REVIEW ARTICLE

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Reframing Harm: Ethical Gaps in Trauma Informed Dental Care in India

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Abstract

Domestic violence (DV) significantly impacts one's oral and maxillofacial health, with patients experiencing it often presenting to dental settings with unexplained trauma and a confusing history. Most common clinical manifestations of the same may include visible bruises, lacerations, tooth fractures and even temporomandibular joint disorders. Injuries of the oro-facial regions may be the first visible signs and, ironically, the hidden indicators of abuse, thereby putting dental surgeons at the forefront in suspected DV cases. The Dental Council of India emphasises patient confidentiality in the information entrusted by the patient unless the laws of the state require a revelation for medicolegal cases. There is a lack of a specific code of conduct concerning known or suspected DV cases. There are a few law enforcement helplines available for reporting such cases, like the Domestic Violence Helpline (1091) and the National Commission for Women (NCW) Helpline. However, when compared with the mandatory reporting laws in countries like the U.S. and Australia, Indian protocols remain vague and optional. There is a significant knowledge gap among the Indian dental professionals regarding how to properly identify DV while diagnosing a patient, documentation of cases and reporting procedures worsened by insufficient training and the dentist's agitation concerning legal implications. This article highlights the urgent need for incorporating structured information and awareness programs in dental curricula and continuing dental education. In conclusion, reinforcing dentists with knowledge and clear reporting channels is critical for timely intervention, ensuring that neither ethical compliance nor victim protection is compromised through the process

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Introduction

The pervasiveness of domestic violence can be assessed from the fact that it has been reported in different cultures and societies all over the world. Today, there is growing awareness that domestic violence is a serious issue in developing countries as well. The prevalence of domestic violence in India ranges from 6 per cent to 60 per cent, with significant variations among different states.[1]

Despite the range of abuse that may include people of all ages, genders or socio-economic status, it is the most common cause of non-fatal injury in women, who suffer, blame themselves and are unable to report it. Most of them simply accept it as their fate and continue to live with it.[2]

Dental professionals are in a unique position to identify cases of such abuse owing to their signs being most commonly visible in the head and neck region. Studies have demonstrated that the common site of injuries in domestic violence cases is the head and neck, accounting for 38.7%.[3] Domestic violence also significantly impairs the temporomandibular joint and the muscles associated with it. Even after all possible interventions, suicide and death rates among these cases are high due to a deteriorated quality of life, be it physically, aesthetically, or mentally.[4]

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However, the dental professionals are not well-trained to identify such victims, and if identified, they lack the appropriate resources to manage them. This article explores the current dental scenario, especially the lack of protocol in the clinic and discusses details on how the dental professional should respond.

Signs of Domestic Abuse

Dental professionals play a crucial role in identifying potential abuse because domestic violence is often associated with the head and neck region. All the signs stated below may show overlapping features of general trauma, but these are some

features hidden in plain sight, so one ought to have awareness of how to differentiate between them. They tend to be as follows-

- Visible bruises over the malar region and surrounding eyes, especially the shape and size of the bruising indicative of a fingerprint pattern.
- Skin discolouration or scars, which may be present because of healed burns or lacerations, one should also look out for bite marks.
- Teeth may show discolouration, mobility, fractures involving enamel, dentin and root. There can be forced avulsion of the tooth out of the alveolar bone socket.[5]
- Fractures of the jaw and facial bones and malunion of previously fractured bones as incidental findings because of inadequate or no treatment.
- The temporomandibular joint is most prone to functional disturbances in the head and neck region. The patient will present with symptomatic features, which can be due to repetitive trauma and stress or anxiety-related habits like bruxism.
- Unexplained soft tissue lacerations, traumatic ulcerations or petechial haemorrhages involving the gingiva, tongue, soft palate, buccal mucosa or lips.

In our clinical experience, we have seen cases that raise suspicion while correlating the history and clinical findings. Such an example was a patient with a unilateral mandibular angle fracture who claimed to have fallen from the stairs; however, she had no other bruises or injuries indicative of the same. In a study done by Hansa Kundu et al, the relation of individual psychological, physical and sexual domestic violence was assessed with the oral health status of those with domestic violence. A significant correlation was found between psychological domestic violence and Periodontal status, and physical domestic violence with tooth fracture.[6]

How should a Dental Professional Respond?

It is a dilemma on behalf of the dentist to decide how to respond in such situations, taking into consideration the ethical responsibility along with maintaining patient confidentiality. The maximum cases we go through in India in this setting are due to Intimate partner violence.[7] The patient will have the fear of a negative impact of their confessions in such settings on their personal life and its repercussions in their social life as well. Detecting risk factors specific to rural regions, including alcoholism, poor literacy rates, and even having a girl child, should be considered.[8] Following points can be taken into consideration pertaining to the same.

- Firstly, to note any irregularities in the history given by the patient and/or the accompanying person, including time, place and order of events
- To make a safe environment for the patient that will minimise the triggers, if there are any.Ensure obtaining explicit consent of the patient before and during any procedures, may it be examination or treatment.
- Communicating using clear and simple terms without confusing the patient or using any violent language to avoid further hesitation in the conversation flow.
- Reassurance for treatment protocols and to manage general anxiety by preventing retraumatization by being mindful about the use of tone, touch and instruments.
- Recognising the psychological aspect behind the trauma, which may manifest as severe anxiety, emotions, and avoidance behaviour.
- To establish a feeling of trust and support by giving the patient choice and control during the dental procedures.
- Making proper referrals by incorporating mental health professionals at any point of the treatment, if and when required.
- To keep proper records of known domestic violence cases for further legal applications.

Discussion

The Protection of Women from Domestic Violence Act, 2005, provides for more effective protection of the rights of women guaranteed under the Constitution who are victims of violence of any kind occurring within the family and for matters connected therewith or incidental thereto. Under section 10 (1) of this act, a service provider, which includes medical professionals, can record a domestic violence incident if the aggrieved person so desires; get the aggrieved person medically examined; and ensure that the aggrieved person gets shelter in a shelter home, if she so requires [9]

However, this Act does not necessitate the need to report such a crime.

The POCSO Act, on the other hand, under section 19, necessitates the need to report such an offence to the special juvenile police unit or the local police [10]

As a medical professional, it becomes necessary to uphold the dignity of the medical code of ethics and maintain patient confidentiality. This often leads us to a dilemma where the choice between reporting such crimes and maintaining confidentiality is a tough one. According to the Indian Medical Council Regulations, 2002, section 7.14, the medical practitioner shall not disclose the secrets of the patient that have been learnt in the exercise of his/ her profession except-

- In a court of law under the orders of a presiding judge
- In a situation where there is a serious and identified risk to a person.
- Notifiable diseases.

The Dental Council of India doesn't explicitly discuss domestic violence, but it follows principles similar to the MCI code of ethics.

Conclusion

The overall prevalence of oral and maxillofacial injury and Traumatic dental injury in DV victims is 29% and 4%, respectively. Women present higher rates of OFMI (41%) and TDI (6%).[11] In India, trauma-informed care is a newly understood and not yet completely established concept. The major knowledge gap present in such scenarios is due to the lack of awareness and professional training.[12] Another

significant issue pertains to the stigma in Indian culture when it comes to understanding and treating mental health issues. This proves as an additionWal barrier for the patient to disclose their trauma in an already depressed state.

A proper interdisciplinary approach between the dental, mental health and legal professionals can nullify these problems. Additional achievable modalities include integration of training concerning psychological management in continuing education programmes or even dental curricula. This is where one can say that the horizons of dentistry are not just concerned with treating fractured bones or replacing missing teeth, but are way beyond that.

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