

Addressing Domestic Violence as an Oral Health Issue

An Overview of BPHC Training and Collaborations

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Why Dental Providers?

- 1 out of 3 women and 1 out of 4 gay men have experienced some form of physical or sexual abuse by an intimate partner.
- 65-75% of injuries resulting from abuse occur in the region of the head, neck and/or mouth.
- Abuse is associated with numerous physical and mental health issues, including, and inseparable from, oral health.
- Physical and sexual abuse as a child or adult result in many forms of trauma and dental fear.
- The controlling and isolating tactics used by many abusers can keep victims who are currently being abused from obtaining many forms of health care, including dental care.



Why Dental Providers (cont)

- Survivors of abuse have a need for sensitive and quality dental care, yet may face many barriers due to fear and inability to access services.
- Dental providers are not typically educated about intimate partner abuse, yet they treat many of the injuries inflicted by abusive partners, are in a unique position to see and inquire about the abuse, and can be a trusted source of information and support.
- Dental providers play a critical role in the health care response to domestic violence!!



Oral health/DV training history

2001-2002

Asian Task Force providing DV Training as part of Violence Intervention Educational Programs at TUSDM

2002

•BPHC and ATF join to conduct expanded clinical training for 3rd year dental students

2004-2007

•TUSDM Medicine curriculum expanded to add violence/DV lectures in 1st and 2nd Years, Survivor speakers

2003

•Grant from Delta Dental of MA allows survivors of DV to receive free dental care at TUSDM

•Funding from Delta Dental renewed, project re-named Dental Outreach to Survivors (DOTS)

1992-2002

BPHC providing DV training to health care professionals, including dental providers

•Community dental providers trained through TUSDM continuing ed, BPHC trainings at CHCs and Forsyth Inst.

•Evaluation mechanisms incorporated



In-class Training- 1st Year

Violence as a Health Issue (Intro/Overview)

- Extent and Types of Violence/Abuse
- A Closer Look at Family, Intimate Partner and Sexual Abuse
- Health Consequences of Violence
- The Role of Health Care Providers in responding to Family violence (intro)



Extent and Types of Violence

Interpersonal Violence around the world takes many forms:

- Family violence (partner, child, elder, pet)
- Community violence
- Institutionalized violence
- Civil war and other violence among nations



Family, Intimate Partner, and Sexual Abuse

- Often co-occur, victimization often leads to future victimization and/or perpetration
- Occurs in private; shame, isolation, disbelief, and threats are key factors in keeping victims trapped
- Victim blaming very common, perpetrators not held as accountable as with other types of crimes



Vulnerable populations

Multiple forms of oppression in US intersect, increasing risk for:

- Women
- People of color (particularly African American and Native American women)
- Older women, girls, older men and boys
- People with Disabilities
- LGBT folks
- Poor, homeless
- Immigrants

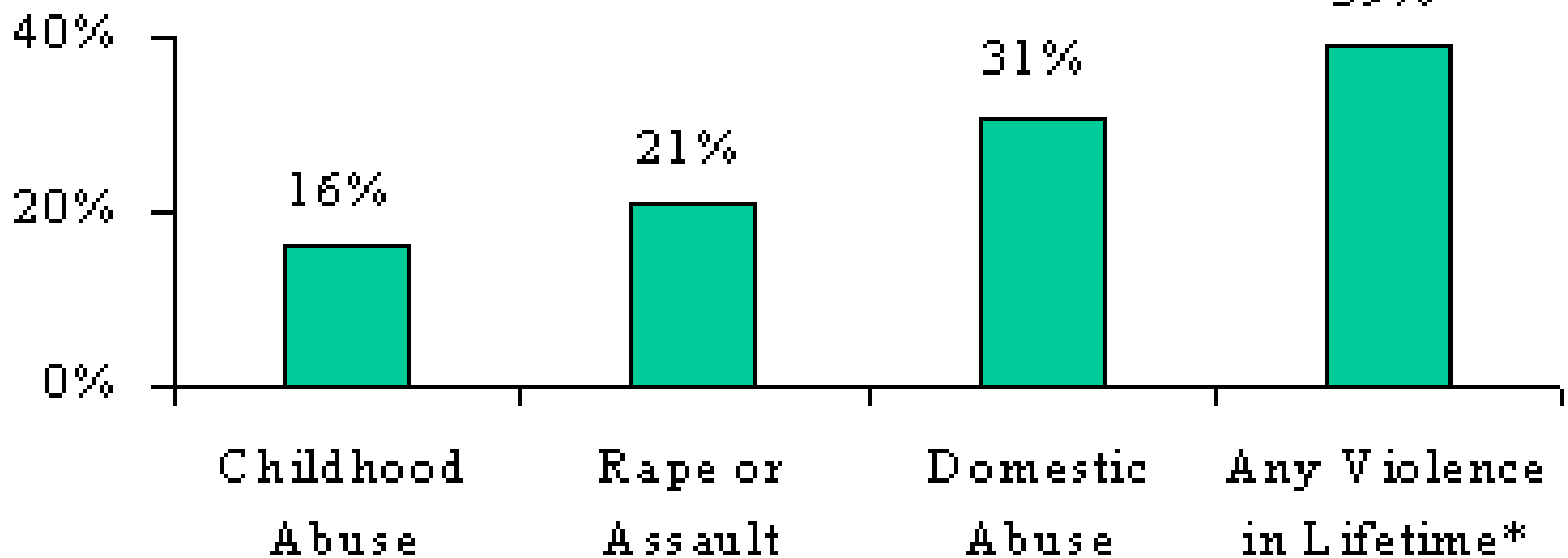


Family, IP/SA (cont)

- Family, IP/SA occur around the world, in all countries, cultures, religious groups, classes, and professions. **NO ONE IS IMMUNE**
- Women and children are predominantly the victims and face disproportionate health consequences.
- As providers, we must be sensitive to others' backgrounds and cultures, how these affect tactics of abusers, effects on victims, and options for both.

Rates of violence and abuse are disturbingly high among women.

Percent exposed to violence or abuse

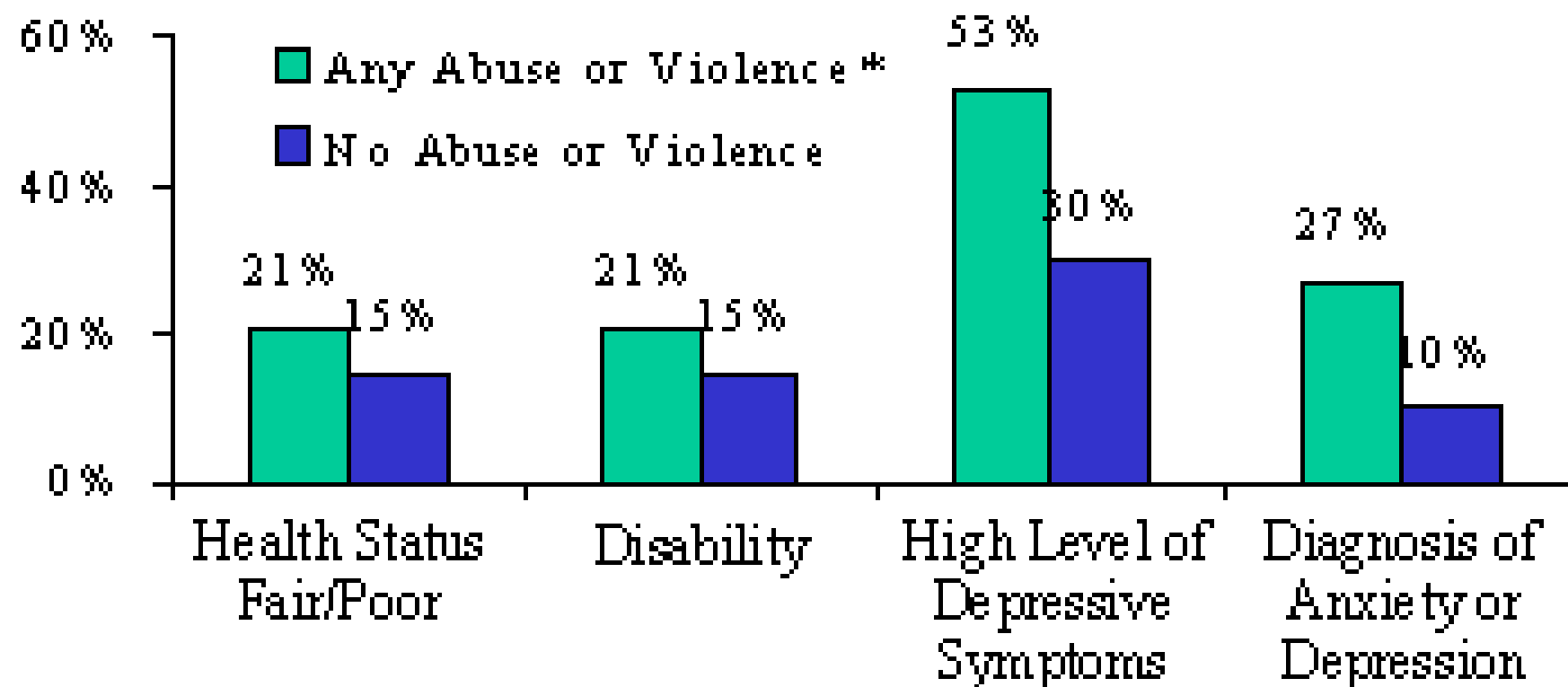


*Includes assault, battery, or rape by a spouse or partner, or physical/sexual assault or rape by anyone else, or physical or sexual abuse that occurred in childhood.

Source: *The Commonwealth Fund 1998 Survey of Women's Health*

Violence and abuse are linked to poorer health for women.

Percent of women with health problem



*Includes assault, battery, or rape by a spouse or partner, or physical/sexual assault or rape by anyone else, or physical or sexual abuse that occurred in childhood.

Source: *The Commonwealth Fund 1998 Survey of Women's Health*



Health Effects of Abuse

- Homicide and Suicide
 - Maternal and Infant Mortality and Morbidity
 - Death from injuries or other health consequences
 - Physical injuries*
 - Disability
 - Depression, anxiety disorders, PTSD*
 - Chronic pain *
 - Intestinal and neurological disorders
 - Reproductive health problems
 - STD/HIV infection*
 - Alcohol/Drug dependency*
 - Eating disorders*
 - Difficulty accessing health care*
- * Directly related to Oral Health



Oral Health Effects of Abuse

- Injuries to the teeth, soft tissue, jaw, face, head, neck
- STDs
- Difficulty eating
- Dependency on pain medication
- Non-compliance, neglect of oral hygiene
- Dental fear resulting from trauma (child or adult)



In-class Training- 2nd Year

Intimate Partner Violence- A Dental and Public Health Problem

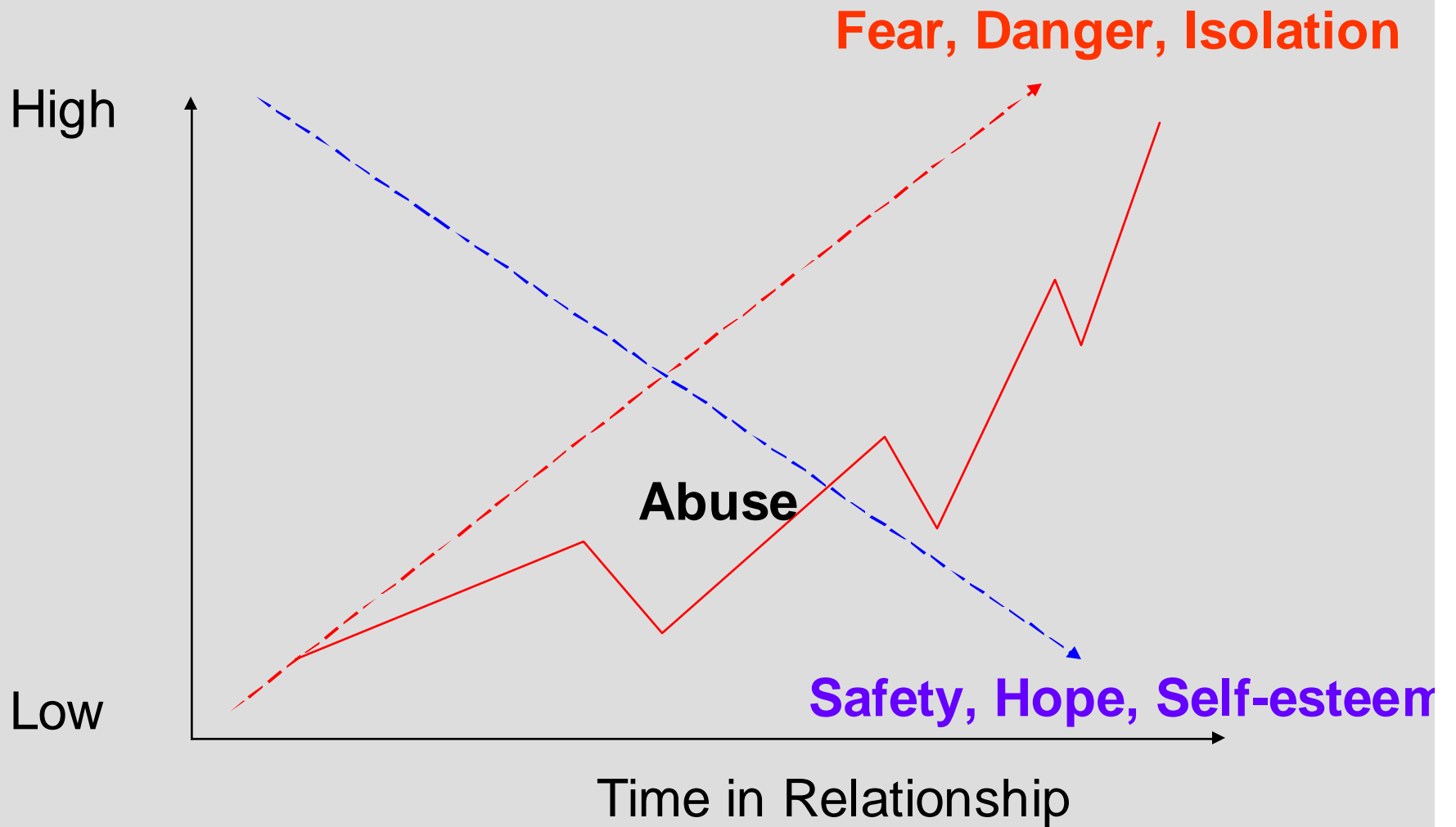
- Definitions and Prevalence of IPV
- Types of Abuse
- Dynamics of Abusive Relationships
- Cultural considerations
- Multi-Disciplinary Response to IPV
- The Role of the Dentist



Examples of Abuse/Control Tactics

- **Physical**
 - Overt or threatened; against victim or others
- **Emotional/Verbal**
 - Isolation, humiliation, intimidation, deprivation
- **Sexual**
 - Coerced sex, forced prostitution, rape
- **Financial**
 - Interference with work/school; ruined credit

Course of an Abusive Relationship



ADAPTED from the Pattern of Abuse Graph from the American College of Nurse-Midwives



Why might victims stay?

- Fear of retaliation by abuser (separation violence) or others
- Loss of benefits or immigration status for self or children
- Love, hope, confusion, shame, believe abuse is their fault
- Lack of information, unaware of legal rights, other resources
- Financial, physical, or social dependence on abuser
- Societal/family pressure to keep relationship and/or family together
- Fears and barriers related to racism, homophobia, etc
- Co-occurring health or trauma-related issues
- Victim blaming, lack of viable options

Criminal Justice



Health Care



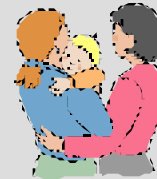
DV/SA Programs



Education



**Other
Community
Responses**



**Faith
Community**



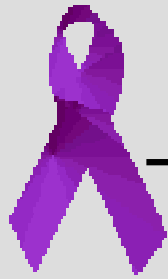
Employers



In-class Training- 3rd Year

Addressing Intimate Partner Violence in the Dental Setting

- Survivor perspectives on the experience of abuse and the role of the dental provider
- Identifying and responding to victims of abuse in the dental setting- Interactive DVD tutorial from Family Violence Prevention Fund
- Role Plays



The Dental Provider's Role

- Learn how to recognize signs of abuse, inquire directly if safe/appropriate
- Validate patient's experience; document objective findings; provide information, support, and referrals; report if required by law
- Treat injuries and other health effects resulting from violence/abuse
- Learn techniques to lessen the negative impact of the dental visit on patients who may have trauma-related fears



The role of the Dental Provider is NOT to:

- Stop the violence or “save” the victim
- Tell the patient what s/he should do or judge patient for choices s/he makes
- Violate the patient’s privacy and confidentiality (except as required by law)



Trauma-informed Guidelines for ALL Patients

- Assess patient's fear, consider whether fear has ever interfered with oral health.
- Be aware of potential for flashbacks, triggers-PTSD.
- Ask patient what you can do to make her/him most comfortable.
- Allow patient maximum control of exam procedures.
- Communicate!



For Patients in a Current Abusive Relationship

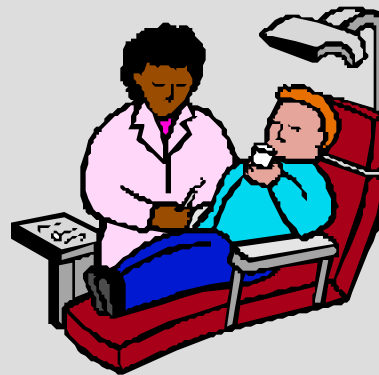
In addition to previous slide...

- Consider whether abuse or fear might be associated with current health issues, including ability to keep appointments.
- Schedule follow-up appointment, assess ability to follow treatment plan, allow for flexibility.
- Remind staff of safety protocols and policies re: who comes into exam room, sharing information about appointments, billing, reminder phone calls.



Survivor Perspectives

- Importance of survivor perspective
- Training goals for students





Evaluation

- Exam questions
- Training satisfaction/evaluation
- 3 year student pre-/post survey
- Working to adapt client satisfaction survey developed by COBTH DV Council

For more information

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Family Violence Prevention Fund

<http://www.endabuse.org/programs/healthcare/>
