



**Giornata Internazionale
contro
la Violenza di Genere**



**Il dentista e il rispetto di genere:
prevenzione, azioni, cronaca nera**

Intimate Partner Violence (IPV): How a Dentist can play a Role for victims of IPV?

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Abstract

Intimate partner violence (IPV) is a common source of psychological, emotional and physical morbidity. Victims of domestic abuse primarily go without help, as a majority of the attacks are not reported to the proper authorities. As a result, the medical and dental communities often act as the first line of defense as victims count on their help to relieve physical pain and repair the devastation. Dental professionals can play an important role in identifying and referring victims of Intimate Partner Violence or Domestic Violence (DV). Since most of the injuries sustained by victims occur in the head and neck region, dental professionals are uniquely positioned to help address this enormous public health issue. Unfortunately, dental professionals are among all health professionals who hardly deal of to identify and refer victims of abuse. Failure is due to a lack of sufficient knowledge. Barriers to screening for IPV & DV occur at the victim, healthcare provider and at various system levels, but they can be overcome with increasing awareness & educating them. IPV education, assessment and management should be a given utmost priority, so that dental professionals can help improve the lives of the many women faced with abuse.

Key Words: - Intimate partner violence, Dental Professionals, Patients

Signs and symptoms may include:

- 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, scratch marks.
- Petechiae bruising in the face, mouth or neck caused by attempted strangulation.
- Soft and hard palate bruises or abrasions from implements of penetration may indicate forced sexual act(s).
- Fractured teeth, nose, mandible or maxilla. Signs of healing fractures may be detected in panoramic radiographs.
- Abscessed or non-vital teeth could be 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.
- Bitemarks
- Hair loss from pulling, black eyes, ear bruises, or lacerations to the head.
- Injuries to arms, legs, and hands noted during the dental visit.

Ask:

- Ask the patient like “It looks like you’ve been hurt or tortured by someone. Tell them that I am very much concerned about you and these injuries. Is everything fine? How things going for you at home? Is there anything you would like to share or 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 is extremely wrong. You not at all deserve to be hit or hurt by someone, no matter what happened.”

Documentation:

- Document presenting all signs and symptoms of abused victim like the location, size and shape of injury, duration, colour, etc.
- Take photos and radiographs if patient gives consents
- Note down patient disclosures in a specific and detailed manner; record the data in patient's exact words in quotations, including names, locations and witnesses.

Refer:

- Suggest some centers or hospitals of local domestic violence resources/referrals in private
- If patient declines (may not feel ready; may not feel safe enough), let her know that these sources are available.
- Follow up at next visit with “How are things at home?”
Validate and offer referrals again in non-judgmental way

Do's	Don't
Assure patients about confidentiality to the extent allowed under the state's mandatory reporting laws	Make Joke or fun about the violence
Listen to the patient carefully and calmly	Minimize and concise the issue and try to change the subject
Respond to the patients feelings bring them into your confidence	Discuss the abuse in front of suspected person
Acknowledge that disclosure is scary for the patients	Violate confident talks, unless it falls under the state's mandatory reporting laws
Tell the patient that you are happy enough that she or he told you and trusted you to share the things with you	Give advice or dictate an appropriate response
Guide and provide the patients with option and resources.	Don't make patient feel ashamed or blame him/her for this reason.
Document the information in patients chart/Case sheets	Grill the patient for excessive details of abuse
Schedule a follow up visit.	Lie about the legal and ethical responsibilities to report suspected abuse.

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Mark Foster 

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Recognising domestic abuse

Inappropriate clothing Individuals who do not have appropriate clothing for the weather, eg an individual wearing a scarf and long sleeves when it is very warm. They may be covering bruises or other marks from physical violence

Signs of physical abuse Obvious signs of physical abuse or assault such as scratches, bruising, burn marks, and bite marks, especially if these are displayed in sites common for non-accidental injuries

Difficult/challenging behaviour Patients who may be aggressive or apparently pose challenges to staff in your dental practice, particularly if there seems to be no logical reason for the reaction

Accompanied to appointments Adults who are accompanied to their appointments by a partner or significant other when there is no apparent reason why, especially if the partner insists on being present for the whole appointment and is not content to sit in the waiting room while the patient is being seen.

Always bear in mind, when an individual discloses their abuse, they are expecting an appropriate professional response. You should not make any promises to a patient about what will happen next, and neither should you respond in an overly emotional manner. Be clear and concise in what you are telling the individual, listen carefully and respectfully, make notes if possible, be mindful of your words, and try to be as open as possible about what next steps you will take, especially if you will be informing other professionals such as the safeguarding lead. Best practice is always to discuss next steps with the patient, not to seek their permission but to let them know what your actions will be.

What questions can I ask if I suspect an individual has been a victim of domestic abuse?

Some women have these symptoms/injuries when they are at risk of abuse. Are you afraid of anyone at home...?'

Does anyone try to control you or what you do?'

How is your relationship with your husband/partner/family?'

Has someone hurt you?'

Do you feel safe?'

Are you ever afraid of, humiliated, or hurt by anyone?'

You should never ask about abuse if the individual is accompanied, even by a child. Asking these questions in the presence of the partner you suspect may be carrying out the abuse, or an apparently supportive family member, could make a situation worse for the individual in question.

It is still incredibly important to consider reporting your concerns even if an individual is not prepared to answer questions the first time you ask. There are many factors that might keep a victim of domestic abuse silent, but if you suspect something is not right behind closed doors, let your safeguarding knowledge and professional discretion empower your decision to act on a concern.

Review Article

Improving Clinical Practice: What Dentists Need to Know about the Association between Dental Fear and a History of Sexual Violence Victimization

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Prende in considerazione diversi temi:

1. Mancanza di controllo
2. Vittimizzazione sessuale e percezione generale del controllo
3. Controllo e Odontofobia
4. Odontofobia, violenza sessuale e “avoidance”
5. Flashback
6. Posizione del corpo del paziente durante le cure
7. Sesso dell'operatore (M>F)

Le due variabili piu importanti sono risultate essere:

- Mancanza di controllo
- “Avoidance”

Strategie per aumentare il controllo da parte del paziente

1. COLLABORAZIONE
2. INFORMARE PRIMA DI ESEGUIRE
3. PAUSE DURANTE IL TRATTAMENTO CON POSSIBILE SEGNALE DI STOP
4. TRASMETTERE LE INFORMAZIONI IN FORMA SCRITTA

Strategie per evitare l' "Avoidance" del paziente

1. MOTIVAZIONE
2. APPUNTAMENTO NELLO STESSO GIORNO (concentrare le cure in una sola giornata per sfruttare il momento in cui il paziente si sente più a suo agio rispetto al trattamento)