

Communication in case of Domestic Violence – Dentistry

Factsheet



Find specific information on [communication strategies](#), [screening questions](#) or [how to respond to a disclosure](#) in [Module 3 Communication](#).



Find more information on **indicators** in [Module 2](#).

If a child has a chipped front tooth, it could be the result of violence.
“Is everything okay at home?” ⁽¹⁾

Dentists are in a unique position to identify victims of domestic violence. However, many victims may not be aware that the dental practice is a safe space to address this issue. Therefore, it is important to raise awareness with posters, informational brochures and/or pins on the coat.

Additionally, it is essential for dental professionals to learn how to communicate in the context of domestic violence well and what wording should be avoided. Examples can be found here.

Possible reasons why victims of domestic violence may not address the issue in the dental practice: ⁽²⁾

- Assumption that the dentist does not have enough time for it
- Presence of other staff in the room
- Language barriers, such as the use of family members as interpreters
- Assumption that the dentist is not familiar with the issue and is not the right person to contact
- Embarrassment, uncertainty, lack of trust
- Gender of the doctor being treated, e.g. in a private conversation



Support for the everyday practice: ⁽³⁾

- Include domestic violence in the **medical history questionnaire**
- **A lapel pin on the coat to indicate awareness**
- **Prepared business card** with discreet contact numbers and addresses of men’s and women’s shelters
- **Posters with QR-Codes and brochures** in the waiting room or the restroom, e.g.:





Individuals from **diverse cultural backgrounds may manifest their symptoms differently.**

Please remain conscious of your own **perspective, biases, and stereotypes** when communicating with a potential victim. Find more information in [Module 8](#).

Procedure in the dental practice:

1. Recognise – History/Examination

- Are there indicators of injuries to the head, face and neck area?

2. Addressing - Inquiry

- Routine questioning about the causes of the injury
- Does the examination suggest a history of violence?
- Any psychologically noticeable behavior in the patient?

3. Principles of Conversation

- Trusting conversation framework
- Clear and unambiguous questions
- Convey empathy
- Active listening

4. Outcome of the Conversation

- Patient denies experiencing violence
- Patient confirms experiencing violence but does not consent to documentation
- Patient confirms experiencing violence and consents to documentation

Helpful Sources

They can be found [here](#).

- ⁽¹⁾ Family violence handbook for the dental community, Donna Denham and Joan Gillespie, 1994, Health Canada. Accessed: 12.12.2023

<https://publications.gc.ca/collections/Collection/H72-21-136-1995E.pdf>

- ⁽²⁾ Femi-Ajao, O. (2021). Perception of women with lived experience of domestic violence and abuse on the involvement of the dental team in supporting adult patients with lived experience of domestic abuse in England: a pilot study. International journal of environmental research and public health, 18(4), p.5

<https://www.mdpi.com/1660-4601/18/4/2024>

- ⁽³⁾ Jailwala, M., Timmons, J. B., Gül, G., Ganda, K. (2016). Recognize the Signs of Domestic Violence. Decisions in Dentistry, Accessed: 12.12.2023

<https://decisionsindentistry.com/article/recognize-the-signs-of-domestic-violence/>

Pictures

- ⁽¹⁾ Person with question mark: Image by [storyset](#) on Freepik
- ⁽²⁾ Poster “Fight Domestic Violence”: Poster by [Canva Creative Studio](#)
- ⁽³⁾ Booklet “Domestic Violence causes health problems”: by [Frauenberatung e.V.](#)