Welcome!

We invite you to introduce yourself in the chat:
- Name, pronouns (optional)
- Position title, organizational affiliation
- Something that's brought you joy this week!

Make sure to change your settings so that you’re sending messages TO: EVERYONE

If you have a specific question that you’d like answered during this presentation, feel free to submit it to the Q&A section.
Domestic Violence 101: How Dental Professionals Can Help Women’s Advocates
Women’s Advocates’ work takes place on Dakota land. The area that is now Saint Paul was stolen from the Dakota people by the American government through centuries of wars, broken treaties, and acts of cultural genocide. Through incredible perseverance and resistance, the Dakota are still here and strong.

Native women and girls face the highest risk of domestic violence, sexual assault, and intimate partner homicide. We express our gratitude for the Indigenous-led organizations who are working each day towards a world without domestic and sexual violence, and as an organization, we commit ourselves to supporting tribal sovereignty with the same fervor that we support the self-sovereignty of victim-survivors.
Women's Advocates

Walking with victim/survivors and our community to break the cycle of domestic violence.

A Continuum of Safety From Abuse

- Violence Prevention & Education
- Shelter & Healing
- Sustained Safety

- Outreach & Education
- Generational Healing & Safety Work
- Housing & Aftercare

Learn more about Women’s Advocates at www.wadovcates.org
In the Next 90 Minutes…

**Part 1**
Understanding the Definition & Different Forms of Domestic Violence

**Part 2**
Dental-Specific Warning Signs

**Part 3**
Engaging with Survivors as a Dental Professional

**Part 4**
Sample Scenarios, Resources & Review
Part 1

Understanding the Definition & Different Forms of Domestic Violence
What do you think when you hear the term "Domestic Violence"?

- Who do you picture?
- What kind of relationship?
- Where have you seen or learned these ideas/views?
Domestic violence affects one in four Minnesota women.
Women aged 18-34 have the highest risk of victimization.
About one in five high school girls has been physically or sexually abused by a dating partner.
Last year in Minnesota, nearly 70,000 victims received services from domestic violence agencies.

Nearly one third of homeless women in MN are homeless at least in part because of domestic abuse.
Domestic abuse victims account for one quarter of violent crime victims in Minnesota.
An estimated 80% of domestic assaults go unreported.
Nearly 35% of all Minnesota law enforcement calls are domestic disputes.

Source
Domestic Violence
or Intimate Partner Violence

- An intentional and systematic pattern of physical and psychological abuse, threats, intimidation, isolation, or economic coercion used by one person to exert power and control over another person in the context of a dating, family, or household relationship.
Domestic violence involves much more than physical assault.

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<tr>
<th>Physical</th>
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<td>Nitpicking</td>
<td>Coerced Debt</td>
<td>Rape/Sexual Coercion</td>
<td>Turning children against victim-survivor</td>
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<td>Personal Attacks</td>
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<td>Limited or no access to shared funds</td>
<td>Birth control sabotage</td>
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<td>Threats</td>
<td>Intensity</td>
<td>Hostility/Rejection</td>
<td>Controlling Employment Status</td>
<td>Pregnancy outcome control</td>
<td>Custody Manipulation</td>
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<td>Sleep deprivation</td>
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<td>support system</td>
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No form is worse than another. Any and all forms of abuse can be used in a day or over the course of a relationship.
Recognize the Warning Signs of Abusive Behavior

Source: https://www.thehotline.org/identify-abuse/domestic-abuse-warning-signs/

Patient-survivors may say things like:

- "My partner won't let me leave the house"
- "My partner monitors my phone" or non-stop calling
- "I'm very prone to injury. My partner always talks about how clumsy I am"

Abusive partner may insist on accompanying patient, speaking for them/not letting them speak, explaining away injuries, or criticizing the patient

Question:
What other observations may lead you to be concerned about a patient's safety and wellness in their relationships/home environment?
Common Traits of People who use Abuse

- Charming
- Inconsistent
- Controlling
- Narcissistic
- Forceful
- Intense
- Critical
- Dominating
- Strategic
- Vengeful
- Blaming
- Intentional
- Jealous
- Vicious and cruel
- Threatening
- Disconnected
- Outdated beliefs of gender roles/norms
- Often successful/holding positions of power in the community
- Insecure
- Views self as victim
- Performative
- Manipulative
- Insincerely repentant
- Smart
- Hypersensitive
- Looking through this collage of traits, do any surprise you? Any traits that you would add?
Signs of Possible Domestic Violence

You might observe:
- Ligature marks, scratches, abrasions
- Bruises: various stages of healing
- Bone fractures, breaks, dislocations
- Hoarseness of voice, trouble swallowing
- Petechiae* on neck, face, or in eyes

Your patient might report:
- Disrupted sleep patterns
- Chronic headaches
- Abdominal pain, indigestion
- Vague, general aches and pains

Have you noticed any of these symptoms in a patient before? How did you approach the situation?
Some communities are disproportionately impacted by domestic violence

Source:

Source:
Mental Health Impacts

- Higher rates of PTSD and C-PTSD
- Depression, suicidal ideation/Attempts
- Undiagnosables: “profound and lasting changes” in emotion, cognition, and memory
- Changes in productivity and concentration
- Eroded sense of self, loss of agency

Physical Health Impacts

- insomnia
- chronic pain
- choking sensations, hyperventilation
- unplanned pregnancies, pregnancy complications
- disproportionately affected by comorbid HIV/AIDS with substance use disorders
- Traumatic Brain Injury

Barriers to Leaving an Abusive Relationship

- Threats or fear of increased violence
- Reliance on abuser or abuser’s family for childcare, financial support, housing
- Threats of suicide (abuser)
- Financial barriers (lack of or negative employment history, poor credit score, no rental history)
- Victim-blaming, shame, embarrassment
- Lack of knowledge about supportive services/resources (and resource scarcity!)
- Insufficient institutional responses and lack of a support system
- Love and responsibility for abuser / hopes for change

Learn more: 50 Obstacles to Leaving.
Part 2

Dental Specific Warning Signs
Dental professionals are positioned to be first responders to experiences of domestic violence

Nearly 75% of physical violence affects the areas of the anatomy that dental professionals have an expert understanding of—the head, neck, and mouth.

9.2% of women reported seeking care specifically to treat the physical effects of domestic violence from a dental professional.

Dental professionals are the first to notice recurring injuries and conditions as well as dental neglect.

Breakdown of common domestic violence-related injuries

- Missing or avulsed teeth
- Unexplained oral trauma
- Bruises, both old and new
- Lacerations in the mouth or around the face
- Neck trauma, including marks or bruises
- Evidence of trauma or scarring in the perioral area
- Lesions in the mouth
- Unexplained orofacial pain
- Untreated or rampant decay

Source: https://onlinelibrary.wiley.com/doi/abs/10.1002/j.0022-0337.2009.73.4.tb04720.x
Strangulation and Dental Visits

- Dental professionals may observe:
  - Ligature marks, scratches, abrasions, bruises on patient's neck
  - Hoarseness of voice, swelling of throat, trouble swallowing
  - Petechiae (burst blood vessels) on the neck and face, or in the eyes

- While initial symptoms may appear mild, underlying injuries from strangulation can kill even 36 or more hours later
  - Important to talk to patient about connecting with a medical provider
“It is important to us that for our patients’ overall health and well-being they feel safe. Do you feel safe in your home? At work? In your relationships? If you don’t or you know someone who doesn’t, we have contact information for services within our community that can help.”

"Do you get injuries like these often? Have you had any major injuries in the past year? Did anyone cause these injuries?"

Essential to ask these questions at the start of every patient appointment and with all patients since it works to build trust with the patient and positioning providers as caring supporters who can connect them to resources.

We suggest having brochures to local agencies that are easy for providers to access and to have them available in the restrooms.
Generic Questions to Consider Asking

If you suspect that one of your patients is experiencing abuse, but you would like to know more information, consider asking one or more of these questions.

- Are you frightened by your [partner’s, parent’s, sibling’s] temper?
- Do you have to justify everything you do, every place you go or every person you see in order to avoid someone’s anger?
- Do you stay away from friends or family because your partner will be jealous?
- Are you afraid to break up because others have threatened to hurt you or themselves?
- Are you afraid to disagree with your [partner]?

How comfortable do you feel asking your patients these questions?
Engaging with Survivors as a Dental Professional

Part 3
"Before we get started, I want you to know that anything you tell me stays in this exam room, unless you were to tell me about [specific mandated reporting information]."

"I'm providing these cards to all my patients. You can take them for yourself or for a friend (or not at all). The cards have some resources on the back that you can call or text, and you can always talk to me about how your relationships might be affecting your health."

"I'm so sorry you're going through this. I know of a program that you can call for support if you'd like. They may be able to help you plan for your safety."
Making a "Warm" Referral

What's a Warm Referral?

More than handing someone a business card or writing down a phone number, a warm referral includes personal details—such as what services the program offers or how they could help in a specific situation.

Primary Resources to Know

- MN Day One Hotline: 1-866-223-1111
- A statewide, 24/7 hotline that connects callers needing shelter from domestic violence to emergency shelters with open beds
- Women's Advocates: 651-227-8284
- An emergency shelter for domestic violence victim-survivors in Saint Paul, MN

Poll: Have you ever referred a patient or client to domestic violence services?

Not every survivor is ready to leave their abusive relationship, and it's not your job to convince them. Support their decisions and refer them to resources as needed.
What does a domestic violence advocate do?

Domestic violence advocates support victim-survivors to achieve safety and holistic support. Most DV advocates are connected to a shelter program as well.

Ways that domestic violence advocates can help survivors:

- Create personalized, holistic safety plans
- Provide space to process trauma
- Support survivors in securing safe, affordable housing or connecting them to emergency shelters
- Share legal options and help navigate and understand the legal system
- Connect them with other survivors to build community and promote healing
- Apply for benefits and other financial programs

Poll: Do you feel confident in your ability to name 1-2 ways that domestic violence advocates can help survivors?
Creating a Personalized Safety Plan

A safety plan is a personalized, practical plan for where to go, what to do, and who to call if you are being hurt or abused by someone close to you. It’s important to have a safety plan because when we’re in crisis our brains have trouble processing. Having details written down ahead of time makes it easier to remember what to do in an emergency. Remember - This plan is for you! Take the parts that work for your life, and leave the rest. Share this plan with one or two trusted people and keep it in a private place.

Abuse is not your fault. You deserve safety, respect, and support in your relationships.

visit tinyurl.com/WASafetyPlan to view, download, and print
Expectations: What's Your Role?

You may decide to:

- Provide information on safe local resources
- Listen to your patient and meet their decisions with respect and kindness
- Offer support in your professional capacity
- Set boundaries for communication that are comfortable and safe for patient and provider
- Document injuries & other observations in the patient's chart

You are not expected to:

- Act as your patient's therapist, legal advocate, or social worker
- Convince your patient to leave their abusive relationship
- Be your patient's only source of support
- Singlehandedly stop the abuse from occurring

Poll: Which of these expectations do you feel comfortable committing to?
Responding to a disclosure
BLASER Technique: Ramsey County SOS

Believe
"I believe you."

Listen
"You are important to me. I want to hear your story."

Affirm
"You are valid in feeling this way. You are not [being dramatic, sensitive...]

Support
"I am here for you. Let me know how I can best support you."

Empower
"Would you some options of what to do next? You get to choose."

Refer
"I can help connect you with an advocate if you want."
Center Validation, Belief, and Autonomy

The way you respond to someone's experience of abuse is extremely impactful, it can validate what the abusive person has engrained or it can challenge it and promote change.

Thank you for sharing. You are stronger than anyone should have to be.

What can I do to support you in this moment and beyond?

I am here to listen.

Your feelings are valid.

You are not alone.

Your story matters.

You are not responsible for what has happened to you.

How can I be there for you?

You get to choose what you do next.

You deserve love & respect.

It is not your fault.

I believe you.

You are not alone.

You are not responsible for what has happened to you.

You deserve love & respect.

It is not your fault.

I believe you.

Your story matters.

You are not responsible for what has happened to you.

How can I be there for you?
Part 4

Sample Scenarios, Resources & Review
While you are examining a patient's teeth, you observe clinical warning signs that your patient may have been hit in the jaw. You're convinced the patient is experiencing some form of abuse at home or in their relationship(s). You ask if the patient feels safe in their relationship(s) and at home and the patient says they do feel safe. What do you do next?

A) Continue with the examination as you usually would, but make a mental note to check on this patient at their next appointment.
B) Immediately begin to refer the patient to a domestic violence program anyway.
C) Explain to the patient what physical signs you're observing and explain that being hit is a common cause. Let the patient know that you've been talking to all of your patients about how relationships impact our health and that you have connections and supportive resources if the patient ever does feel unsafe.
Your patient gets a dozen calls from their partner during the appointment, he is checking in on her to make sure she's at the dentist. The patient is startled and recoils when your arm accidentally makes contact with hers. You want to make sure your patient feels safe. When you inquire about their safety in their relationships, they disclose to you that they are indeed experiencing abuse at home and feel unsafe. What do you do next?

A) Say "Thank you for sharing this with me. Your health and safety matters to me. I believe you." Remind your patient of your mandated reporting duties and confirm confidentiality if possible. Ask the patient what support would look like to them and provide options.

B) Say "I thought so" and hand her a card with a 24 hour crisis line number on it and share that domestic violence advocates can help her.

C) Say "Your boyfriend shouldn't be making you feel this way. I hope you're able to get out of there."
MORE THINGS YOU CAN DO

- Visually scan for signs of physical abuse during oral cancer screenings
- Provide universal education about healthy relationships in the form of pamphlets, cards, and screening questions
- Document abuse in the patient's chart + inquire about injuries with patient directly
- Make connections with advocates at your local shelter/advocacy agency (know their location, their services)
- Have safety resources available in the restrooms or more private areas (e.g. x-ray rooms)
- Make sure all clinic staff have training to support patient-survivors (includes receptionist/scheduler, dental hygienists)
- Schedule follow-up appointments and make note to check in about the patient's safety
- Give Back a Smile
  Assist in rebuilding the smiles and lives of adults who've suffered dental injuries from domestic and sexual violence
Summary: How Dentists Can Respond to Domestic Violence

- Establish strong connections with patients and local shelters/agencies
- Advocate for domestic violence trainings at all levels (student, licensure, etc.)

- Ask about relationship safety at every appointment to every patient
- Always offer a safety card (free from Futures without Violence)

- Visually assess for injuries, inquire about their origin and frequency
- Make notes of observations in patient chart

- Don't pressure patients to disclose. If they do, let them know you believe them and do a warm referral when appropriate

- Keep domestic violence specific resources available in public spaces

- Follow your state laws of mandated reporting, practice trauma informed care

- Schedule follow up appointments, be sure to check in about safety
- Continue learning about how to support patient-survivors
Learn More about dentistry and domestic violence

- Project Connect
- Webinar Tutorial
- Academy of Dental Learning and OSHA training
- Family Violence: an intervention model for dental professionals
- Oral health professionals and symptoms of domestic violence
- Domestic Violence and the Dental Practice
- VIDEO: How Dentists can help DV Survivors
- Trauma-Informed Care and Oral Health
Health Specific DV Resources

- Confidentiality, Universal Education and Empowerment, Support PDF
- Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A guide for Obstetric, Gynecologic and Reproductive Health Care Settings
- IPV Health Resources
- Order free health specific resource cards here
- Learn about the risks of strangulation here and sign up for trainings here

- The Business Case for Domestic Violence Programs in Health Care Settings
- Domestic Violence and Health Care Protocols
- Family Violence Office Self Assessment Tool
- The Facts on Health Care and Domestic Violence
- The Facts on Reproductive Health and Partner Abuse
- Clinical Guidelines on Responding to Adolescent Relationship Abuse
Resources Available

- Women's Advocates: www.wadvocates.org/find-help
  - 24/7 Crisis Line: 651-227-8284
- Day One Minnesota: http://dayoneservices.org/
- Violence Free Minnesota: https://www.vfmn.org/
- International Resources: www.hotpeachpages.net/
- National Sexual Assault Hotline: 800-656-4673
- National Domestic Violence Hotline: www.thehotline.org
- National Child Abuse Hotline: www.childhelphotline.org
Please complete our:

Post-Webinar Survey

tinyurl.com/WADentalSurvey

Thank you! This will only take a few minutes to fill out and it really helps us out ~
JOIN US!
We offer our Online Support Groups for survivors of domestic and sexual violence every 3 months in January, April, July, and October. We meet in a series of ten 90-minute sessions.

IS THIS GROUP FOR ME?
If you have experienced sexual/domestic violence and you are looking for a collective, welcoming space to connect with yourself and others as you continue on your healing journey, join us! This is not a therapy group, it is a peer support group. Facilitators will bring various topics to the group and create a space for all group members to learn from each other.

SCAN ME
tinyurl.com/WASupportGroupForm
Pop-Up Advocacy

Experiencing relationship abuse? We can help. Find us at one of our Pop-Up Advocacy locations!

Ramsey Cty WIC/Hmong American Partnership Office
Thursdays 11:30am-3:30pm

Rondo Community Library
Tuesdays 11am-3pm
Thank you for your commitment to survivors' safety!

Women's Advocates 24/7 Crisis Line
• 651.227.8284

Administrative Line
• 651.227.9966

Website
• wadvocates.org

Check out upcoming events:
• www.wadvocates.org/events

Live chat with a advocate now

Discreetly add our Crisis Line to your contacts
Stay Connected

@wadvocates
@womensadvocates
@womensadvocates
Women's Advocates

Education & Outreach Team
Email: outreach@wadvocates.org

Join our monthly listserv: tinyurl.com/WAEOListserv

Check out upcoming events:
www.wadvocates.org/events

In Minnesota? Order FREE safety resources to be mailed to your location, [click here to learn more](https://tinyurl.com/DVDentalCERT)

Bookmark our website: www.wadvocates.org

Scan to download a copy of these PowerPoint slides or go to

Download a certificate of attendance:
https://tinyurl.com/DVDentalCERT