



British Association of Oral & Maxillofacial Surgeons

DOMESTIC VIOLENCE

**A RESOURCE
FOR THE
OMFS TEAM**



BACKGROUND

Domestic violence continues to be a global public health issue with 1/3 of women experiencing some form of abuse every year.

Around two women are killed through domestic violence each week in England and Wales.

Facial injuries in these cases are extremely common, with a reported incidence of up to 94% of victims; as such, the maxillofacial team is ideally suited to screen for victims of domestic violence.

Domestic violence is defined as 'any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those who are, or have been, intimate partners or are family members. This includes: psychological, physical, sexual, financial and emotional abuse. It also includes 'honour'-based violence and forced marriage'.

It affects both women and men, and occurs in both heterosexual and same-sex relationships.

The NHS spends more time dealing with the impact of domestic violence than any other agency and is often the first point of contact. Victims will be assaulted on average 35 times before reporting it to the police and so health care practitioners need to be vigilant to the signs.

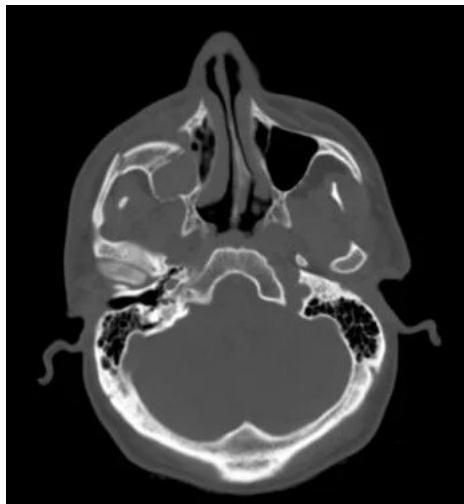
IDENTIFICATION

NICE recommends ensuring frontline staff in all services are trained to recognise the indicators of domestic violence.

When asked routinely about domestic violence, there is a twofold increase in the number of women identified as victims of domestic violence.

Consider domestic violence if:

- There is a delay to presentation
- Frequently missed appointments
- Non-compliance with treatment or early discharge from hospital
- Injuries inconsistent with explanation of cause
- Attempt to hide or minimise extent of injury
- Multiple injuries at different stages of healing
- Intrusive 'other person' in consultations including partner/ husband or family member
- Repeated health consultations with vague symptoms



MANAGEMENT

Environment: Is it conducive and safe to ask the patient about domestic violence? Never ask in the presence of another family member, friend or child over the age of 2yrs. Create the opportunity to ask the question. Use a professional interpreter if required.

Ask: Frame the topic before asking a direct question i.e. 'As violence in the home is so common now, we ask patients about it routinely. Are you in a relationship with someone who hurts or threatens you? Did someone cause these injuries to you?'

Assess: 'Is your partner here with you? Where are your children? Do you have any immediate concerns? Do you have a place of safety?'

Action: Give information on how to contact the local domestic violence advisor and ask permission to refer to specialist services as per individual trust protocol.

Do not advise a victim to leave their partner without all the support in place, including police involvement, because they are at a high risk of injury or murder when they leave a violent and abusive partner.

Document detailed, accurate and clear notes to show the concerns you have and indicate the harm that domestic abuse may have caused. A patient's permission is not required for you to record a disclosure or domestic abuse. Records may be used in criminal proceedings.

DOCUMENTATION

What to include:

- Suspicion of abuse
- Whether routine or selective enquiry has been undertaken
- Relationship to and name of perpetrator
- Pregnant? Children?
- Nature of current injury
- Whether first episode or how long regular abuse has been going on
- Information provided on sources of help
- Action taken e.g. referral

For more information:

Responding to domestic abuse: a resource for
health professionals 2017

National Domestic Violence Helpline

0808 2000 247

Men's Advice Line

0808 801 0327

www.womensaid.org.uk

www.refuge.org.uk

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