous ridge might have occurred because of her ill-fitting denture. In view of the assumption that the patient could be victimized, dentist ought to confirm it verbally. Victims are unlikely to disclose their story, unless they have gained the trust. Dentists by nature are in close contact with the oro-facial anatomy and we should help them recognize abuse and inspire them to strive for safety.

### THE DENTIST'S SPEECH

Few wise lines a dentist should remember before the conversation. Raise questions with compassion, as it's mutually sensitive for the patient on being asked about IPV. Avoid professional jargons, instead use simple terms. If the partner or child is accompanying the patient, do not ask any questions and wait for the right opportunity. Every victim is unique, so let your professional knowledge and experience guide you to whether ask the below questions or not. Rather than asking vague questions, initiate with the pleasant note that I am concerned about the injuries. Is everything fine with you? Or is there anything you would like to talk about? Do you ever feel that you can't do anything about your situation? (14,15). Few patients who have been longing to vent their sufferings would naturally open up with the honest conversation prevailed so far with the dentist. Meanwhile patients who have been undergoing the traumatic experience since years would hesitate to disclose. It would be comfortable for the patient to reciprocate when we try to explain the intention of asking these questions. Like, I do not wish to cause any harm, rather like to help you. Probably when we explain the patient that she is not the only victim and it happens with many others, she would begin to whisper. This assures the patient's positive view and trust in dentist. Thereafter the dentist can confidently ask direct questions. Examples like, do you have any restrictions to step-out of your home? Is there anybody else whom you are afraid? Ever been criticised in front of others? Does your partner disrespect women? Have you ever been threatened by your partner? Have you been ever hurt physically? Are you afraid that your partner may take away your children from you? There could be varying response of action from patients not limiting to depression, aggression, frustration and some would cry.

It could have taken days and may be years to disclose her abuse and at this point it's crucial that the health-care professional rather taking it emotional, ought to be morally supportive and passionate (14,15). The job does not end here; rather the real chore of a dentist depends on the thorough documentation and referral part wherein safeguarding policy is mandatory. It is on the pure belief that as devoted health professionals would maintain the confidentiality; patients begin to disclose their years of struggle. It would be ideal to first document the visible signs and symptoms followed by the statements in victims exact words in order to serve as a legal proof in near future. With the victims consent take photographs and radiographs and record the size, site and shape of the injury. When the victim is accompanied with a witness (trustworthy), include his/her personal details along with their relation. The next step is the protective lead wherein the victim has to be directly referred to centres that protect women rights. Most important, please provide them safety card that include active numbers and email id of help-lines of domestic resources not limiting to Women's aid organisation(WAO), All Women's Action Society (AWAM), Sisters in Islam (SIS) and Foreign Spouses Support Group (FSSG) (16). Seek the victim's permission as the information being shared with other health-care professionals or non-profit organisations and schedule a follow-up visit. Circumstances that demand immediate action wherein the individuals life is at risk make a call to the centre personally.

### THE ETERNAL DENTAL

Considering the unique position and exposure to HFN trauma, we have more opportunities to identify the unreported cases. There are situations wherein the victims might prefer to suffer in silence. Patient's fear of the partner's response and her children and dentists fear of offending mutually restrict their conversations (14,15). From the dentist's standpoint, time constraints, work pressure and lack of training create barriers (14,15). Unfortunately, media portrays only one side of the coin: the severity of IPV epidemic. In view of the fact that dentists join hands together with FP, there is still light of hope to dissolve the complex barriers. We would like to put forward that our medical colleagues conduct core training programs for dental practitioners. IPV is a devil in disguise and unless the patients are not asked about their violence, silence will not be broken. This sensitive issue not only affects the victim mutually affects the family, community and the entire nation. Henceforth our call really matters as it's a matter of life and death experience to the IPV victim. It's indeed true that the satisfaction achieved is eternal when we attempt to solve the internal issues within the professional limits. God willing, our team work of supporting government, local domestic resources, devoted FP and updated knowledge of dentists would aid in decreasing the prevalence of IPV and restore the broken hearts of Malaysian homes.

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