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Dentistry and domestic violence

What has dentistry got to do with domestic violence? The dental profession has a particular contribution to make because it is one of the services with which victims of domestic violence may come into contact. There can be few dentists who have not seen patients whom they suspect are being abused at home, but have not known what to do about it. It can be very difficult to raise the question of domestic violence, particularly if the patient is attempting to conceal what has happened to them. However, many survivors describe how desperately they wanted someone to ask them what was happening at home, and to give them a chance to talk about it in safety and confidence.

The term ‘domestic violence’ describes a continuum of behaviour ranging from verbal abuse, through threats and intimidation, manipulative behaviour, physical and sexual assault, to rape and even homicide. The health impact in the UK of domestic violence is significant. According to the Home Office, two women are killed every week by a current or former partner and domestic violence accounts for one quarter of all violent crime. The face is a common target in assault and consequently the dental professional has his and her part to play in identifying domestic violence.¹

It is not the job of the dentist to give advice to someone experiencing domestic violence on what direct action they should take. Indeed, well-intentioned but ill-informed advice such as to leave the abusive relationship can be positively dangerous. Women who leave their partners can face an increased risk of assault. However, the dentist should provide the woman with information about where she can go for help, and how to contact local services. Some dentists may not consider that this is their responsibility because of the assumption that someone else, such as social services, or the police, will be doing something. However, this may not be the case. A dental environment is unlikely to be considered stigmatising, as may be the case for some other statutory services, and this creates a unique opportunity for dentists to respond to people experiencing domestic violence.

Little notice was taken by the dental profession of a domestic violence resource manual for health care professionals that

was launched by Public Health Minister, Yvette Cooper back in 2000 at the Royal College of Surgeons even though this contained particular reference to the part to be played by dentists. A new manual was launched in January 2006 and is available on the Department of Health website. If dental professionals are to respond appropriately and effectively, the issue of domestic violence must be addressed on a number of levels, starting with awareness raising. The introduction of routine enquiry (asking about the experience of domestic violence of all people within certain parameters) must be handled with care: staff must be properly trained in how to recognise domestic violence, in the use of enquiry tools and interview techniques. This will require careful planning, preparation and resources. Accompanying guidelines must also be developed, and referral processes and necessary support services be in place.

The paper on the subject of domestic violence in this issue of the *BDJ* (p. 653) describes one way in which awareness may be raised, showing that even a single session lecture can be effective in increasing knowledge and changing attitudes amongst dentists and members of the team, although this is only the first step. Training should include all dental care professionals who have direct contact with patients and receptionists and appropriate administrative staff who often have first contact with patients. Early intervention by identification and referral can prevent an abusive situation becoming worse and the level of violence becoming more intense.

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1. Le B T, Dierks E J, Ueek B A, Homer L D, Potter B F. Maxillofacial injuries associated with domestic violence. *J Oral Maxillofac Surg* 2001; **59**: 1277-1283.

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