

Further reading

1. **Musculoskeletal Manifestations of Physical Abuse After Intimate Partner Violence**, Mohit Bhandari MD, MSc, Sonia Dosanjh MSW, Paul Tornetta III, MD, and David Matthews, PsyD, on behalf of the Violence Against Women Health Research Collaborative, *The Journal of Trauma Injury, Infection, and Critical Care* Volume 61, Number 6
2. **Trauma, Violence & Abuse: Acute Injury Patterns of Intimate Partner Violence Victims**, Daniel J. Sheridan and Katherine R. Nash, Sage Publications. Available online at <http://tva.sagepub.com/cgi/content/abstract/8/3/281>
3. **Maxillofacial Injuries and Violence Against Women**, Oneida A. Arosarena, MD; Travis A. Fritsch, MS; Yichung Hsueh, MD; Behrad Aynehchi, MD; Richard Haug, DDS, *Arch Facial Plast Surg*/Vol 11 (No 1) Jan / Feb, www.archfacial.com
4. **Changing dentists' knowledge, attitudes and behavior regarding domestic violence through an interactive multimedia tutorial**, Nancy Kwon Hsieh, Karen Herzig, Stuart A. Gansky, Dale Danley and Barbara Gerbert, *The Journal of the American Dental Association*

Further information relating to this initiative can be obtained via the MAV website, www.medicsagainstviolence.org or by contacting the Violence Reduction Unit, First Floor, Pegasus House, 375 West George Street, Glasgow G2 4LW

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domestic abuse dental initiative

VIOLENCE
reduction unit
Violence is preventable, not inevitable.

Introduction

Domestic abuse is our greatest national shame. Every 10 minutes the police in Scotland deal with an incident of domestic abuse, but it will have taken on average 35 previous incidents of abuse before the victim feels able to make the call.

To encourage those suffering domestic abuse to report, we need a range of strategies and support systems. Sometimes the most everyday scenarios can be the most successful in encouraging this reporting.

Dentists are frequently the first health professional a victim of domestic abuse sees when seeking care for violence related injuries as the face, teeth and neck are the most frequently injured areas. They often develop long lasting relationships with their patients that may encourage the disclosure of sensitive information, such as violence in a relationship. They are therefore perfectly placed to encourage reporting.

To take advantage of the “golden moment” for intervention this relationship may provide when it comes to domestic abuse, the VRU and Medics Against Violence (MAV) have developed a domestic abuse initiative for dentists.

This note provides a brief guide to the initiative and how it works.

If a victim of domestic abuse suffers injuries to their face and mouth, such as a broken jaw or loss of teeth, they are likely to seek treatment more quickly than they might for an injury to another part of the body. This places dentists on the front line when it comes to dealing with the outcomes of domestic abuse. In addition, many people will remain with one dental practice for many years, thus enabling a relationship to be established with a certain level of trust, making it potentially easier for a patient to confide in their dentist.

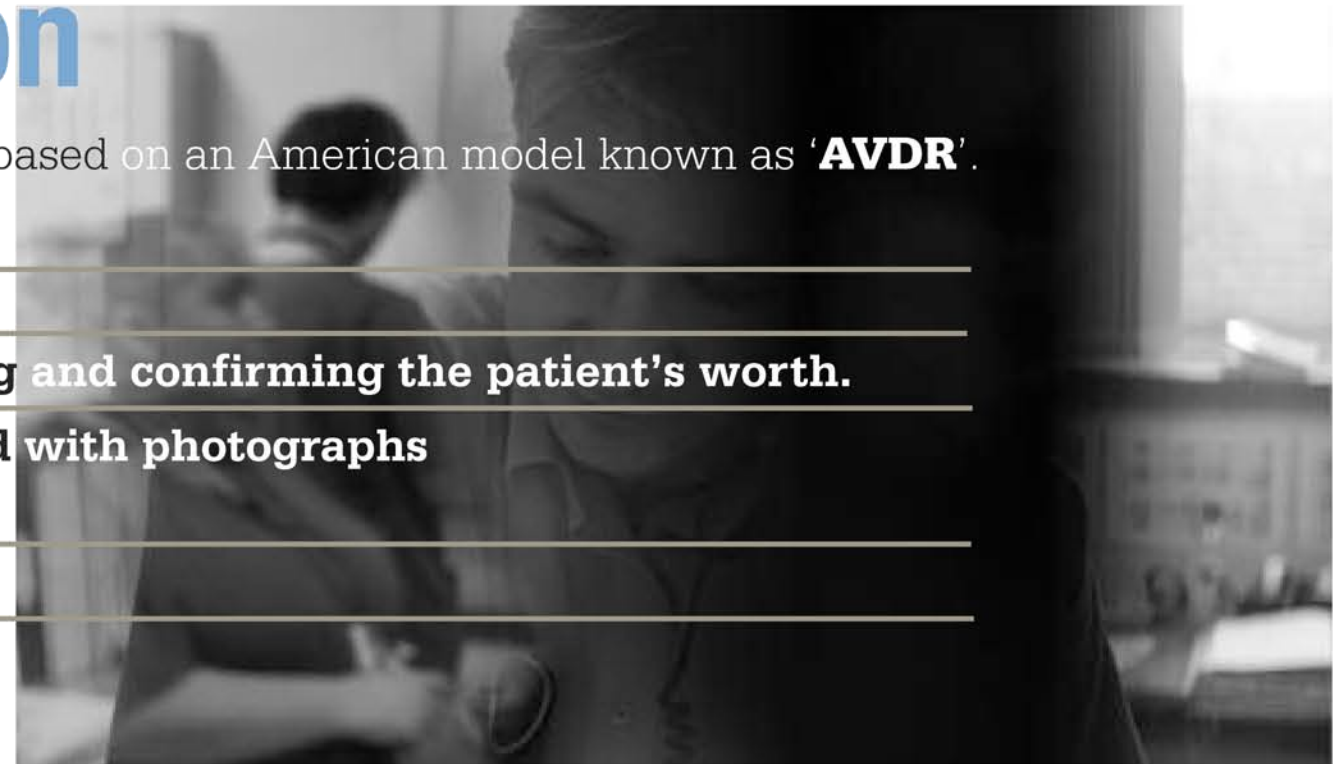
Yet despite their advantageous position to intervene, dentists are, on the whole, unprepared for this situation. Dental students receive little or no training in identifying and discussing domestic abuse, or in providing appropriate care, counselling and referrals to patients who disclose domestic abuse.

Entry to the health care system presents an opportunity for the detection of domestic abuse and referral to appropriate services, whilst failure to enquire about abuse may increase the victim's sense of helplessness and entrapment and deny them access to appropriate services.

MAV Dental Intervention

To take advantage of this unique situation, MAV have developed an intervention based on an American model known as 'AVDR'. This simple method limits the dentist's tasks to the following four areas

1. **Asking the patient about abuse.**
2. **Providing Validating messages acknowledging that violence is wrong and confirming the patient's worth.**
3. **Documenting signs, symptoms and disclosures of abuse in writing and with photographs (for example, x rays or computer images instant/photographs).**
4. **Referring victims to domestic abuse specialists in the community.**



How AVDR works

Asking

When dentists routinely ask about domestic abuse they are successfully fulfilling a major part of the intervention, regardless of what the patient discloses. The enquiry alone sends the message that abuse/violence is wrong and is a health care issue. Making the question part of the history taking helps dentists reduce their own and patients' discomfort with screening for domestic abuse.

The 'asking' should always be done in private, probably in the examination room, using non judgemental tones and wording eg "how are things at home?" This should be followed up with something similar to "Sometimes when I see bruises/injuries like this, it can mean the person is being hurt; is it happening to you, has this happened to you?"

Excerpt from the evaluation

Although many health care professionals, including the dentists in the study/evaluation of AVDR reported being concerned about offending patients or about risks involved in intervening with victims, the research did not support these concerns; in fact, victims and primary care patients report that they want their providers to ask about abuse.

Validating

When asking about abuse, dentists need to provide validating messages that show compassion and take the blame off the victim, such as, "You do not deserve to be hit or hurt no matter what happened," and/or, "I am concerned about your safety and well-being."

Excerpt from the evaluation

In a recent study, domestic violence survivors described how validation from a provider not only provided "relief" and "comfort" but also "started the wheels turning" toward realising the seriousness of their situation and changing it.

Reducing barriers for dentists

In the USA dentists reported that they did not intervene because of lack of time, lack of education around domestic abuse, lack of knowledge of the criminal justice system/legal issues and the patient's perceived unresponsiveness. They also reported that asking made them feel uncomfortable.

Patients reported that they did not disclose because of fear of their partner's retaliation, shame, humiliation, denial and a belief that health care professionals cannot do much to help.

With the 'AVDR' approach, the time required of dentists is minimal. In addition, they do not need extensive training in or knowledge about domestic abuse, which leaves specialist domestic abuse advocates to provide the necessary care. Adoption of the 'AVDR' process by dentists may also avoid the fear or frustration arising from their inability to fix the problem quickly.

Documenting

Dentists must document the presenting signs and symptoms of domestic abuse as well as any disclosures about the abuse by the victim/patient. Documenting should be detailed and specific, i.e. names, locations and witnesses where possible. The provider may need to complete body maps and take photographs or x rays to document specific injuries. These are a crucial record of the abuse.

It is also important to record the actual words used by the victim, ie "my husband punched me in the face" is far more credible in court than "Mrs X sustained blunt trauma to her face".



Referring

The last major step in the intervention is to refer victims/patients to community advocates.

The referral approach is the same as referring a patient to a specialist for the treatment of a physical condition. If the patient is not ready to speak with a specialist in domestic abuse, then the dentist must offer the patient a telephone number for advice/future referral.

To overcome the dangers of the abuser discovering literature relating to domestic abuse in possession of the victim, a 'helpline' telephone number may be printed on an innocuous free gift which has no mention of its purpose or origin.

Excerpt from the evaluation

Even if victims refuse referrals, repeatedly offering referrals or making them available helps victims feel like they are not alone and that when they are ready to seek support, it is available.

AVDR complements current health care trends

In 2008, the Scottish Government embarked upon a universal screening policy within primary health care settings. Although 'AVDR' is not a universal screening process it compliments this. Identifying risk factors, validating patients and documenting abuse puts the dentists in a proactive role and aims to prevent further domestic abuse.

AVDR is an example of preventative spending

AVDR costs very little to undertake – the only costs incurred in setting up the MAV initiative were developing the training film and programme – yet in terms of preventing domestic abuse it can potentially save thousands in terms of costs to the health service and justice system, not to mention the personal costs to the victim and those surrounding them.