Program helps domestic violence victims regain face; reaching out, meeting a hidden need, helping rebuild lives.(News)

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National report--A national program that fixes the faces of patients battered by domestic violence may have its most profound impact on patients 'psyches, say doctors and a patient involved with the program.

Face to Face: The National Domestic Violence Project represents a joint effort between members of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) and the National Coalition Against Domestic Violence (NCADV). Launched in 1994, the program to date has helped nearly 2,000 individuals through the volunteer efforts of more than 300 AAFPRS members.

"We wanted to make some kind of contribution domestically, where surgeons in their hometowns could give something back," says Wayne E Larrabee, Jr., M.D., past president of the AAFPRS and clinical professor of facial plastic surgery at the University of Washington, Seattle. Partnering with the NCADV was a natural extension of volunteer work many members already had been doing individually, especially since no other programs were addressing cosmetic signs of abuse, Dr. Larrabee says.

Picking appropriate patients

One key to the program’s success is the careful screening process undertaken by the NCADV, says Ira D. Papel, M.D., AAFPRS president and associate professor of facial plastic surgery at The Johns Hopkins University School of Medicine.

"Someone can't just say, 'My husband broke my nose and I want it fixed.' There must be good evaluation of the paper trail to make sure these (claims) are legitimate," as well as psychological counseling, before the NCADV makes a referral, he says. Without these safeguards, Dr. Papel tells Cosmetic Surgery Times, "People might be looking for free cosmetic surgery. That's not the goal of the program."

Applying for treatment involves "a lot of legwork and paperwork Basically one must dig up the past" to provide evidence such as police photographs and hospital records, as well as proof that one has left the abusive situation, says Rebecca White, a Mishawaka, Ind., patient who received treatment last year for a broken nose (and lost teeth) she suffered in 1992.

Her surgeon, Steven H. Dayan, M.D., F.A.C.S., performed a rhinoplasty to correct a bump between Ms. Whites eyes. "He gave me a part of my life back that was lost. Now when I look in the mirror, I don't see that day" when the injury occurred.

"There's a psychological component to it that goes much deeper than the injury one sees," says Dr. Dayan, who is clinical assistant professor of otolaryngology at the University of Illinois.

"That's a big part of what this program does--it gives people the feeling that they can let go and look forward."

"I smile and talk to people more now. It did something for me not just physically, but mentally and emotionally too," Ms. White says.

Overcoming obstacles

Typical injuries doctors in the program treat include facial scars and fractures, often months or years after the fact.

Technically speaking, Dr. Dayan says that despite one's best efforts, "One sometimes can't completely reverse all the signs of injury, which can be discouraging."

Fixing the evidence of domestic abuse is "generally doable," Dr. Papel, who has treated approximately six

the patients are extremely appreciative of the work that's done."

However, Dr. Papel says that follow-up can be tough. Unlike patients who are local and highly motivated, he notes that domestic violence victims frequently "have difficult lives. So it can be hard to get appropriate follow-up to make sure they're healing well."

Psychological counseling from the NCADV can help In this regard, he explains. At the same time, he says participating surgeons should simply be nice as well as flexible. If a patient is late, Dr. Papel explains, "Work with them."

"Often these women are very meek and somewhat fearful of anyone, including us. So one must be gentle with them," Dr. Larrabee adds.

Other hurdles the program faces include logistics.

"There are challenges from the academy's viewpoint to ensure that we have a surgeon in every location in the country," Dr. Papel says. To meet this goal, he says the AAFPRS sometimes must recruit volunteers.

With many patients living in small towns, Dr. Papel says, "Sometimes the patient must travel some distance to the nearest participating surgeon." In such cases, he says the AAFPRS helps out by locating lodging such as a Ronald McDonald House.

Financially, Dr. Papel says that anesthesiologists frequently donate their time to the program. However, he says it can be more difficult to get hospital admires" administrators to cover operating room costs. "Eventually, if one works at it hard enough, they'll come around," he adds.

Worthwhile efforts

The doctors agree that such efforts are worthwhile.

"All of us who were involved in the initial stage of the program were amazed by how many victims of domestic violence there were who needed the program. The sheer numbers of people who have been in a situation where they have physical and facial deformities after domestic violence was surprising," says Dr. Larrabee, who accepted the American Medical Association's top public service award for Face to Face in 1995.

Dr. Dayan adds, "It's a wonderful feeling to see someone who suddenly has renewed self-confidence and walks into the room with her head held high."

When this happens, he daborates, "One knows one has made a big impact in the patient's life."

Ms. White says, "I have this passion now to get out there and tell people what happened to me, what the program did for me and how women have the opportunity to get out of a (bad) situation. People can change your life, and you don't even know it."

For more information: www.facial-plastic-surgery.org www.ncadv.org