Dental health care for victims of partner violence and sexual assault – Development, evaluation and implementation of recommendations for action

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Background

Violence poses the most frequent health risk for women worldwide (WHO 2002, 2005). Population-based studies in Germany show that every third woman between the ages of 16 and 85 falls victim to violence at least once in her lifetime, whereby the perpetrators are most often partners or ex-partners (Müller/Schröttle 2004; Schweikert 2000). International studies have determined that 85 – 94 % of victims of intimate partner violence suffer injuries to the head, neck, face or mouth (Ochs et al. 1996; Hesh et al. 2006). 57 – 84 % dentists view themselves as possible contact persons in cases of interpersonal and sexual violence (Aved et al. 2007; Blättner et al. 2008). However, they often feel uncomfortable when confronted with violence victims. Only 60 - 70 % of injuries caused by partner violence are documented as evidence by dentists and in many cases these records are not helpful for prosecution or court proceedings (Love 2001). Therefore it is necessary to provide information, recommendations for action and standardized documentation protocols for dental clinics and practices in order to ensure appropriate assessment and recording of incoming cases of partner violence.

Aims

Part I. Development of a set of instruments to ensure the documentation of forensic evidence of orofacial injuries due to partner violence
- Develop a documentation system based on international experience.
- Develop a set of supporting measures.
- Develop recommendations for community intervention models.

Part II. Pilotphase
- Survey of the prevalence of interpersonal violence in dental clinic settings.
- Evaluation of the feasibility and possible revision of the documentation protocol.
- Implementation of the documentation protocol in all Hesse dental clinics and practices.

Procedures and Methods

Part I.
- Systematic literature research (Cochrane Library, EMBASE, CINAHL, MEDLINE)
- Screening of international guideline-databases (e.g. GIN, NCCO)
- Establish an advisory council of leaders in the field (in dentistry, violence prevention, forensic medicine)
- Develop recommendations for community intervention models for dentists dealing with women who suffer partner violence or sexual assault

Part II.
- Testing and evaluation of the documentation protocol (3 months feasibility study at the Frankfurt University Clinic, Focus Group with the dental staff)
- Statistical evaluation of the data on the prevalence of interpersonal violence
- Implementation of all instruments in Hesse dental clinics by briefing and sharing out to dental practices.

Results

Part I. To date, recommendations or guidelines for dentists specifically addressing the needs of women who have experienced violence do not exist. Therefore evaluated and revised instruments were developed, consisting of:
- Dental documentation protocol
- DENT-DOC-CARD
- Flowchart for dentists
- Recommendations for community intervention models

Part II. Preliminary results

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Female (n = 31)</th>
<th>Male (n = 41)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>28.39 ± 10.97</td>
<td>31.39 ± 12.44</td>
</tr>
<tr>
<td>Victim/Perpetrator relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Ex-Partner</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Family member</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Acquaintances</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Strangers</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>No information</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Cause of injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punch</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>Kick</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Weapon</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
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</tr>
<tr>
<td>No information</td>
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<td>2</td>
</tr>
</tbody>
</table>

The majority (nearly 80 %) of victims of interpersonal violence who consulted the clinic were male, about 20 % were female.

Violence against women was more often perpetrated by partners or relatives, while men predominantly suffered assaults from strangers.

Women were more willing to give details of the experienced violence then men.

Evaluation of the documentation protocol

- The documentation protocol covers all reliable aspects and is easily filled out. However, completing the form is often hampered by time constraints.
- A proper visual documentation of the injuries is performed only in a minority of cases. This is owed to lacking awareness of the benefits of photographic evidence; furthermore, a camera is often not at hand.
- Despite guidance through prior briefing and the protocol itself, dentists continue to have difficulty identifying victims of partner violence and are reluctant to broach the topic with patients. They do, however, show great interest in education on this subject.
- Dentists are not aware of their unique position in identifying victims of partner violence.

Discussion and Conclusion

When treating injured women the documentation protocol should always be filled
- There is a high likelihood of abuse by partners or family members.
- Ensuring accurate forensic documentation of injuries facilitates the victims’ right to legal recourse and can be decisive for potential prosecution procedures.

Raising dentists’ awareness of signs of partner violence in their patients
- Train dentists to be thoughtful, to assess for partner violence appropriately, to document presenting injuries and to refer victims to local helplines/ support centres.
- Structural improvement in dental clinics ( e.g. assign responsibility for the availability of camera equipment and handouts about helplines and other community support, allow extra time for documentation).

Transfer of the knowledge and experience acquired in Hesse
- Improvement of health care by taking violent events into account.

Cooperation Partners

- Funded by the Hesse Department of Sciences and Arts and the Hesse Department of Social Welfare
- German and Hesse Dental Associations
- Hesse Violence Prevention in Health Network
- Registered association ‘laugh again’
- WHO/ Violence Prevention Alliance

Duration: 01.06.2008 – 30.09.2010