

# Addressing Domestic Abuse

---

## Evidence Based Dentistry Rounds Special Topics

Group 7  
Team B-4  
11/18/20

---

# Rounds Team

---

- **Group Leader: Dr. Rossi**
- **Specialty Leader: Jane Alexopoulos-Walters**
- **D4: Art Grigoryan**
- **D3: Marjorey Razdolsky**
- **D2: Veronica Nakhla**
- **D1: Robert Bulin**

# Patient

---

- 33 year old caucasian female presenting with a chief complaint:
  - “I want to fix my front teeth”

# Medical History

---

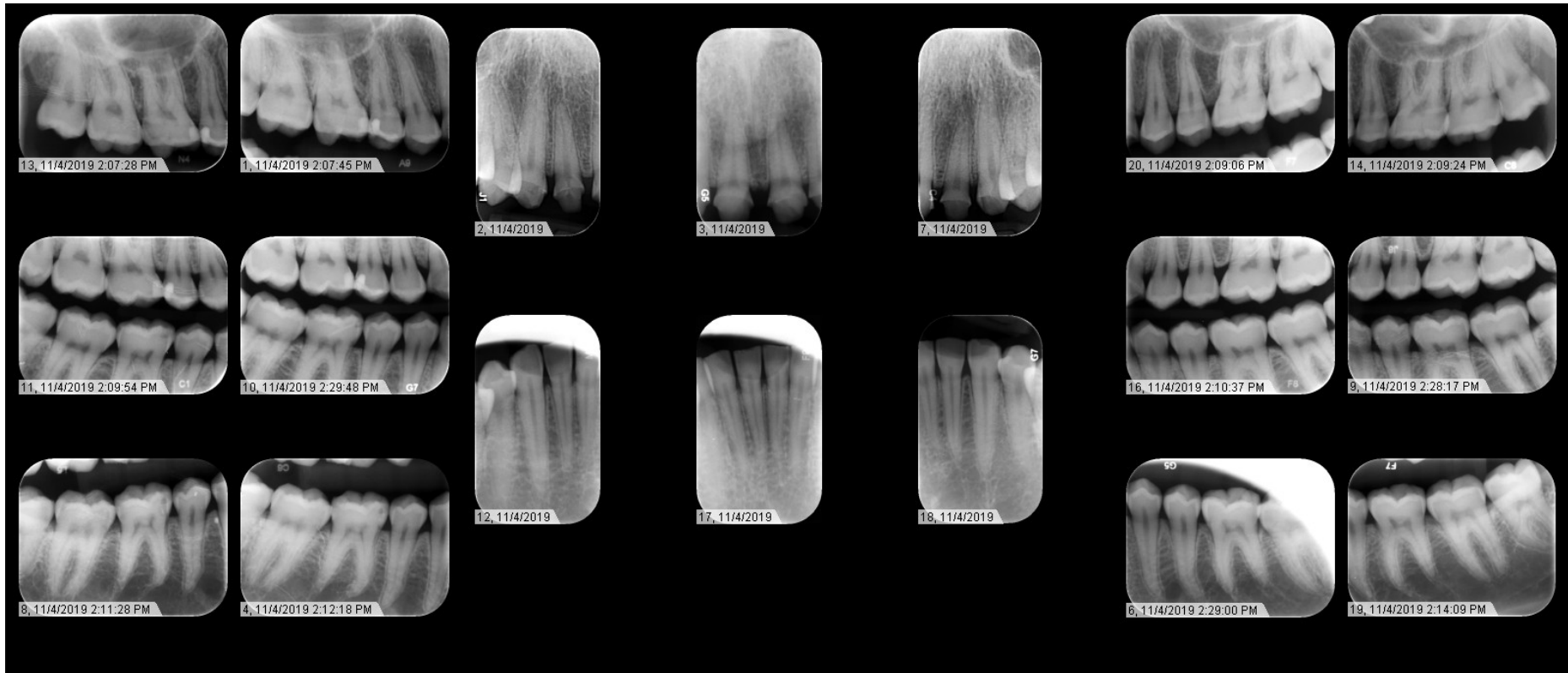
- Medications:
  - Lexapro- SSRI antidepressant
  - Gabapentin- anxiolytic
  - Focalin- ADHD
- Allergy:
  - Contrast dye- swelling of throat

# Dental History

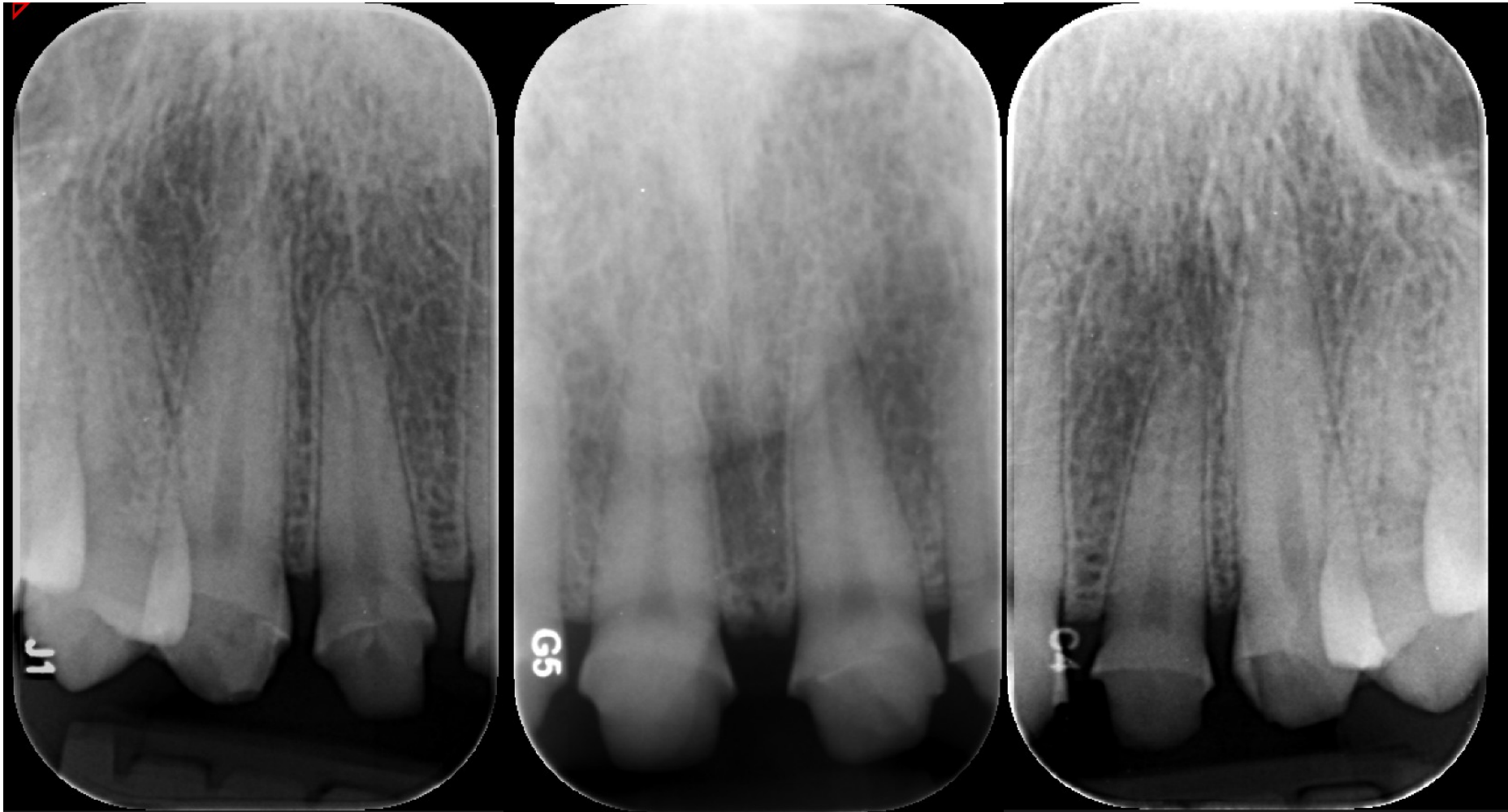
---

- ¾ Crowns were previously present on #6-11
- Class II restorations on #3, 4
- Patient reports having damage to dentition due to domestic abuse

# Radiographs



# Radiographs



# Radiographs



# Radiographic Findings

---

- Anteriors:
  - #6-11 are prepped for crown, no restoration present
- Posteriors:
  - Apparent Class II lesions on molars

# Clinical Findings

---

- Confirmed that no anterior restorations are present.
- Uniquely shaped fractures of molar cusps































# Specific Findings

---

- Patient interview revealed:
  - History of domestic abuse
    - Caused anterior restorations to be knocked out due to punch.
    - Posterior occlusal trauma.
  - Patient had diastemas in anterior maxillary dentition.
  - Patient no longer in relationship with the abuser!!!!



# Periodontal Charting

	3 2 3	3 2 3	3 3 3	3 2 3	2 2 3	3 2 3	2 1 2	2 1 2	2 2 2	2 1 2	2 1 2	3 2 3	3 2 3	3 2 3	3 3 2	3 3
P.D.	3 2 3	3 2 3	3 3 3	3 2 3	2 2 3	3 2 3	2 1 2	2 1 2	2 2 2	2 1 2	2 1 2	3 2 3	3 2 3	3 2 3	3 3 2	3 3
FGM																
Facial																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
																
FGM																
P.D.	3 2 3	3 2 3	3 2 3	3 2 3	2 1 2	1 2 3	2 1 2	2 1 2	2 1 2	2 1 3	2 1 2	2 2 2	3 3 3	3 3 3	3 2 3	3 2
CAL	3 2 3	3 2 3	3 2 3	3 2 3	2 1 2	1 2 3	2 1 2	2 1 2	2 1 2	2 1 3	2 1 2	2 2 2	3 3 3	3 3 3	3 2 3	3 2

# Diagnosis

---

- Occlusal trauma caused by physical abuse

# Problem List

---

- Fractured mandibular molar cusp involving dentin.
- Missing anterior restorations
- Hx. of anterior diastemas and not fully erupted anterior teeth



# Restorative dental crown options

## Porcelain Fused to Metal

- Metal alloy base with a thin porcelain outer covering
- Most cervical portion of metal often left uncovered by porcelain
- Porcelain layer quite opaque to mask metal core

## All Ceramic

- Crown formed entirely out of ceramic material
- Material more translucent
- Emax Crown

# Restorative dental crown options

Porcelain Fused to Metal



All Ceramic (Emax)





## WHAT IS PASSIVE ERUPTION?

- Eruption, in the typical sense, is the movement of tooth from the moment it emerges from the gingiva until it reaches the occlusal plane
- Active eruption is the movement of teeth is movement of teeth towards the occlusal plane
  - Passive eruption is the shifting of the dentogingival junction in an apical direction
- Passive eruption classification into 4 categories according to the DEJ location
- Pathologic?
- Ex. recession of the gums



**Figure 1: Passive Eruption stages (Gottlieb and Orban)**

*Stage I – dentogingival junction is located on enamel.*

*Stage II – dentogingival junction is located on enamel, as well as cementum.*

*Stage III – dentogingival junction is located entirely on cementum, extending coronally to the CEJ.*

*Stage IV – dentogingival junction is located entirely on cementum and the root surface is exposed, resulting in gingival recession.*

Pulliam, Robert P, and Daniel Melker. "Altered Passive Eruption: Diagnosis and Treatment." *Chairside Magazine*, vol. 4, no. 2, 28 Apr. 2009, pp. 20–30.

Weinmann, Joseph P. "Bone Changes Related to Eruption of the Teeth." *The Angle Orthodontist*, vol. 11, no. 2, Apr. 1941, pp. 83–99., doi:10.1043/0003-3219.

# D3 PICO

---

## Clinical Question:

Does providing resources to a patient undergoing domestic abuse improve their situation?

# PICO Format

---

**P:** Patients undergoing domestic abuse

**I:** Providing patients with resources

**C:** Not doing anything proactive

**O:** Help get these patients out of abusive situations

# PICO Formatted Question

---

In patients undergoing domestic abuse, does providing them with resources, versus not doing anything proactive, aid in getting these patients out of abusing situations?

# Clinical Bottom Line

---

Providing patient with domestic abuse resources improves their overall quality of life.

# Search Background

---

**Date(s) of Search:** 11/08/20, 11/09/20

**Database(s) Used:** PubMed

**Search Strategy/Keywords:** Articles containing information regarding inter-partner violence and effectiveness of intervention strategies.

# Search Background

---

## **MESH terms used:**

- Dentist
- Domestic violence
- Spouse abuse
- Abuse prevention
- Intervention
- Tooth injury

# Article 1- Effect of domestic violence training: systematic review of randomized controlled trials

---

## Citation:

- Zaher, E., Keogh, K., & Ratnapalan, S. (2014). Effect of domestic violence training: systematic review of randomized controlled trials. *Canadian family physician Medecin de famille canadien*, 60(7), 618–e347.

## Study Design:

- Systematic Review of RCTs (1a)

# Article 1 Synopsis

## Methods:

- Cochrane Database of Systematic Reviews, MEDLINE, PubMed, PsycINFO, ERIC, and EMBASE were searched for articles between 01/01/2000-11/01/2012. Out of 350 initial articles, 9 finalists met the inclusion criteria.

### Inclusion criteria for primary studies

TYPE	DESCRIPTION
Population	Postgraduate physicians (ie, residents or practising physicians from any specialty)
Intervention	Any IPV or domestic violence educational program, course, or training that involves a multidisciplinary group of health care providers or physicians only
Outcome (Kirkpatrick model)	<ul style="list-style-type: none"><li>• Learner satisfaction or reaction</li><li>• Change in physicians' knowledge of, attitudes toward, or learning outcomes toward IPV</li><li>• Change in physicians' performance or behaviour (ie, case finding, screening, documentation, and referral to IPV resources)</li><li>• Patient outcomes or results for consumers and organizations (cost-effectiveness, improved quality of life among abused victims)</li></ul>
Study	Randomized controlled trial
Language	English
Time	From January 1, 2000, to November 1, 2012

# Article 1 Synopsis

---

## Results:

Study Target	Intervention	Outcome
Postgraduate trainee physicians (3 studies)	Educational interventions (workshops and brief seminar sessions using videotapes and role-playing)	Increase in knowledge but no change in identifying domestic violence victims
Practicing physicians (6 studies)	Multifaceted physician training: educational interventions + system support (3 studies)	Improvements in staff knowledge and attitudes about domestic violence and self-reported practice
	Focus-group discussions and training (1 study)	Improved domestic violence reporting
	Problem-based online learning (2 studies)	Improved perceptions of practicing physicians' self-efficacy

# Article 1 Synopsis

---

## **Conclusions:**

- Physician training with system support interventions increased referrals to domestic violence support resources and benefited domestic violence victims

## **Limitations:**

- Small number of studies
- Heterogeneity of interventions and outcome measures
- Search limited to articles in the English language
- Unpublished RCTs could not be included → possible missing literature

# Article 1 Selection

---

## **Reason for selection:**

- Highest level of evidence (1a)
- Diverse interventions

## **Applicability to your patient:**

- Knowledge about how to properly train doctors and staff to recognize, manage, and refer victims of abuse

# Article 1 Level of Evidence & Strength of Recommendation

<div> <input checked="" type="checkbox"/> <b>1a</b> – Clinical Practice Guideline, Meta-Analysis, Systematic Review of Randomized Control Trials (RCTs)         </div> <div> <input type="checkbox"/> <b>1b</b> – Individual RCT         </div> <div> <input type="checkbox"/> <b>2a</b> – Systematic Review of Cohort Studies         </div> <div> <input type="checkbox"/> <b>2b</b> – Individual Cohort Study         </div> <div> <input type="checkbox"/> <b>3</b> – Cross-sectional Studies, Ecologic Studies, “Outcomes” Research         </div> <div> <input type="checkbox"/> <b>4a</b> – Systematic Review of Case Control Studies         </div> <div> <input type="checkbox"/> <b>4b</b> – Individual Case Control Study         </div> <div> <input type="checkbox"/> <b>5</b> – Case Series, Case Reports         </div> <div> <input type="checkbox"/> <b>6</b> – Expert Opinion without explicit critical appraisal, Narrative Review         </div> <div> <input type="checkbox"/> <b>7</b> – Animal Research         </div> <div> <input type="checkbox"/> <b>8</b> – In Vitro Research         </div>	<div> <input type="checkbox"/> <b>A</b> – Consistent, good quality patient oriented evidence         </div> <div> <input type="checkbox"/> <b>B</b> – Inconsistent or limited quality patient oriented evidence         </div> <div> <input type="checkbox"/> <b>C</b> – Consensus, disease oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening         </div>
--	--

## Article 2- Domestic violence screening and intervention programmes for adults with dental or facial injury

---

### Citation:

- Coulthard, P., Yong, S. L., Adamson, L.,

# Article 2 Synopsis

---

## **Methods:**

- Cochrane Oral Health Group Trials Register, Cochrane Central Register of Controlled Trials, MEDLINE via OVID, EMBASE via OVID, PsychINFO via OVID, LILACS via BIREME, and CINAHL via EBSCO were searched with no restrictions on date of publication or language. Chosen articles were RCTs including adults 16 years and older presenting to any healthcare setting with dental and/or facial injuries relating to domestic violence.

## **Results:**

- No eligible RCTs were recognized.

# Article 2 Synopsis

---

## **Conclusions:**

- There is no evidence from RCTs to support or refute that screening for domestic violence in adults with dental and/or facial injuries is beneficial nor that it causes harm.
- Lack of evidence that intervention programs are effective at reducing frequency and severity of physical assaults.

## **Limitations:**

# Article 2 Selection

---

## **Reason for selection:**

- Thought it could directly answer clinical question: Does providing resources to a patient undergoing domestic abuse improve their situation?
- Highest level of evidence (1a)

## **Applicability to your patient:**

- Due to no eligible RCTs, unknown whether an intervention program for patient would be effect at reducing frequency or severity of physical assaults.

# Article 2 Level of Evidence & Strength of Recommendation

☒ **1a** – Clinical Practice Guideline, Meta-Analysis, Systematic Review of Randomized Control

Trials (RCTs)

- ☐ **1b** – Individual RCT
- ☐ **2a** – Systematic Review of Cohort Studies
- ☐ **2b** – Individual Cohort Study
- ☐ **3** – Cross-sectional Studies, Ecologic Studies, “Outcomes” Research
- ☐ **4a** – Systematic Review of Case Control Studies
- ☐ **4b** – Individual Case Control Study
- ☐ **5** – Case Series, Case Reports
- ☐ **6** – Expert Opinion without explicit critical appraisal, Narrative Review
- ☐ **7** – Animal Research
- ☐ **8** – In Vitro Research



**A** – Consistent, good quality patient oriented evidence



**B** – Inconsistent or limited quality patient oriented evidence



**C** – Consensus, disease oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening

# Article 3- Should health professionals screen women for domestic violence? Systematic review

---

## **Citation:**

- Ramsay, J., Richardson, J., Carter, Y. H., Davidson, L. L., & Feder, G. (2002). Should health professionals screen women for domestic violence? Systematic review. *BMJ (Clinical research ed.)*, 325(7359), 314. <https://doi.org/10.1136/bmj.325.7359.314>

## **Study Design:**

- Systematic review of RCTs (1a)

## **Study Need/Purpose:**

- To assess the evidence for the acceptability and

# Article 3 Synopsis

---

## Methods:

- Medline, Embase, and CINAHL were searched for English language articles published up to February 2001.

## Results:

- 43-85% of women found healthcare screening acceptable
- 2/3 of physicians and almost ½ of ER nurses were not in favor of screening
- There is minimal evidence for changes in exposure to violence, only increased referral to outside agencies
- No studies measured screening programs' effect on quality of life, mental health outcomes, or potential harm to women

# Article 3 Synopsis

---

## Conclusions:

- Implementation of screening programs in healthcare settings cannot be justified, mostly due to lack of evidence for the effectiveness of screening
- Health professionals need education and training to remain aware of the problem if they are to recognize women experiencing domestic violence

## Limitations:

- Not including articles without abstracts on the databases
- Limiting articles to English language
- Not searching for unpublished reports
- Not extending review to qualitative literature on screening for domestic violence

# Article 3 Selection

---

## **Reason for selection:**

- Highest level of evidence (1a)

## **Applicability to your patient:**

- Screening may not be the most effective way at improving patient's quality of life
- Instead, healthcare providers, including dentists, must be properly educated and trained to recognize victims of domestic violence

# Levels of Evidence & Strength of Recommendation Taxonomy

☒ **1a** – Clinical Practice Guideline, Meta-Analysis, Systematic Review of Randomized Control

Trials (RCTs)

☐ **1b** – Individual RCT

☐ **2a** – Systematic Review of Cohort Studies

☐ **2b** – Individual Cohort Study

☐ **3** – Cross-sectional Studies, Ecologic Studies, “Outcomes” Research

☐ **4a** – Systematic Review of Case Control Studies

☐ **4b** – Individual Case Control Study

☐ **5** – Case Series, Case Reports

☐ **6** – Expert Opinion without explicit critical appraisal, Narrative Review

☐ **7** – Animal Research

☐ **8** – In Vitro Research



**A** – Consistent, good quality patient oriented evidence



**B** – Inconsistent or limited quality patient oriented evidence



**C** – Consensus, disease oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening

## Article 4- Psychological therapies for women who experience intimate partner violence

---

### Citation:

- Hameed, M.,  
O'Doherty, L.,  
Gilchrist, G.,

# Article 4 Synopsis

---

## Methods:

- Cochrane Common Mental Disorders Controlled Trials Register, CENTRAL, MEDLINE, Embase, CINAHL, PsychINFO, and other databases were searched until the end of October 2019, including ongoing or unpublished trials. RCTs, quasi-RCTs, cluster-RCTs, and cross-over trials of psychological therapies with women 16 years or older with recent or lifetime IPV.

# Article 4 Synopsis

---

## **Conclusions:**

- Women who experience IPV, psychological therapies potentially reduce depression and anxiety
- Unconclusive data on whether psychological therapies improve self-efficacy, PTSD, re-exposure to IPV, safety planning, and harm
- Need for more trauma-focused interventions with more rigorous trials

# Article 4 Selection

---

## **Reason for selection:**

- High level of evidence (1a)

## **Applicability to your patient:**

- Important for healthcare providers to be educated on the types of effective psychological therapies for women who experience IPV, in order to have an honest, productive conversation with patient regarding their situation and ways in which mental health problems can be palliated

# Levels of Evidence & Strength of Recommendation Taxonomy

☒ **1a** – Clinical Practice Guideline, Meta-Analysis, Systematic Review of Randomized Control

Trials (RCTs)

☐ **1b** – Individual RCT

☐ **2a** – Systematic Review of Cohort Studies

☐ **2b** – Individual Cohort Study

☐ **3** – Cross-sectional Studies, Ecologic Studies, “Outcomes” Research

☐ **4a** – Systematic Review of Case Control Studies

☐ **4b** – Individual Case Control Study

☐ **5** – Case Series, Case Reports

☐ **6** – Expert Opinion without explicit critical appraisal, Narrative Review

☐ **7** – Animal Research

☐ **8** – In Vitro Research



**A** – Consistent, good quality patient oriented evidence



**B** – Inconsistent or limited quality patient oriented evidence



**C** – Consensus, disease oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening

# Conclusions: D3

---

While screening may not be the most appropriate or effective way to improve the quality of life of a patient who has experienced domestic violence, proper education and training of healthcare providers is critical to recognize victims and provide them with proper resources.

I would advise my D4 to provide patient with resources for the Milwaukee Women's Center, Sojourner Family Peace Center, and referral to a psychologist if the patient is interested.

# Conclusions: D4

---

- Respect patient autonomy, but provide resources available for them to use.
- Remember the resources you get at the school.

# Discussion Questions

---

Thank you!