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Domestic Violence and Dental Professionals

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Domestic Violence and Dental Professionals

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- Physical violence
- Sexual violence
- Threats of physical or sexual violence
- Psychological and emotional violence

Domestic violence is a major public health problem in the United States and around the world. It is classified as a crime in all fifty states. Domestic violence refers to physical, verbal, psychological, sexual, or economic abuse (withholding money, lying about assets) used to exert power or control over someone or to prevent someone from free choice. According to the U.S. Department of Justice (2010), "*This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.*" Rape, incest, and dating violence are all considered domestic violence.

Because the term domestic violence tends to overlook male victims as well as violence between same-sex partners, the Centers for Disease Control and Prevention (CDC) prefers the more specific term intimate partner violence (IPV). Some agencies prefer the term domestic abuse, because it makes visible the nonphysical components of an abusive situation including psychological and emotional abuse, threatening and stalking, and neglect or financial exploitation particularly of older people. Family violence is also used to describe abusive domestic situations, because children in the family are affected either as witnesses of violence or as victims themselves.

Dental professionals see clinical conditions every day which may be related to violence, abuse, or neglect. For example, routine conditions such as untreated decay, facial pain, lesions in the mouth, new and old facial bruises, or facial lacerations may at times be related to domestic violence and related situations. The U.S. Centers for Disease Control and Prevention recently published a Summary of Assessment instruments for use in health care settings which may be useful for assessment purposes. The CDC reviews clinical tools available for assessing, charting, and appropriate referral resources regarding domestic violence.

How Common is Domestic Violence?

Child Abuse and Neglect

According to the American Academy of Pediatrics, over 2.5 million cases of child abuse and neglect are reported each year. In 2006, of 900,000 children classified by type of abuse or neglect, 65.3% suffered neglect, 16% were physically abused, 8.8% were sexually abused, 6.6% were emotionally or psychologically abused, and 2.2% were medically neglected. In addition, 15.1% of victims experienced other types of abuse such as abandonment, threats of harm, and congenital drug addiction. These national figures vary by state. State-by-state assessments for 2006 can be accessed from the U.S. Department of Health and Human Services Administration for Children and Families at: www.acf.hhs.gov/programs/cb/pubs/cm06/table3_6.htm.



Women and Men

Every year, 4.8 million women experience domestic violence. An estimated 2.9 million men are victims of intimate partner violence. In addition to the physical, mental, and emotional toll of this violence, the estimated cost was more than \$8.3 billion in 2003.



More than three-fourths of domestic violence victims are women. A landmark international study of 24,000 women in ten countries found that 1 in 6 women has experienced domestic violence; yet the problem remains mostly hidden. Women who experience domestic violence have more than double the risk of poor health and physical and mental health problems than women who are not abused (WHO 2005). According to Lee Jong-Wook, director-general of the World Health Organization (WHO), *"This study shows that women are more at risk from violence at home than in the street."*

Women on public assistance reported even higher proportions of IPV as did those who had a recent history of homelessness (Somanti & Shibusawa, 2008). One study found that lifetime prevalence of IPV among older women was more than 26%, more than 18% of women experienced physical or sexual violence, and more than 20% experienced controlling partner behaviors (Bonomi et al., 2007).

Youth

Violence is disturbingly common among high school students. In the 2007 National Youth Risk Behavior Survey, 10% of students in grades nine through twelve reported having been hurt physically by a boyfriend or girlfriend during the twelve months preceding the survey. Dating violence was more prevalent among African American students than among white or Hispanic students. In another study, nearly 12% of female students reported having been physically forced to have sex against their will (Grunbaum et al., 2004).



According to the CDC (2009), those who harm their dating partners are more depressed and more aggressive than their peers. Other characteristics of abusive dating partners include:

- Poor social skills
- Inability to manage anger and conflict
- Belief that using dating violence is acceptable
- Having more traditional beliefs about gender-related roles
- Witnessing violence at home or in the community
- Alcohol use
- Behavioral problems in other areas
- Having a friend involved with dating violence

Physical violence and psychological aggression can extend beyond dating partners and affect same-sex peer relationships. An analysis of students in a high-risk school district in grades seven through twelve found that girls were significantly more likely than boys to report perpetration of physical violence and psychological aggression within dating relationships than boys. However, boys were more likely than girls to report physically injuring a date and also more likely than girls to report physical violence victimization and perpetration within same-sex peer relationships (Swahn et al., 2008).

Elders

Many older adults are becoming dependent on others to meet their basic needs. Estimates vary widely about rates of elder abuse and neglect. However, the National

Center on Elder Abuse reported abuse occurs in 3% to 5% of people over 55 years of age. The Senate Special Committee on Aging reported as many as 5 million elderly people are abused each year.



According to one survey, older women are far more likely than older men to suffer from abuse or neglect. In 2003, two out of every three (65.7%) elder abuse victims were women (15 states reporting). Elderly women over age 80 are the most frequent victims of abuse. Lack of social support is a major risk factor for abuse. A study of 600 women ages 50 to 64 found that more than 5% experienced some form of abuse by their partners within the two years prior to the study.

Immigrant Community

Precise statistics are elusive and several factors make it especially difficult for victims in the immigrant community (primarily women) to seek out and obtain help. The abuser may threaten to use the victim's immigration status against her. Language barriers and lack of familiarity with U.S. systems are further barriers. A victim may also fear that reporting violence to the authorities will result in a hostile, insensitive, discriminatory response. In reality, these women's fears may be justified in some areas of the U.S. where mainstream organizations lack multicultural understanding and reflect prejudicial attitudes toward immigrants and refugees (Family Violence Prevention Fund, 2009).

Patriarchal cultural attitudes and victim-blaming also contribute to domestic violence in immigrant and refugee communities just as they do throughout the United States. A study of more than 3,400 women found that the prevalence of domestic violence was higher among Latina women than among non-Latina women (20% Latina versus 14% non-Latina for the past five years, and 11% Latina versus 7% non-Latina for the past year). Latina women also reported more physical symptoms and adverse mental health effects than did non-Latina women (Bonomi et al., 2009).

Symptoms of Domestic Violence in Dentistry

Seventy-five (75%) percent of physical injuries in domestic violence incidents are to the head, neck, and/or mouth. Dental professionals routinely assess the head, neck and

mouth areas of their patients and are in a perfect position to identify and treat injuries caused by domestic violence. By assessing for domestic violence and intimate partner violence, in addition to child abuse/neglect and elder abuse/neglect, we can assist our patients in getting help before life-threatening injuries occur. According to a 1998 survey, 9.2 percent of women who sought health care for physical assault by an intimate partner saw a dentist.

Regardless of age, gender, or health status, abuse and neglect are serious issues. The dental team plays an important role in assessing, identifying, and recording and properly referring incidents of abuse and neglect. There are many common symptoms of domestic violence or abuse and neglect. Violence, abuse, or neglect can present in the oral cavity or perioral areas in a variety of ways. Any oral lesion, tooth or soft-tissue injury could be caused by violence. As part of the oral examination and history, dental practitioners may notice facial trauma or a history of facial trauma, including:

- 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

Additional Clinical Signs of Domestic Violence

Bruises, bites, burns, lacerations, abrasions, head injuries, and skeletal injuries are some common forms of domestic violence and trauma detectable in the dental office.

Signs and symptoms may include:

- Intraoral bruises from slaps or hits when soft tissues are pressed against hard structures such as teeth and bones.
- Patterned bruises on the neck from attempted strangulation such as thumb bruises, ligature marks, and scratch marks.
- Petechiae bruising in the face, mouth, or neck caused by attempted strangulation.
- Soft or hard palate bruises or abrasions from implements of penetration (may indicate forced sexual act/s)
- Fractured teeth, nose, mandible, or maxilla. (Signs of healing fractures may be detected in panoramic radiographs.)

- Abscessed teeth (caused by blows to an area of the face or from traumatic tooth fractures)
- Torn frenum (may be the result of assault or forced trauma to the mouth)
- Bite marks
- Hair loss (from pulling), black eyes, ear bruises, or lacerations to the head
- Injuries to arms, legs, and hands noted during the dental visit.

(Shanel-Hogan. CDA Foundation. 2004. Retrieved August 2011.)



Dental Neglect

Dental neglect may be an indicator of domestic violence. Patients experiencing domestic violence may be restricted by their abuser from seeking help or contact with friends and family members or from seeking dental or medical care. As a result, victims may suffer from lack of medical or dental care. Sometimes dental neglect may indicate larger problems of neglect. Lack of care is critical with regard to facial infections since infection may travel through the body's facial planes toward the heart.

Strangulation

Strangulation is often indicative of a high level of IPV in a relationship that can escalate quickly to death. The dental professional may observe visible injuries to the patient's neck including ligature marks, scratches, abrasions, scrapes, and bruises from assailant's thumb and fingers. Petechiae on the neck, face, eyes, and mouth may be present. Symptomatic voice changes will occur in up to 50 percent of victims. Attempted strangulation with 11– 33 pounds of pressure on the neck for 4-5 minutes can cause brain death. Swelling and swallowing or breathing difficulties could be an indicator of underlying neck injury. It is critical to appreciate that although breathing changes and

symptoms may initially appear to be mild, underlying injuries may kill the victim up to 36 or more hours later. Identification, intervention and quick action to refer the patient for medical evaluation and treatment can save a life.

How to Identify Domestic Violence in the Dental Practice

There are three main tools used to identify domestic violence in the dental practice. They are:

- Assessment
- Charting
- Referrals



Assessment

Domestic violence assessment is as easy as oral cancer assessment. A major focus of dentistry is prevention. Domestic violence assessment can be incorporated into the comprehensive dental examination easily and quickly. Visually scan for signs and symptoms of abuse at the same time as examining the patient for oral cancer. Include assessment questions in the patient's health questionnaire such as *"Are you in a relationship in which you have been physically hurt or threatened?"* Domestic violence assessment is both diagnostic and therapeutic. Intimate partner violence is a serious health issue that can be life-threatening. Dental professionals can and do help patients by asking about violence, performing a brief safety assessment, documenting abuse in the dental chart, and making referrals to domestic violence experts. Asking the questions and making the referral need not be complicated or time consuming. The dental professional doesn't have to have a solution for the individual. What patients need is the space and time to talk it over with an empathetic listener who doesn't blame them. The simple act of asking about violence, responding with compassion and validating the patient's experience when the answer is "yes" is a powerful intervention. Our patients trust us and are often willing to answer questions about abuse. Make sure patients with suspected injuries or domestic violence issues have a safe environment in which to discuss issues while staff is taking the patient's medical history. If the dental practitioner suspects a patient's clinical signs may be due to abuse, it may be appropriate to follow up with questions such as:

- *“Are you in a relationship with a person who physically hurts or threatens you?”*
- *“Did someone cause these injuries? Who?”*
- *“Have you had ever any injuries like this in the past? How often?”*

Answers should be noted in the patient chart.

Common Assessment Tools for Domestic Violence in Dental Practice

In 2007, the U.S. Centers for Disease Control and Prevention (CDC) published a comprehensive inventory of currently available assessment instruments for intimate partner violence and sexual violence victims for use in healthcare settings. The document includes information on the characteristics of the various assessments and whether they are appropriate for use with a given population. Various instruments are used to assess domestic violence. These tools are used to help with detailed questions about physical partner or date abuse or other types of physical abuse. These assessments have in common the following characteristics:

- Ask about the violence very directly.
- Ask who did this to the patient.
- Convey to the patient confidentiality and safety.
- Assess any physical, emotional, psychological, and other abusive behaviors.
- Include detailed photographs of the patient.
- Refer to the emergency room, if necessary.
- Ask whether the patient is in a relationship that threatens or harms them.
- Look for behavioral clues, such as evasive behaviors or physical clues, like old injuries or a history of unexplained past injuries.
- Assess the frequency of physical, emotional, or psychological abuse.
- Assess sexual abuse, if any.
- Determine a detailed plan for immediate and follow-up care.

The CDC document also describes whether the assessment is used with men, women, or specific racial or ethnic groups. The document may help dental professionals make appropriate referrals for both victims and perpetrators. The front of the document contains a list of assessment tools and various populations that each tool may be used with. The dental team may want to evaluate these tools and suggestions in conjunction with routine OSHA training. The main goals of the CDC assessment tools document are

consistency of documentation and appropriate referral. Interviewing patients about domestic violence is often uncomfortable for the dental team. It is important to remain objective when documenting details of abuse.

Charting

Documentation is critical regarding possible abuse or neglect. Depending on each state's reporting requirements and the dental practice office policies, specifics for documentation may need to be adapted. However, all practices can start with these pointers for charting adapted from the Family Violence Prevention Fund:

- Document the patient's exact words in response to questions. Be sure to document patient's responses to questions and any nonconsensual activities such as oral trauma or forced oral sexual violence.
- Note the exact location of all current injuries as well as any previous evidence of abuse or neglect.
- Document the entire head and neck specifying injury locations. For example, chart the interior of the mouth using clock directions to specify the location of injuries. At the 3 o'clock position in the mid-buccal area, there is a large purple lesion about 3 cm in size with a focal area of 2 mm in the center that is darker in color.
- Use both radiography and photography for recordkeeping. Today, digital photography and radiography are used for diagnosis, referral, and recordkeeping.
- Document the referral and any follow-up for reporting purposes. Put a copy of any reports in the chart.

Documentation is an important part of your chart, records, and mandated report (if your state law requires you to report). Your charts can be important court documents. Keep in mind those objective observations and descriptions, supplemented with narrative descriptions and statements, measurements, drawings and/or photographs will often be evidence enough. The dental chart reflects collected information and data regarding incidents of trauma, routine examinations, and treatments that often include charting of the soft and hard tissues of the head and neck. Periapical radiographs (x-rays) of individual teeth and panoramic radiographs of the head may be available for pre- or post-trauma comparison. If the patient has had restorative or orthodontic treatment, available plaster or stone study models may demonstrate pre-trauma conditions. Intraoral or extraoral photographs may document structures prior to trauma. If trauma is demonstrated inside the mouth, intraoral color photography provides documentation.

Intervention Programs

There are a number of intervention programs designed for dental professionals for the prevention of domestic violence. The Department of Justice has a free program for dental professionals called Family Violence for Dental Professionals which can be accessed at the Department of Justice Web Site:

www.ojp.usdoj.gov/ovc/publications/bulletins/dentalproviders/welcome.html.

Another popular program is the Prevent Abuse and Neglect through the Dental Awareness (PANDA) Program, which is available through Dr. Lynn Mouden of the Arkansas Department of Health in Little Rock, Arkansas. His phone number and email address are: (501-661-2595), lmouden@arkansas.gov.

Referrals

Suggested protocols for referring patients and reporting violence may vary from state to state and in some cases by local jurisdiction. Confidentiality and assuring the patient's safety should be maintained at all times. Your state board of dentistry can assist you in getting a copy of your state's domestic violence reporting requirements. Your state's board of dentistry can also inform you of your requirements for reporting violence regarding Medicaid patients and the location of social service agencies in your area. In addition, your local health department may assist you in maintaining a list of local shelters or safe havens for potential victims of domestic violence.

Contact your state dental licensing board and local legal entities to find out what the dental team's obligation is regarding identifying and reporting domestic violence. Keep a current list of local resources and reporting requirements in the office procedure manual that include local emergency response information. Local resources may include:

- Office and hospital personnel with special training
- Law enforcement (police, lawyers, advocates)
- Shelters (housing, support groups, advocates)
- Local hotlines
- Child protective services



Common obligations for reporting suspected violence for many states include the following:

- A detailed report of bruise sites or injuries noted on the chart
- Pictures of the injury and any history in the form and chart
- Any evidence of use of an object or manual force
- History as stated by the patient, in the patient's words if possible
- Follow-up and course of care
- Any referral, such as to an emergency room, law enforcement, or social services

Dental professionals may need to research local and state resources and develop a script to address patients who may be experiencing domestic violence. Another option is to talk to local physicians about domestic violence.

When developing a script based on reporting requirements and restrictions practitioners should consider compassion and confidentiality.



Violence is a serious, even life-threatening situation as is abuse and neglect. Should a dental practitioner believe that violence, abuse, or neglect is a factor in an oral condition, the patient should be encouraged to seek care and a safe haven. There are many community and state resources for supporting victims of domestic violence.

Hotlines

National Domestic Violence Hotline

800-799-7233 (SAFE)

800-787-3224 (TTY)

www.ndvh.org

Rape, Abuse, and Incest National Network (RAINN)

800-656-4673 (HOPE)

www.rainn.org

National Sexual Violence Resource Center (NSVRC)

877-739-3895

www.nsvrc.org

National Center for Victims of Crime, Stalking Resource Center

800-394-2255

800-211-7996(TTY)

www.ncvc.org/src

National Teen Dating Abuse Helpline

866-331-9474

866-331-8453 (TTY)

www.loveisrespect.org

Conclusion

As healthcare providers in a fast-changing society, dental professionals find themselves dealing with an epidemic level of violence in daily life. Dental team members can make a critical difference in the progress toward ending this costly, destructive epidemic and halting the transgression of violence from generation to generation. By being alert to the possibility of domestic abuse in patients of every age, socio-economic group, and race, more victims of abuse can be identified, assessed, treated, protected, and assisted in resolving their situation.

References

- Assessment. CDA instruments for use in healthcare settings. Version 1.0. (2007). Atlanta, Georgia: US Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.
- Basile, K., Hertz, M. & Back, S. (2007). Intimate partner violence and sexual violence victimization instruments for use in healthcare settings: Version 1. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved July 2011 from <http://www.cdc.gov/NCIPC/pub-res/images/IPVandSVscreening.pdf>
- Centers for Disease Control and Prevention (CDC). (2009). Intimate partner violence: Fact sheet. Retrieved July 2011 from <http://www.cdc.gov/violenceprevention>.
- Saltzman L.E., Fanslow J.L. & McMahon P.M., et al. (2002). Intimate partner violence surveillance: Uniform definitions and recommended data elements. Atlanta: CDC, National Center for Injury Prevention and Control. Retrieved August 2011 from <http://www.cdc.gov/ncipc/factsheets/ipvoverview.htm>.
- Shanel-Hogan K.A.(2004) Dental professionals against violence. California Dental Association Foundation, Inc. Retrieved August 2011 from http://www.ncdsv.org/publications_healthcare.html.

Course Test
Domestic Violence and Dental Professionals

1. Another term for domestic violence that includes same sex partners is:
 - a. Sexual violence
 - b. Intimate partner violence
 - c. Psychological abuse
 - d. All of the above

2. The definition of domestic violence includes:
 - a. Physical violence
 - b. Sexual violence
 - c. Threats of physical or sexual violence
 - D Psychological and emotional violence
 - e. All of the above

3. Women are the only victims of domestic violence.
 - a. True
 - b. False

4. Some signs dental professionals may see in patients are:
 - a. Missing or avulsed teeth
 - b. Unexplained oral trauma
 - c. Bruises, both old and new
 - d. All of the above

5. Identifying victims of abuse in the dental practice includes:
 - a. Assessment
 - b. Charting
 - c. Both a and b
 - d. None of the above

6. In the dental practice, documentation is critical with patients who may be victims of domestic violence. It is not important to document the patient's own words.
 - a. True
 - b. False

7. Resources for victims of domestic violence include:
 - a. Hospitals
 - b. Police departments
 - c. Shelters (housing, support groups, advocates)
 - d. All of the above

8. The Bureau of Justice Statistics list six types of behavior considered to be stalking.
 - a. True
 - b. False

9. Examples of employees required to report suspected abuse are:
 - a. State, county, or municipal criminal justice employees or law enforcement officers
 - b. Teachers
 - c. Both a and b

10. Batterer's intervention programs are designed for victims of abuse.
 - a. True
 - b. False