

The Oral Health Status of Survivors of Torture

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Objective: To document the status of and improve the oral health of torture survivors seeking assistance through Project Welcome, Boston Center for Refugee Health and Human Rights (BCRHHR), Boston Medical Center.

Methods: Diverse social and behavioral factors significantly impact the oral health of torture survivors. Torture survivors frequently suffer direct trauma to the head (face and teeth), malnutrition, and dental neglect. An oral health program was incorporated into Project Welcome's multi-disciplinary clinical model to address these needs. The program aims to: 1) screen, educate, provide appropriate referrals, 2) enhance cultural competency of the dental referral network; and 3) educate BCRHHR non-dentist providers on oral health matters. Oral screenings are conducted in a non-traditional dental setting. Weekly clinical team meetings provide insight into the client's torture history and relevant cultural information. Interviewing methods are used that avoid re-traumatization (i.e. open ended questioning). Documentation includes oral health status, treatment urgency, signs of oral and facial trauma, signs of oral cancer and other pathology, denture fit, and tobacco use. Clients receive appropriate oral health education and home care products. Referral options are discussed and an appointment is made with a dentist who is sensitive to the client's needs.

Results: Between Feb and Aug 2002, 46 torture survivors, representing 18 countries and 9 languages, and ages ranging from 13-54 yrs., received an oral screening, education and referral. Thirteen (28%) of the clients had never had an oral exam, seven (15%) were referred for immediate dental treatment, nine (20%) had suffered trauma to the head, and of those six (67%) had suffered trauma to the face resulting in loss of teeth or facial fracture.

Conclusions: Addressing the oral health needs of torture survivors contributes to their physical, mental, and social well-being. This multidisciplinary model bridges cultural gaps between clients, non-dentist health and oral health professionals.