

# Talking Ethics



## Do You Suspect Family Violence or Child Abuse? – An Ethical Dilemma for Dental Hygienists

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- ▶ In 2011, family violence accounted for approximately 25% of all violent crimes reported to police. This figure is underestimated given that many incidents go unreported. Nearly half of all victims of family violence were victimized by a current or former spouse.
- ▶ In Canada, almost 7 of 10 family violence victims are female and 30% of Canadian women experience intimate partner violence at some point in their lifetime.
- ▶ In 2009, the estimated total economic impact of spousal violence in Canada was \$7.4 billion. This figure includes costs to the justice system and the costs borne by victims and their family members.<sup>1</sup>

In 2014 and 2015, CDHA participated in the federal health minister's Roundtables on Family Violence and Child Abuse Prevention. The Public Health Association of Canada (PHAC) provided the following information as additional background documentation for the stakeholders:

Health professionals and front-line workers are well positioned to help prevent violence from occurring or reoccurring in families. However, studies indicate a limited number of health professionals feel comfortable asking about family violence or, in instances when they are treating victims of violence, they do not ask about their safety at home.<sup>2</sup>

### BACKGROUND

Family violence is an important issue that affects many Canadians across the country. According to the Government of Canada's February 20<sup>th</sup> media release announcing \$100 million in funding to support victims of violence and their children:

- ▶ Family violence refers to a range of abusive behaviours that occur within relationships, including physical, sexual, emotional, and financial abuse, as well as neglect. Domestic violence and child abuse are two predominant forms of family violence.
- ▶ In 17% of family violence cases, the accused was a parent. In 11% of cases, the accused was the victim's child.

### WHAT IS THE ROLE FOR DENTAL HYGIENE?

According to the author of a recent article in *RDH Magazine*, "most physical injuries resulting from abuse are found in the head and neck regions."<sup>3</sup> Because these areas are routinely assessed during a dental hygiene examination, the dental hygienist may notice fractured or chipped teeth, jaw fractures, black eye, broken nose, bruises on the earlobes or chin or fingernail marks on the neck, upper arms or wrists.<sup>4</sup> Furthermore, other studies have shown that head, face, and neck injuries occur in more than one-half of abuse cases in children.<sup>5</sup> In the case of the elderly, signs

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*Do you suspect... cont'd*

and symptoms of abuse include bruises, welts, broken dentures, fractured and missing teeth, as well as abrasions and lacerations.<sup>6</sup>

*CDHA Code of Ethics:* The ethical principles relating to the observation and reporting of suspected family violence and child abuse are expressed in the *principle of confidentiality*. However, dental hygienists need to be aware of the exceptions where disclosure is indicated. The full text of this principle follows:

Confidentiality is the duty to hold secret any information acquired in the professional relationship. Dental hygienists respect a client's privacy and hold in confidence information disclosed to them except in certain narrowly defined exceptions.<sup>7</sup>

Dental hygienists cannot disclose confidential information to others without a client's express consent, except under the following circumstances.

- ▶ As required by law
- ▶ As required by the policy of the practice environment (e.g., quality assurance)
- ▶ In an emergency situation
- ▶ In situations where disclosure is necessary to prevent serious harm to others
- ▶ To the client's guardian or substitute decision maker

Clearly, the ethical issues regarding family violence are complex, and the reporting of suspicions of violence presents a difficult ethical challenge for dental hygienists. CDHA congratulates the federal government on its investment of \$100 million over 10 years to fund programs to support victims of violence and their children. The investment focuses on helping communities and health professionals prevent, detect, and combat family violence

and child abuse. CDHA is pleased that the first phase of this project will include the development of pan-Canadian guidance and education materials that will help health professionals better support the needs of victims of violence. CDHA anticipates that, through this newly announced funding, dental hygienists will be able to access programs that better equip them to provide appropriate referrals and advice for clients who may be suffering the results of family violence, ultimately expediting the appropriate care and treatment that the victim requires.

For more information, please visit the following websites: [www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en](http://www.who.int/violence_injury_prevention/violence/world_report/en) (*World report on violence and health*)

[apps.who.int/gb/ebwha/pdf\\_files/WHA67/A67\\_ACONF1Rev1-en.pdf?ua=1&ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_ACONF1Rev1-en.pdf?ua=1&ua=1) (Canada's co-sponsorship of a World Health Assembly resolution on strengthening the health system response to addressing violence against women and children)

[www.cdha.ca/cdha/Education/Online\\_Courses/CDHA/Education/Courses/End\\_Woman\\_Abuse.aspx?hkey=47a28582-8f9d-4e02-b4f8-9a753d52190b](http://www.cdha.ca/cdha/Education/Online_Courses/CDHA/Education/Courses/End_Woman_Abuse.aspx?hkey=47a28582-8f9d-4e02-b4f8-9a753d52190b) (Course on woman abuse offered by Springtide Resources)

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