



2018 Canadian Oral Health Roundtable Symposium

A collective approach ★ A shared vision

Spotting the Warning Signs of Intimate Partner Violence & Acting on Them

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Introduction



-
- The dynamics of intimate partner violence
 - Recognizing and documenting signs of abuse
 - Talking to your patient about abuse as a health care issue
 - Providing your patient with appropriate referrals and resources in the community

- Violence against women has long been recognized internationally as a major violation of a woman's human rights.
- This was formalized in 1993 with the United Nations Declaration on the Elimination of Violence Against Women
- UNICEF and the WHO have identified violence against women as an international epidemic



The Role of the Dental Professional



- Seventy-five percent of DV injuries are to the head, neck, and/or mouth
- Dental professionals routinely assess the head, neck and mouth areas of their patients and are in a perfect position to identify and treat injuries caused by domestic violence.
- By assessing for intimate partner violence, in addition to child abuse/neglect and elder abuse/neglect, Dental professionals can assist patients in getting help before life-threatening injuries occur.
- Almost two-thirds of all adults in Canada have regularly scheduled dental visits at least once a year.



- Dental professionals are in a key position to identify neglect and abuse caused by family violence and to intervene on behalf of victimized patients. However, research shows that dental professionals are the least likely of all health care providers to do so.*



**John W. Gillis, Director, U.S. Department of Justice Office of Justice Programs*

- Domestic violence is the most common cause of serious injury in women. In fact, domestic violence accounts for more than 50 percent of all female homicides.
- Even though spousal abuse is the most frequently suspected category of abuse noted by dental professionals, it rarely causes them to intervene.
- Close to one-half of the dental professionals in a JADA survey* did not view themselves as responsible for dealing with these problems.



*June 2008 | www.agd.org | AGD Impact 39

Barriers dentists said they face in recognition/intervention of domestic violence

Patient was accompanied by partner or children	77
Lack of training in identifying domestic violence	68
Concerned about offending patient	66
Patient's cultural norms and customs	53
Embarrassed to bring up domestic violence	51
Do not have a list of referral agencies	41
Do not have enough time to raise the issue of domestic violence	36
No mandatory reporting requirement	31
Believe patient would not follow up on referral	29
Believe domestic violence is not my business	23
Patient is on welfare	11



Source: Data from Love C, Gerbert B, Caspers N, Bronstone A, Perry D, Bird W.
Attitudes and behaviors regarding domestic abuse: the need for an effective response
J. Am | Dent Assoc 2001; 132:85-93

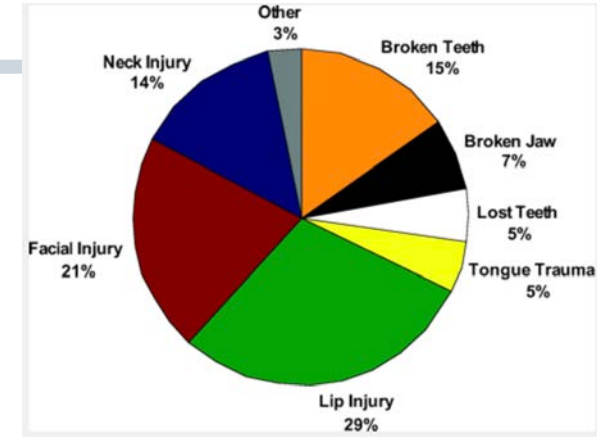
The following are other barriers as reported by dental professionals in a different survey:

- Limited knowledge of family violence issues
- Lack of practical experience on how to intervene
- Misconceptions about the nature of intervention
- Fear of litigation

*OVC Bulletin, December 2004
Family Violence: An Intervention
Model For Dental Professionals*



- With the high percentage of DV injuries occurring in the head and neck area, oral health care professionals have a unique opportunity to play a role in conducting routine assessments for IPV*
- Since most patients have positive views of their dentists and trust them, dentists have an opportunity to initiate dialogue with their patients about IPV*



**Journal of Dental Education . Volume 73, Number 4, 2009. What Victims of Domestic Violence Need from the Dental Profession Amy P. Nelms, R.D.H., 8.S.D.H., M.S.D.H.; Marylou E. Gutmann, R.D.H., 8.S.D.H., M.A.; Eric S. Solomon, D.D.S., M.A.; Janice P. DeWald, D.D.S., M.S.; Patricia R. Campbell, R.D.H., M.S.*

- Domestic violence assessment is both diagnostic and therapeutic.
- Dental professionals can and do help patients by asking about violence, performing a brief safety assessment, documenting abuse in the dental chart, and making referrals to domestic violence experts
- Asking the questions and making the referral need not be complicated or time consuming.



- Even when victims of violence avoid seeking medical attention or move to other physicians and hospitals, they will keep routine and emergency dental appointments.
- The dental professional often has established trust with the patient and therefore patients are often willing to answer questions about abuse
- A typical appointment is 30-45 minutes with the dental hygienist, 30-60 minutes with the dentist as opposed to 7-10 minutes with their physician. By asking a few well-placed questions, the dental professional can confirm the presence of domestic violence.

Appointment Reminder						
For:	_____					
With:	_____					
On:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
_____				at	_____ AM/PM	
<i>This time is reserved for you. If you are unable to keep your appointment, please let us know at least 24 hours in advance so that we may schedule a new time for you. Thank you for your consideration.</i>						

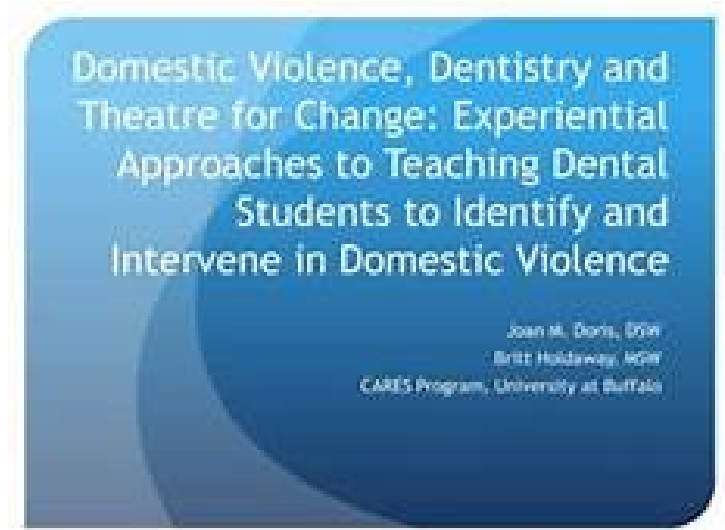
- Prior research indicates that health care providers with just one hour of education and training more frequently ask about IPV and respond more appropriately to patient disclosures than those without training or education

One survey of domestic abuse victims found that over half had visited a dentist when signs of abuse were present, but nearly 90 percent of those individuals weren't asked about their injuries. The majority said they wished their dentist had asked.



Victims need you to:

- be educated about the dynamics of domestic violence
- identify presenting signs of abuse when they visit your office
- ask them about their injuries and treat it as a health issue
- acknowledge the abuse and discuss it with them if they seem ready to do so
- give referrals and assistance*



*"What Victims of Domestic Violence Need from the Dental Profession", Amy P. Nelms, Marylou E. Gutmann, Eric S. Solomon, Janice P. DeWald and Patricia R. Campbell, Journal of Dental Education April 2009, 73 (4) 490-498

The Dynamics of Intimate Partner Violence



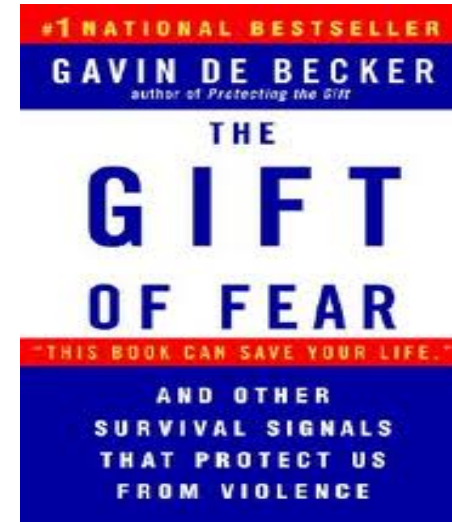
- Domestic violence or intimate partner violence is a pattern of assaultive and coercive behaviors including inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation, threats, financial abuse. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.



Types of Abuse

- **Physical** abuse includes many degrees of physical violence such as pushing, shoving, slapping, kicking, punching, hitting, spitting, pinching, pulling hair, choking, throwing things, hitting victims with an object, and using or threatening to use a weapon.
- **Sexual** abuse is making victims do any sexual acts they do not want to do or which they participate in to placate their partner.
- **Financial** abuse occurs when an abuser does not allow their partner to have money or any control over money.
- **Emotional/psychological** abuse can cause anxiety and depression. Examples of this type of abuse include insulting the victim's family or friends, ridiculing their beliefs, race or religion, using constant put-downs, threatening suicide, threatening to take the children if the victim leaves.
- **Isolation** occurs when the victim is isolated from family, friends and community as a way for the abuser to stay in control. The abuser may be extremely jealous of any contacts, monitor phone calls, mail or daily activities, keep passports and identity documents. Sometimes they may use intimidation or threats to control the victim.

- "While it is old news that many men are violent, we must also accept that women remain in and return to abusive relationships"
- And [While in our minds] leaving is the best response, it is in **trying to leave** that most women get killed.*



Stockholm Syndrome

- A psychological phenomenon in which hostages express empathy and have positive feelings towards their captors, sometimes to the point of defending them



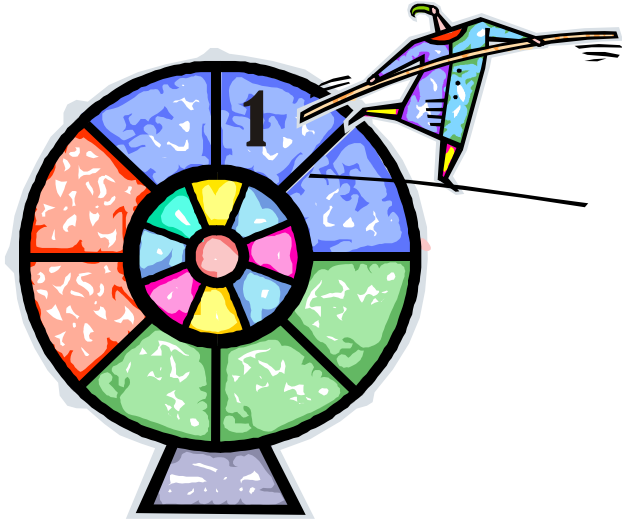
Love and Stockholm Syndrome

- While the psychological condition in hostage situations became known as "Stockholm Syndrome" due to the publicity, the emotional or traumatic "bonding" with captors was a familiar story in psychology. It had been recognized many years before and was found in studies of other hostage, prisoner, or abusive situations such as:
 - ❖ Abused Children
 - ❖ Abused Women
 - ❖ Prisoners of War
 - ❖ Cult Members
 - ❖ Incest Victims
 - ❖ Criminal Hostage Situations
 - ❖ Concentration Camp Prisoners

-
- Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem.
 - However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman's life and circumstances.



Cycle of Violence - Tension Building

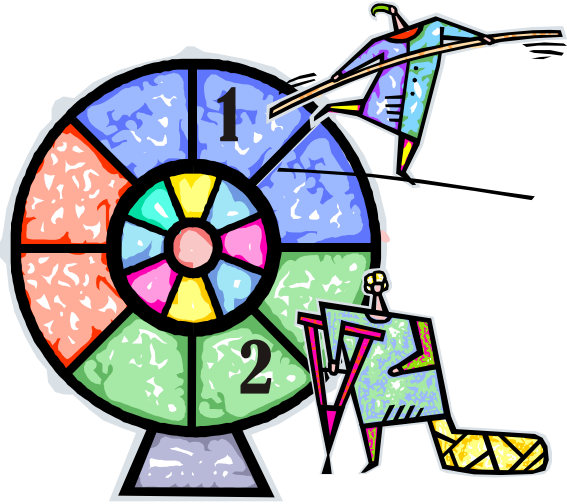


- Increased tension
- Criticism
- Intimidation
- Blaming
- Arguing



As the tension builds in the abuser, the victim does everything s/he can to keep the abuser calm and try to prevent the violence from occurring.

Cycle of Violence - Explosion



- Battering
- Hitting
- Kicking
- Sexual abuse
- Verbal threats
- Verbal abuse



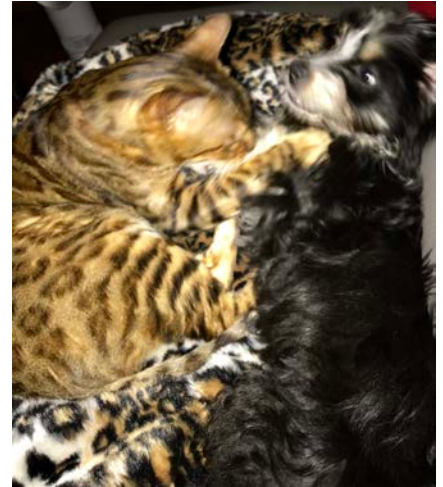
This is when the battering occurs.
One or more of forms of abuse are
inflicted on the victim.



Cycle of Violence - Honeymoon



- Denial
- Remorse
- Apology
- Reconciliation
- Promises to change
- Gifts



The abuser says s/he is sorry, tries to make it up to the victim and promises s/he will never do it again. The victim believes the promise.

Why women stay

- Traumatic bonding
- Objective is power/control
- Partner has intimate knowledge of personal circumstances
- Not isolated
- Fear of retaliation, escalation
- Denial, shame, humiliation, stigma
- Personal consequences including economic, emotional, social/cultural
- Separation is the most common risk factor present in domestic homicides



Till Death Do Us Part

The bruises they will fade away
You hit so hard with the things you say
I will not stay to watch your hate as it grows...

She's had enough, she says the end
But she'll come back, she knows it then
A chance to start it all again
Till death do us part

Nicole Simpson Brown's Letter to O.J.

I just don't see how our stories compare. - I was so bad because I wore sweats and left shoes around and didn't keep a perfect house or comb my hair the way you liked it - or had dinner ready at the precise moment you walked through the door or that I just plain got on your nerves sometimes. But I didn't pursue anything after that - I didn't prosecute, I didn't call the press and I didn't make a big charade out of it. I waited for it to die down and asked for it to. But I've never loved you since or been the same.



"One day OJ will kill me
and he'll get away with it"
Nicole Brown Simpson to
her sister, Denise Brown

Risk Factors for Intimate Partner Homicide



-
- Every 6 days in Canada, a women dies at the hands of her intimate partner
 - And yet, IPV Homicides are the most predictable & preventable of all murders



Domestic Violence Death Review Committees

- The purpose of a death review panel is to review the facts and circumstances of deaths that have key elements in common and to provide advice and recommendations to the Chief Coroner as to the steps that need to be taken to decrease or prevent fatal outcomes in the future
- Usually composed of representatives with expertise in IPV from law enforcement, the criminal justice system, the health care sectors, social services and other public safety agencies and organizations



The five bodies were removed from the Oak Bay home on Wednesday, a day after they were found. ((CBC))

Risk Factors for Homicide



- History of domestic violence
- Separation
- Escalation
- Threats to kill victim
- Threats with a weapon
- Threats/attempts suicide
- Obsessive jealous behavior (stalking)
- Access to firearms
- Excessive alcohol/drug use
- Depression (mental health)
- Isolation of Victim
- Forced sexual acts or assaults during sex
- Child custody or access dispute
- New partner in victim's life
- Perpetrator unemployed
- Presence of stepchildren in home
- Common-law relationship
- Hostage-taking
- Destruction of victim's property
- Violence against family pets
- Extreme minimization or denial of spousal assault history
- Controls victim's daily activities
- Assaulted victim while pregnant
- Chokes/strangles victim
- Youth of couple
- Witnessed domestic violence as child

Risk Factors

- 73% of all cases involved a couple where there was a history of domestic violence
- 75% to 80% of the cases involved a couple with an actual or pending separation
- The other top risk factors were: obsessive behavior (such as stalking) by the perpetrator, a perpetrator that was depressed, an escalation of violence, prior threats or attempts to commit suicide, prior threats to kill the victim, a victim that had an intuitive sense of fear towards the perpetrator and a perpetrator that was unemployed
- In 75% of the cases reviewed, 7 or more risk factors were identified.



Identifying an Abused Patient



Oro-facial Signs of Abuse

- In violent conflicts, when one person strikes out against another, the focus of attention is usually the victim's face, head and neck. Since the mouth is the source of verbal communication—often the very thing that a violent perpetrator is reacting to and the face of each person is different and is, therefore, the area of the body that others perceive as "identity", the mouth and face of the victim are most often the primary targets of rage.



What the Injuries Tell Us

- When a person is punched, slapped or beaten the skin reacts directly to the force that is applied to it.
- The direction, amount and duration of the force all play a role in how the skin is damaged.
- The severity of the injuries that result from trauma is directly related to these physical factors. So, often, the injuries can be interpreted and compared to suspicious objects to determine linkages.
- Traumatic injuries can record an impression of the object, such as a hand and fingers, a distinctive ring or other jewelry worn by the perpetrator or an object that used to strike the victim.
- A series of injuries on different areas of the head and neck, especially injuries that vary in age and degree of healing, are known to be from episodic and cyclical violence



- Some victims of violence show up at the dentist's office with visible bruises or other injuries. Other signs are more subtle. Victims might miss an appointment, or be late. They might be particularly jumpy in the dentist's chair. Sometimes, a perpetrator won't leave a victim's side during the appointment. They present with a lot of anxiety, and they don't like anything going into their mouths"*
- Some injuries are hidden by hair, make-up or clothing



*Dr. Kanchan Ganda, a physician who teaches at the dental school at Tufts and who started the school's Dental Outreach to Survivors program.

Clinical Signs of Domestic Violence

- Bruises, bites, burns, lacerations, abrasions, head injuries, and skeletal injuries are some common forms of domestic violence and trauma detectable in the dental office.
- Intraoral bruises from slaps or hits when soft tissues are pressed against hard structures such as teeth and bones.
- Patterned bruises on the neck from attempted strangulation such as thumb bruises, ligature marks, and scratch marks.
- Petechiae bruising in the face, mouth, or neck caused by attempted strangulation.
- Soft or hard palate bruises or abrasions from implements of penetration (may indicate forced sexual act/s)



Clinical Signs of Domestic Violence

- Fractured teeth, nose, mandible, or maxilla. (Signs of healing fractures may be detected in panoramic radiographs.)
- Abscessed teeth (caused by blows to an area of the face or from traumatic tooth fractures)
- Torn frenum (may be the result of assault or forced trauma to the mouth)
- Bite marks
- Hair loss (from pulling), black eyes, ear bruises, or lacerations to the head
- Injuries to arms, legs, and hands noted during the dental visit.



An avulsed tooth, a fractured tooth, and a torn facial frenum associated with orofacial injuries in physical abuse. Source: (From Neville BW, Damm DD, Allen CM, et al: *Oral and maxillofacial pathology*, ed 3, St Louis, 2009, Saunders.)

Dental Neglect

- Dental neglect could be an indicator of IPV. Patients experiencing domestic violence may be restricted by their abuser from their normal daily activities, seeking help or contact with friends and families or seeking dental or medical care.
- As a result they may suffer from lack of dental care that medically endangers themselves, untreated rampant caries, untreated pain or chronic pain or infection, bleeding or trauma affecting the orofacial region and a history of a lack of follow-through for care with identified dental pathology.
- Sometimes the dental neglect can be an indicator of a larger neglect problem. Non-treatment or lack of the continuity of care is critical in the case of facial infections that could travel through the facial planes of the body toward the heart.



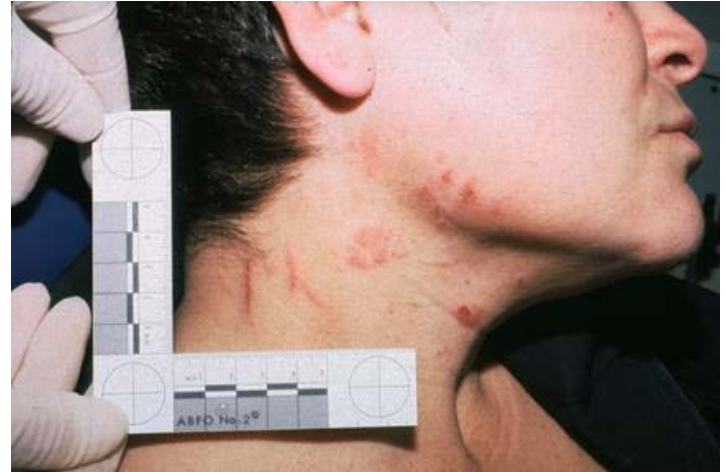
Human Bite Marks

- Unlike other altercations, domestic violence can involve intimate abuse and injuries. Human bite marks are an important sign of such intimate violence. Teeth can and are used as a weapon by a perpetrator of rage and violence as well as sexual abuse, rape and dominance
- Patterned injuries that record the shapes of teeth can be found on a victim's body. These are most common on the breasts, thighs and abdomen, although they can be found almost anywhere.
- It is also important to remember that sometimes the victim attempts to defend herself by fighting "tooth and nail". Bite marks from her teeth might be found on the perpetrator. It is important to document and photographically record all bite marks as soon as possible as their appearance (*evidentiary value*) will change with time and healing.



Strangulation*

- Only eleven pounds of pressure placed on both carotid arteries for ten seconds is necessary to cause unconsciousness. Brain death will occur in 4 to 5 minutes if strangulation persists.
- Victims may have no visible injuries whatsoever, with only transient symptoms — yet because of underlying brain damage caused by lack of oxygen during the strangling, victims have died as long as 36 hours later.



*McClane, G.E., Shanel-Hogan, K.A., Strack, G.B. Never Let A Victim Die in Vain © San Diego City Attorney's Office, 2001, Gwinn, C., McClane, G.E., Shanel-Hogan, K.A., Strack, G.B. Domestic violence: No place for a smile. Journal of California Dental Association, 32(5): 399-409.

Strangulation*

- Strangulation is often indicative of a high level of IPV in a relationship that can escalate quickly to death.
- The dental professional may observe visible injuries to the patient's neck including ligature marks, scratches, abrasions, scrapes, and bruises from assailant's thumb and fingers.
- Petechiae on the neck, face, eyes, scalp, and mouth may be present.
- Symptomatic voice changes will occur in up to 50 percent of victims.
- Swelling and swallowing or breathing difficulties could be an indicator of underlying neck injury.
- Identification, intervention and quick action to refer the patient for medical evaluation and treatment can save a life.



*McClane, G.E., Shanel-Hogan, K.A., Strack, G.B. Never Let A Victim Die in Vain © San Diego City Attorney's Office, 2001, Gwinn, C., McClane, G.E., Shanel-Hogan, K.A., Strack, G.B. Domestic violence: No place for a smile. Journal of California Dental Association, 32(5): 399-409.

Examination

- Observe patients walking into your office and how they behave in the waiting area.
- Does the patient appear to be in pain as he or she walks into the operator or sits in the dental chair? A patient who has fractured or broken bones or ribs may display hindered movement.
- Does the patient appear uncomfortable as he or she sits down?
- Evasive, vague complaints; explanation inconsistent with injuries; reluctance to speak in front of partner; overly protective or controlling partner.
- Is there a history suggesting domestic violence?
- History of a lack of follow-through for care with identified dental pathology, delay in seeking care or repeat visits.



Examination*

- When a patient is in the chair, observe his or her head to detect any swelling of the scalp from trauma or fracture. Are there bald spots where hair was traumatically removed or pulled? Bruising under the hair, behind the ears, bleeding?
- Do hands reveal any type of trauma such as burns from cigarettes, lighters, or "glove-like" burns from scalding water?
- Are there oval-shaped abrasions or lacerations that indicate bite marks?
- Petichiae? Scratches to the chin, bruising to the neck area?
- Injuries to arms, legs, and hands noted during the dental visit.



*Shanel-Hogan, KA. Dental Professionals Against Violence. California Dental Association Foundation, Inc., 2004

Examination

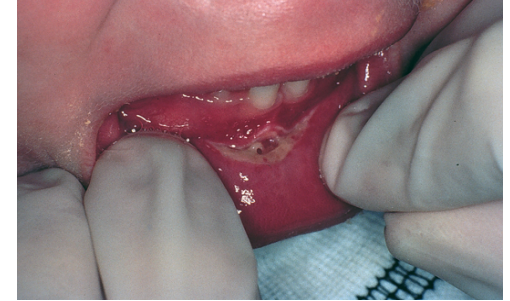
All the soft tissues of the mouth should be examined systematically following an injury:

- cuts, bruises, contusions, foreign bodies (dirt and tooth fragments), vermillion border injuries
- Frenum - tears and lacerations
- Mucosa - bites, tears and contusions
- Palate, soft palate and fauces - bruising and penetrating wounds
- Tongue - bites and lacerations
- Floor of mouth - bruises, lacerations and penetrating wounds
- Gingiva - crushing, shredding and tears
- Skin - bruises, contusions and lacerations.



Clinical Signs Of Domestic Violence*

- Visible marks, bruising or injuries to the chin and inside the mouth, on the neck and on the head
- Upper or lower natural teeth might be loose or missing, an artificial denture might be broken or missing.
- Bruising, swelling or bleeding from the inner surface of the upper or lower lip that damages the tissue connecting the lip to the jaw (*labial frenum*). This injury in children is thought to be from physical abuse until proven otherwise. It is common in all victims of violence after being slapped across the mouth.
- Abscessed or nonvital teeth could be caused by blows to an area of the face or from traumatic tooth fractures
- Bitemarks
- Hair loss from pulling, black eyes, earlobe or chin bruises, or lacerations to the head.



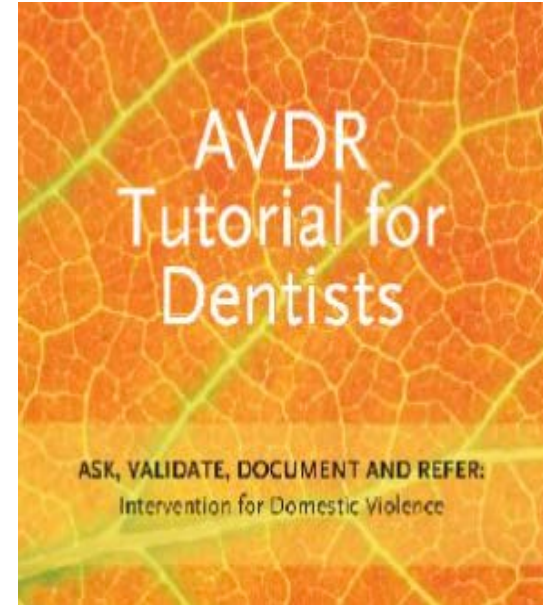
*Shanel-Hogan, KA. Dental Professionals Against Violence. California Dental Association Foundation, Inc., 2004

Talking to your patient



Ask Validate Document Refer

- The authors of an article titled "Changing Dentists' Knowledge, Attitudes, and Behaviors Regarding Domestic Violence Through an Interactive Multimedia Tutorial" developed a tool called "AVDR," an acronym for "asking, validating, documenting, and referring"
- The AVDR provides a brief, interactive learning experience to help dentists and dental students respond to domestic violence.
- Adaptable for use by any health care professional



Harder



The Four-Stage AVDR Process

- asking the patient about the injury or incident;
- providing validating messages that battering is wrong and it is not the victim's fault in any circumstance;
- documenting signs, symptoms, or any verbal disclosures that the patient has shown or given in the patient's records in writing and with any pictures; and
- referring victims to a DV specialist, which may include counselors, authorities, or shelters.

Using the AVDR Approach

- This method of intervention requires that dentists ask about abuse, sending the message that domestic violence is a health care issue; validate that battering is wrong to remove blame from the victim and confirm his or her worth; document presenting signs to create a written record of abuse; and refer victims to domestic violence specialists.
- It has been estimated that in the vast majority of cases, interventions only require five to 10 minutes of a dentist's time thereby improving the way in which they help patients who are victims of domestic violence.
- Dental professionals who are educated about domestic violence are more likely to screen for abuse and intervene appropriately.

Using the AVDR Approach

STEP	HELPFUL APPROACHES
Ask	• "Sometimes when I see (a loose tooth) (broken teeth) (bruises) like this, it means the person is being hurt by someone. Could this be happening to you?" • "I am concerned about you and these injuries. Is everything ok?" • "It looks like you've been hurt by someone. How are things going for you at home? Is there anything you would like to talk about?"
Validate	• "As your dentist, I have to ask when I see signs that are often associated with abuse. A lot of people have that problem and no one deserves to be abused." • "Whatever is happening, you didn't cause this. You do not deserve to be hit or hurt no matter what happened." • "Everyone ought to feel safe at home. I'm concerned about your safety and well-being."
Document	• Document presenting signs and symptoms of abuse location, size, duration, color, shape • Take photos if patient consents • Document patient disclosures in specific and detailed manner, using patient's exact words in quotations, including names, locations and witnesses.
Refer	• Offer a list of local domestic violence resources/referrals in private • If patient declines (may note feel ready; may not feel safe enough), let her know that these are available • Follow up at next visit with "How are things at home?" Validate and offer referrals again in non-judgmental way

Source: Adapted from AVDR training materials with permission from Dr. Barbara Gerbert, director, Centre for Health Improvement and Prevention Studies, University of California at San Francisco.

AVDR: Intervention Basics

DO

- Assure patients of confidentiality to the extent allowed under the province's mandatory reporting laws
- Listen to the patient
- Respond to the patient's feelings
- Acknowledge that disclosure is scary for the patient
- Tell the patient that you are glad she or he told you
- Provide the patient with options and resources
- Document the information in the patient's chart
- File mandatory reports
- Schedule a follow-up visit

DON'T

- Joke about the violence
- Minimize the issue or try to change the subject
- Discuss the abuse in front of the suspected perpetrator
- Violate confidentiality, unless it falls under the province's mandatory reporting laws or life is at risk
- Give advice or dictate an appropriate response
- Shame or blame the patient
- Grill the patient for excessive details of the abuse
- Lie about the legal and ethical responsibilities to report suspected abuse.

Source: Adapted from AVDR training materials with permission from Dr. Barbara Gerbert, director, Centre for Health Improvement and Prevention Studies, University of California at San Francisco.

Summary

Address:

- Health needs and follow-up medical care
- Abuse to any children

Send Important Messages to Patient (Avoid Victim Blaming):

- You are not alone
- You are not to blame
- There is help available
- You do not deserve to be treated this way

Assess Safety:

- Are you afraid to go home?
- Have there been threats of homicide or suicide?
- Are there weapons present?
- Can you stay with family or friends?
- Do you need access to a shelter?
- Do you want police intervention?

Make Referrals

Charting & Documentation



Dental Chart

- The dental chart reflects collected information and data regarding incidents of trauma, routine examinations, and treatments that often include charting of the soft and hard tissues of the head and neck. Periapical radiographs (x-rays) of individual teeth and panoramic radiographs of the head may be available for pre- or post-trauma comparison.
- If the patient has had restorative or orthodontic treatment, available plaster or stone study models may demonstrate pre-trauma conditions.
- Intraoral or extraoral photographs may document structures prior to trauma. If trauma is demonstrated inside the mouth, intraoral color photography provides documentation.



Dental Chart

- Use the patient's own words regarding injury and abuse (Quoted remarks and disclosures made by the patient (i.e. "My husband hit my face with a fist.")
- Take photographs of injuries (intraoral and extraoral) and x-rays
- Full descriptions of injuries (i.e. bruising, lacerations, bleeding, and swelling) including measured size, shape and color & location
- Document symptoms ie The patient had a raspy voice and appeared to have difficulty catching her breath.
- Legibly document all injuries; use a body map, head and neck region map, and intraoral chart

[illegible]

Dental Chart*

- Note any referral made to other health care provider, domestic violence organization, and/or other resource
- Note any legal recourse taken
- If any written report is required, place a copy in the confidential area of the chart)
- Quoted remarks and disclosures made by the person accompanying the patient (i.e. "She is so clumsy that she keeps falling and hitting her head. What am I to do?"
- Observable demeanor and behavior of the patient. (i.e. The patient ducked as her husband accompanying her raised his hand toward her to make a point.)

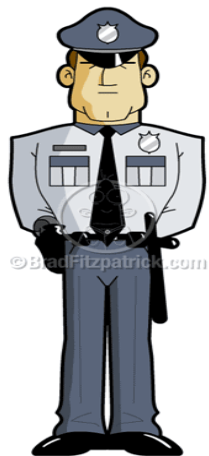
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*Shanel-Hogan, KA. (2002). Domestic violence charting for dental office. In Domestic Violence Practical Guide for Providers, Yolo County 3rd Revision. (2002), p.7.

Documentation Summary

- Medical or Dental Records
- Photographs
- Radiographs/X-Rays
- Verbatim Recording of Oral Statements of patient
- Diagrams/Charting of Injuries
- Observations/Professional Opinions
- Detailed Notes/Observations





911 CALL

Victim Testimony

Hello Jocelyn,

My name is ____ and I am not sure if you will remember me but you worked on my case a few years back. Our case was a domestic violence one of course, where I had called 911 after my (ex) husband, ____, tried to strangle me. At the time of the trial I was scared and uncooperative because I refused to release my prior medical files that proved how violent he was. I can honestly say now looking back, I regret it every day of my life....

There were so many times where this man came so close to killing me...I am in a strange way almost honored that you use my 911 tape for training purposes with the RCMP. If that tape made the difference to even just one police officer in making an arrest and helping another victim, then I feel that I have made a difference in the law.... This is so important to me on so many levels. There are too many women out there dying. I am lucky I was not one of them. I want to be heard. Loud and clear. I know my case will help your cause. Please use it.

What can you do?

- Create a Supportive Environment for Patients
- Commit to begin routine assessment for domestic violence at your dental office/clinic. Begin by trying with new patients on intake.
- Document assessment of domestic violence using a rubber stamp on clinical records or add this to patient chart
- Order & place victims' safety cards in the bathroom, and/or dental operator for patients who need information, but may not be ready to disclose.
- Order and wear buttons so your patient knows she can talk to you about her situation without embarrassment

Safety Planning

- Prepare a safety bag and keep it hidden in a secure place, e.g. with a friend. This bag should include items such as clothing for you and the children; cash for a taxi and essentials; a list of important telephone numbers (including transition houses); medication; and a spare set of keys. Include important valuables and saleable items, photocopies of important documents: passports, visas, immigration papers, birth certificates, marriage license, bank books, insurance papers, and tax returns.
- Save money for an emergency in a safe place or ask friends or family members to hold money for you. Have a savings account opened in your own name.
- Keep a diary. Keep any evidence: pictures, threatening letters, records of medical visits, or apology notes.
- Contact a lawyer to know your rights.
- Before another incident occurs, leave if possible, and go to a safe place.
- In an emergency, call 911

ASSESSMENT: ☐ Yes ☐ No
☐ DV+ ☐ DV- ☐ DV?



In Summary

- Learn more about domestic violence and the role you can play in intervention and prevention
- Regular face-to-face screening/assessment of women by skilled health care providers markedly increases the identification of domestic violence victims, and increases the likelihood that a lethal outcome can be avoided
- AVDR - Ask, Validate, Document, Refer
- Protocols should be established in your practice including Patient Intake Forms that ask about DV, displaying literature, brochures, safety cards or posters in your waiting area or washrooms that provide information about where a victim can get help



*"A nurse would look at me and know...What about the burn on my hand? The missing hair? The teeth? I waited to be asked. Ask me. Ask me. Ask me. I'd tell her. I'd tell them everything. Look at the burn. Ask me about it. Ask."**

*from Roddy Doyle's 1996 novel: *The Woman Who Walked into Doors* about a battered woman and her encounters with the health care system

