Canadian Oral Heath Roundtable (COHR) Summary Report and Resources

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Canadian Oral Health Roundtable (COHR) Summary Report

Implementing practical strategies for helping victims of family violence

April 19, 2018
Ottawa, Ontario

Background

The statistics are disturbing. A woman in Canada is killed every six days by an intimate partner. One in three adults in Canada report having been exposed, as a child, to maltreatment or to violence between caregivers. Victims of family violence are found in urban and rural settings, in all parts of the country, among all socioeconomic, cultural and religious groups. According to experts who support victims of family violence, one way to prevent cycles of family violence from becoming more dangerous or deadly is to recognize the warning signs and respond safely using evidence-based, person-centred approaches.

Dental professionals are well positioned to do this. They have ongoing, trusting relationships with their patients and family members, and patients may perceive the dental office as a safe and private place to discuss concerns. Dental professionals are more likely to see and recognize injuries related to family violence because certain injuries characteristic of this kind of violence are found on the head, face and neck; however, sometimes the signs and symptoms of violence are not physical. And finally, dental professionals have the skill set and scope of practice to recognize and respond safely to family violence—they don't have to be experts in family violence to provide help and support.

On April 19, 2018, participants at the Canadian Oral Health Roundtable (COHR) heard from experts who have dedicated their careers to supporting victims of family violence. Jocelyn Coupal is a domestic violence expert and senior trial lawyer who trains health care professionals in best practices in intimate partner violence recognition and intervention. Dr. Michelle Ward is a paediatrician who, as head of the Division of Youth Protection at the Children's Hospital of Eastern Ontario, medically assesses and manages children with possible injuries from child maltreatment. As an associate professor at the University of Ottawa, Dr. Ward is also a teacher, researcher and knowledge mobilizer in the field of child maltreatment. Drs. Harriet MacMillan and Nadine Wathen are family violence researchers and the leads on the VEGA Project, an initiative funded by the Public Health Agency of Canada that develops evidence-based resources to support health and social service providers in recognizing and responding to family violence.

Spotting the Warning Signs

Jocelyn Coupal, domestic violence expert and senior trial lawyer

The dynamics of intimate partner violence. Domestic violence is the most common cause of serious injury in women and accounts for more than 50% of all female homicides. Behaviours such as physical injury, psychological abuse, sexual assault, and social isolation, attempt to establish control by one partner over the other. The violence typically occurs in cycles: tension building (victim tries to keep abuser calm), explosion (hitting, sexual abuse, threats), and honeymoon (denial, remorse, promises to change). Women remain in and return to abusive relationships, and it is in trying to leave these relationships that most women are killed.

Recognizing and documenting signs of abuse. Dental professionals can assist patients in getting help before life-threatening injuries occur. Dentists routinely assess the head, neck and mouth, where 75% of domestic violence injuries occur. Although they are in a position to identify neglect and abuse caused by family violence and intervene, dental professionals are not likely to do so. In a survey conducted by the *Journal of the American Dental Association*, 61% of survey participants reported that they would like more training in this area and 94% did not have a family violence protocol in place to facilitate intervention (Love, Gerbert, Caspers et al., *JADA*, Vol. 132[1]). Some of the barriers to intervention reported by dentists include lack of privacy (i.e., the patient is accompanied by partner or children), lack of knowledge and practical experience in identifying domestic violence, concern about offending the patient, and embarrassment.

Talking to your patient about abuse as a health care issue. Even when victims of violence avoid seeking medical attention, they will keep routine and emergency dental appointments. This gives dentists an opportunity to initiate dialogue with their patients about intimate partner violence. Dental professionals can help by asking about violence, performing a brief safety assessment, documenting abuse in the dental chart, and making referrals to domestic violence experts (**AVDR: Ask, Validate, Document, Refer**). It doesn't have to be complicated or time-consuming. According to one survey, 90% of domestic abuse victims who saw their dentists when signs of abuse were present were not asked about their injuries, but the majority said they wished their dentist had asked.

Appropriate referrals and resources in the community. Protocols for supporting patients who are potential victims of domestic violence should be established in your practice. For example, patient intake forms can include a question about domestic violence, and information about where a victim can get help, including literature, brochures and posters, can be displayed in the waiting area or washroom.

Child Maltreatment: Considerations for Health Care Providers

Michelle Ward, MD, FAAP, FRCPC, Canadian Paediatric Society and Children's Hospital of Eastern Ontario (CHEO), VEGA Partner

Relevance for oral health professionals. Child maltreatment is relevant to dental providers for three reasons: (1) Child maltreatment is incredibly common; 1 in 3 adults in Canada report having experienced maltreatment, or exposure to intimate partner violence, as children. Dental providers who see children in their practice will, on a daily basis, see children who are maltreated. (2) This population of children will have more oral health issues than their peers. (3) Of children who are medically assessed because of concerns about child abuse, 60% have injuries to the head, face or neck.

Recognizing child maltreatment. Dental providers should observe how their paediatric patients interact or behave. Consider any serious or unusual injury that can't be explained, or is unsuitably explained. For example, ask open-ended questions like: "I notice that your lip is swollen or bruised. What happened?" or "How do people in your family get along?" Many health professionals feel uncomfortable assessing signs of maltreatment, but they are already equipped with the skills they need to do so. Dental providers with questions about recognizing child maltreatment or managing a specific situation can consult an expert in their community or paediatricians like Dr. Ward who work at medical-school affiliated paediatric hospitals across the country and are board certified in child abuse paediatrics (American Board of Pediatrics).

Responding to child maltreatment. The role of dental professionals is to provide oral health care, acknowledge concerns and provide support, report to the child welfare agency as appropriate, document, and plan to follow up. For example, conclude with "When can I see you again?" Careful documentation includes objectively documenting injuries; it's not the role of the dentist to decide whether the injuries are definitive signs of abuse. The dental provider can document what the injuries are, the extent of the injuries and anything they've been told about those injuries. These pieces of information are important for child welfare workers to put together with other information from their investigation, when needed, in order to best respond to concerns for maltreatment.

The VEGA Project: New Tools for Recognizing and Responding to Family Violence

Nadine Wathen, PhD
Harriet MacMillan, CM, MD, MSc, FRCPC

Improving care for people exposed to family violence. The VEGA (Violence, Evidence, Guidance and Action) Project (www.projectVEGA.ca) provides guidance, curriculum, and tools to educate and assist health and social service providers to recognize and respond safely to people experiencing family violence. With a focus on child maltreatment, children's exposure to intimate partner violence and intimate partner violence in adults, VEGA collaborates with 22 national health and social service organizations, including CDA, to identify what's useful at the point-of-care, and what's needed for

primary and continuing professional education. VEGA aims to change attitudes and teach skills rooted in evidence-based and practical knowledge about family violence.

Trauma- and violence-informed care. At its first national meeting with its 22 partner organizations, VEGA identified where the knowledge gaps are for providers in responding to family violence. For example, providers lacked a foundational knowledge base about family violence and were looking for ways to develop "real world" practice competencies and a safe approach to engaging with people about violence. VEGA addresses the issue of how to both effectively educate a broad range of different health and social service providers, and, crucially, how to provide approaches that can be adapted to the realities of different practice settings (e.g., working in a rural dental office versus an urban tertiary care hospital).

The core of VEGA guidance on recognizing and responding safely to family violence integrates current best evidence with practice-oriented advice, such as the World Health Organization's LIVES protocol: **L**isten, **I**nquire about needs and concerns, **V**alidate, **E**nhance safety, **S**upport. Given the importance of understanding the impact of trauma and violence, including harm caused by the conditions of people's lives, and even the systems providing services, VEGA has integrated what they term a Trauma- and Violence-Informed Care (TVIC) approach to all resources, tools and curricula.

Barriers to involvement. In addition to uncertainties about the best way to engage patients on the issue of family violence, an additional challenge facing dental providers is a work environment that may lack space for confidential discussions, particularly when paediatric patients are accompanied by a caregiver. Providers may also hesitate to engage patients on the issue of family violence if they are uncertain about their legal obligations, especially with respect to mandatory reporting to child welfare authorities when children are suspected of being at risk. For example, providers may be unclear about what they need to document and how, or when and how to initiate reporting.

Innovative, evidence-based guidance. The VEGA Competency Framework underpins all VEGA products and can be tailored to different learning and practice contexts. Its core instruction methods include: (1) The VEGA Online Practice Handbook, which includes practice tips, care pathways and guidance on what to do and say at certain steps along the way. The VEGA Project will be piloting its Practice Handbook soon and welcomed COHR participants to provide feedback and get involved to ensure its relevance to health providers. The Handbook is scheduled to go online in 2018. (2) Game simulations being developed by The Games Institute at the University of Waterloo will allow learners to evaluate their response to suspected victims of family violence by interacting with virtual patients in different scenarios. (3) Education modules that include videos, brief reads and other tools.

Comments from the panel Q&A

"Doctors and dentists have an opportunity to develop relationships with patients because of the longitudinal care…and we are trusted to know what to do. But we really don't know what to do when it comes to family violence. It takes a whole team to make a difference and our part is making sure that we know how to deal with this, that we have trauma and violence-informed knowledge, that patients know it's safe to talk about it, and that we won't tell them what to do—because we're so good at telling people what to do."

Dr. Shelley Ross, Canadian Medical Association

"I live in northern Ontario and it's very difficult in a rural setting, where you know everybody and there's really nowhere to go. What can be done to get people who practice in rural settings to be more apt to talk about intimate partner violence?"

Dr. LouAnn Visconti, Ontario Dental Association

"How can we provide professionals with the ability to advocate for their patients? Even within your organization, how can you help your hospital or practice be more supportive in this way? When you get more safe spaces for people to disclose, you'll get more disclosures and then how do you act on that? (Lack of shelters and other resources) can be major structural problems. Family violence is an area that has been historically underfunded; become an advocate for the shelter sector or an advocate for children who are maltreated and get this higher on the agenda."

Dr. Nadine Wathen, The VEGA Project

Outcomes

At the conclusion of the COHR symposium, participants:

- Recognized family violence as an important societal issue where different professions and organizations can play a role in prevention, early recognition and appropriate referral.
- Understood that injuries caused by family violence are often found in the head and neck area, and that members of the oral health team are well positioned to recognize signs of violence and make an appropriate referral.
- Acknowledged the barriers to helping victims of family violence and possible strategies to overcome them.
- Learned about resources available to Canadian professionals and organizations that want to help victims of family violence.

Appendix 1: COHR 2018 Attendees

Alberta Dental Association & College
Dr. Gurminder (Mintoo) Basahti
Dr. Anthony (Tony) Odenbach
Dr. Randall Croutze

Association of Canadian Faculties of Dentistry
Dr. Paul Allison
Dr. Andrea Esteves

British Columbia Dental Association
Dr. Kin-Kong Wan
Ms. Jocelyn Johnston
Dr. James Singer
Dr. Raymon Grewal

Canadian Association of Hospital Dentists
Dr. Susan Sutherland
Dr. Mel Schwartz

Canadian Association of Public Health Dentistry
Dr. Sonica Singhal
Dr. Jodi Shaw

Canadian Association of Social Workers
Ms. Sally Guy

Canadian Dental Assistants Association
Ms. Tammy Thomson

Canadian Dental Association
Dr. Larry Levin
Dr. Michel (Mitch) Taillon
Dr. Jim Armstrong
Dr. Roger Armstrong
Dr. Linda Blakey
Dr. Heather Carr
Dr. Tobin Doty
Dr. Richard Holden
Dr. Alexander (Sandy) Mutchmor
Dr. Lynn Tomkins
Dr Daniel Violette
Dr. Mike Prestie

Mr. Claude Paul Boivin
Dr. John O'Keefe
Dr. Benoit Soucy
Dr. Aaron Burry
Mr. Joel Neal
Mr. Kevin Desjardins
Ms. Chiraz Guessaier
Ms. Kindha Gorman
Ms. Tricia Abe
Ms. Élodie Thomas

Canadian Dental Hygienists Association

Ms. Melanie Martin
Ms. Ondina Love
Ms. Sophia Baltzis

Canadian Dental Specialties Association

Dr. Carlos Quiñonez
Dr. Jean-Pierre Picard
Dr. Paul Andrews

Canadian Dental Therapists Association

Ms. Ashley White
Ms. Cindy Reed

Canadian Medical Association

Mr. Owen Adams
Dr. Shelley Ross

Canadian Nurses Association

Dr. Chantelle Bailey
Ms. Karey Shuhendler

Canadian Paediatric Society

Dr. Michelle Ward

CDSPI

Mr. Ed Dermit
Mr. Lyle Best
Ms. Susan Armstrong
Dr. Jeff Williams

College of Dental Surgeons of British Columbia

Dr. Patricia Hunter

College of Dental Surgeons of Saskatchewan
Dr. Louie Kriel
Dr. Hilary Stevens
Mr. Jerod Orb
Dr. Todd Graham
Dr. Drew Krainyk
Dr. James Dessouki
Dr. Derek Thiessen
Dr. Dean Zimmer

Dental Association of Prince Edward Island
Dr. Paul McNab
Dr. Brian Barrett
Dr. Michael Connolly

Dental Industry Association of Canada
Ms. Dianne Grassie

Denturist Association of Canada
Mr. Mordey Shuhendler

First Nations Health Authority of British Columbia
Carol Yakiwchuk, via ZOOM

Health Canada, Non-Insured Health Benefits Directorate
Dr. Marc C. Plante
Ms. Kendra MacLean

Interval House of Ottawa
Ms. Jennette Wright

Manitoba Dental Association
Mr. Rafi Mohammed

NCOHR
Dr. Carlos Quiñonez

New Brunswick Dental Society
Dr. Robert Hatheway
Dr. Joy Carmichael
Ms. Lia Daborn

Newfoundland and Labrador Dental Association
Dr. Robert Cochran
Mr. Anthony Patey

Northwest Territories & Nunavut Dental Association
Dr. Viktor Dorokhine
Dr. James Tennant

Nova Scotia Dental Association
Dr. Erin Hennessy
Mr. Steve Jennex
Dr. Nada Haidar

Ontario Dental Association
Dr. LouAnn Visconti
Mr. Frank Bevilacqua
Dr. David Stevenson
Dr. Jack McLister

Public Health Agency of Canada
Dr. James Taylor
Ms. Lisette Dufour
Ms. Shannon Hurley
Dr. Siddika Mithani

Royal Canadian Dental Corps
Col. Dwayne Lemon
Lt.-Col. Geneviève Bussière

Yukon Dental Association
Dr. Colin Nash

Appendix 2: Additional Reading and Resources

- Spotting the Warning Signs. A PDF of Jocelyn Coupal's presentation at the COHR Symposium on April 19, 2018, can be found here: http://www.cda-adc.ca/_files/cohr/JCoupalCOHR.pdf

- VEGA: Recognizing & Responding Safely to Family Violence. A PDF of presentations made by Drs. Michelle Ward, Harriet MacMillan, and Nadine Wathen at the COHR Symposium on April 19, 2018, can be found here: http://www.cda-adc.ca/_files/cohr/VEGACOHR.pdf

- AVDR Tutorial for Dentists. The 15-minute training video on AVDR (Ask, Validate, Document and Refer) helps dentists and dental students respond to family violence. To obtain an electronic copy of the video at no cost, contact Jocelyn Coupal at jocelyn@spotthesigns.ca.

- Projectvega.ca is the website for The VEGA (Violence, Evidence, Guidance and Action) Project

- Neighboursfriendsandfamilies.ca provides resources for detecting and responding to signs of woman abuse. The website is run by Western University's Centre for Research & Education on Violence Against Women & Children.

- Makeitourbusiness.ca provides resources to help employers meet their obligations to address domestic violence in the workplace. The website is run by Western University's Centre for Research & Education on Violence Against Women & Children.

- Futureswithoutviolence.org is the website of an organization based in San Francisco, Washington D.C. and Boston that provides programs, policies and campaigns that empower individuals and organizations to end violence against women.

- The Canadian Child Welfare Research Portal (cwrp.ca/help) provides contact information for reporting suspected child maltreatment, and available parent and family support services in each province and territory.

- The role of the dentist and the dental team in identifying family violence, a CDA Oasis Discussions video interview with Dr. Nadine Wathen of The VEGA Project. http://oasisdiscussions.ca/2018/05/10/the-role-of-the-dentist-and-the-dental-team-in-identifying-family-violence/

- Silence is deadly: The dentist's role in domestic violence prevention, an article published by the Royal College of Dental Surgeons of Ontario in *Dispatch,* November/December 2008 issue, pages 49-50.

- Hotpeachpages.net is an international directory of domestic violence agencies. It provides domestic violence information in over 110 languages.

Appendix 3: Spot the Signs – Before Someone Dies

SPOT THE SIGNS – BEFORE SOMEONE DIES

Domestic homicides are the most predictable and preventable of all murders. The problem is that most of us do not know what to look for or what questions to ask to figure out whether someone who is in an abusive relationship might be at risk of being killed. If you answer "yes" to 7 or more of the following questions there is the potential of serious risk for escalating or lethal violence and it is time to take appropriate steps to intervene before it is too late to help. In an emergency always call police. To find abuse hotline or shelter listings in your area, in Canada call 211 and in the U.S. call the National Domestic Violence Hotline at 1-800-799-7233 (1-800-799-SAFE) or go to the website at www.ndvh.org. For a global list of abuse hotlines, shelters, and women's organizations in over 80 languages go to www.hotpeachpages.net

RELATIONSHIP HISTORY

Current Status of the Relationship

Note: Separation is the most common risk factor present in a domestic homicide (81%). While leaving may be the best response to a violent relationship it is in leaving without adequate safety planning that the majority of women are killed.

- Is there a past, current or pending separation in the relationship?
- Is or was the relationship common-law?
- If separated does the abused woman have a new partner in her life?

Obsession, Jealousy, Control, Coercion

Note: Experts say that when an abuser exhibits these behaviors, the violence often escalates after the abused woman leaves the relationship. This is the third most common risk factor (62%)

- Has the abusive partner displayed jealous behaviors or actions that indicate an intense preoccupation with his partner such as following her, repeatedly phoning her, spying on her, controlling her daily activities or finances, isolating her from friends or family?
- Has the abusive partner limited her mobility, such as locking her in a room, not allowing her to use the telephone, refusing to allow her to leave the residence

Relative Social Powerlessness

Note: Abused women and their children who receive help from the larger community (friends, neighbors, family members, co-workers) are more likely to safely leave an abusive relationship.

- Are additional challenges present for the abused woman (i.e. disability, immigrant or Aboriginal background, addiction, poverty, pregnancy, lack of transportation, literacy issues, mental illness, elderly etc.)?
- Are cultural factors present (i.e. family pressures/shame, religious beliefs, unwillingness to report, language barriers, isolation etc.)?
- Has the abusive partner interfered with or made threats about immigration status such as threats to revoke sponsorship, interfering with ability to work, or access English classes, or withholding passport or identity documents?

Children Exposed

Note: Statistically, half the men who batter their partners also abuse their children. Men who have witnessed parental violence as children are 3 times more likely to become abusers.

- Does either partner have children and are any of them under 19 years of age and living in the home? Are any of the children stepchildren of the abusive partner?
- Are there any arguments or threats over custody, contact, primary care or control of any of the children, including any formal legal proceedings?

PERCEPTION OF RISK

Perception of Personal Safety

Note: A victim's intuition of danger is present in 43% of homicides. A woman's intuition is a substantially more accurate predictor of future violence than any other warning sign.

- Does the abused woman believe her abusive partner will disobey terms of protective orders particularly no contact orders?

Perception of Future Violence

- Does the abused woman fear further violence if the abuser is arrested? Released from custody after arrest? Does the abuser have ready access to her and know where to find her?

Jocelyn Coupal www.spotthesigns.ca

SPOT THE SIGNS – BEFORE SOMEONE DIES

ABUSER HISTORY

Violence History

Note: Men who routinely intimidate, threaten or assault other people will sooner or later turn his abuse on his partner. One of the most common research findings is that people with a history of violence are much more likely to engage in future violence.

- Does the abusive partner have a history of any actual or attempted violence, threats or intimidation on any person outside the family who has not been in an intimate relationship with him? (i.e.. friends, acquaintances, co-workers or strangers)

Previous Domestic Violence History

Note: A history of Domestic Violence is the second most common risk factor found to be present in Domestic Homicides. Research studies indicate that men who are severely verbally abusive are very likely to become physically violent against their partners. (79%)

- Does the abusive partner have a history of stalking, harassment, assaults, threats, sexual assaults, property damage or other abusive behaviors against his partner or a previous intimate partner?
- Is there escalation in the frequency/severity of violence or abuse towards the abused partner, family members, a pet or another person? (physical, psychological, emotional, sexual etc.)
- Is there any history of threats or actual violence or abusive behavior against children, pets, other family members, friends, co-workers, or other persons such as a new intimate partner?
- Has the abusive partner ever forcibly confined his partner or taken her hostage?
- Has the abuser ever strangled, or bitten his partner? Assaulted her while she was pregnant?
- Does the abusive partner minimize or deny any previous spousal assault history?

Restraining or Protective Orders

Note: The question of whether to get a restraining order in the first place is very complex because some abusers will respond to one as to a red flag waved in his face. If possible you should speak to an Advocate for abused women before deciding whether to seek an order.

- Has the abusive partner ever violated a Court Order?
- Is the abusive partner presently bound by any Court Orders?

Alcohol/Drugs

Note: Present in 42% of Domestic Homicides.

- Does the abusive partner have a history of drug or alcohol abuse?

Employment Instability

Note: Present in 39% of Domestic Homicides.

- Is the abusive partner unemployed or experiencing financial problems?

Mental Illness

Note: Depression is the fourth most common risk factor (58%)

- Is the abusive partner depressed or does he have a history of depression in the opinion of professionals (physicians, counselors etc.) or non-professionals (abused partner, friends, family, co-workers etc.)
- Does the abuser have a history of other mental illnesses (e.g. bipolar, paranoia, schizophrenia)?
- Has the abuser threatened or attempted suicide? (If YES, when and how?)

ACCESS TO WEAPONS/FIREARMS

Weapons/ Firearms (Used or Threatened?)

Note: present in 40% of death review cases.

- Has the abusive partner used or threatened to use a firearm or weapon (i.e. gun, knife, crossbow) or other object intended to be used as a weapon (bat, vehicle, household object etc.) against his partner, a family member, children or an animal?

Access to Weapons /Firearms

- Does the abuser own or have access to weapons/firearms? (i.e. a friend, family member, through work, or recreational sports etc.)

2 OF 2 = extreme danger for severe violence or lethality. **Jocelyn Coupal www.spotthesigns.ca**

Appendix 4: Using the AVDR Approach

Using the AVDR Approach

STEP	HELPFUL APPROACHES
Ask	• "Sometimes when I see (a loose tooth) (broken teeth) (bruises) like this, it means the person is being hurt by someone. Could this be happening to you?" • "I am concerned about you and these injuries. Is everything ok?" • "It looks like you've been hurt by someone. How are things going for you at home? Is there anything you would like to 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, you didn't cause this. You do not deserve to be hit or hurt no matter what happened." • "Everyone ought to feel safe at home. I'm concerned about your safety and well-being."
Document	• Document presenting signs and symptoms of abuse location, size, duration, color, shape • Take photos if patient consents • Document patient disclosures in specific and detailed manner, using patient's exact words in quotations, including names, locations and witnesses.
Refer	• Offer a list of local domestic violence resources/referrals in private • If patient declines (may note feel ready; may not feel safe enough), let her know that these are available • Follow up at next visit with "How are things at home?" Validate and offer referrals again in non-judgmental way

Source: Adapted from AVDR training materials with permission from Dr. Barbara Gerbert, director, Centre for Health Improvement and Prevention Studies, University of California at San Francisco.

AVDR: Intervention Basics

DO	DON'T
• Assure patients of confidentiality to the extent allowed under the province's mandatory reporting laws • Listen to the patient • Respond to the patient's feelings • Acknowledge that disclosure is scary for the patient • Tell the patient that you are glad she or he told you • Provide the patient with options and resources • Document the information in the patient's chart • File mandatory reports • Schedule a follow-up visit	• Joke about the violence • Minimize the issue or try to change the subject • Discuss the abuse in front of the suspected perpetrator • Violate confidentiality, unless it falls under the province's mandatory reporting laws or life is at risk • Give advice or dictate an appropriate response • Shame or blame the patient • Grill the patient for excessive details of the abuse • Lie about the legal and ethical responsibilities to report suspected abuse.

Source: Adapted from AVDR training materials with permission from Dr. Barbara Gerbert, director, Centre for Health Improvement and Prevention Studies, University of California at San Francisco.