



## DEFINITION:

*Domestic violence or intimate partner violence is a pattern of assaultive and coercive behaviors including inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.*

*Domestic violence affects people regardless of race, ethnicity, class, sexual and gender identity, religious affiliation, age, immigration status and ability. Abuse is a health care issue that impacts people of all ages, including children, adolescents, and the elderly; its impact can manifest throughout the lifespan.*

# Enhancing Dental Professionals' Response to Domestic Violence

**Violence assessment can save lives.** Family violence exists in every city, every neighborhood, and every community. Domestic violence is often a silent cycle of physical, emotional and verbal abuse that leaves victims feeling trapped and helpless. Victims do not know where to turn or how to get help. Nearly one-third of American women (31 percent) report being physically or sexually abused by a husband or boyfriend at some point in their lives.<sup>1</sup> Both men and women are battered by spouses and intimate partners. It is important that all dental professionals are aware of the signs and symptoms of domestic violence. Dentists, dental hygienists and dental assistants can play an important role in stopping the cycle of abuse.

**Seventy-five (75%) percent of the physical injuries are to the head, neck, and/or mouth.<sup>2</sup>** 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.<sup>3</sup>

### 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.

Even when victims of violence avoid seeking medical attention or move to other physicians and hospitals, they will keep routine and emergency dental appointments. The dental professional often has established trust with the patient. A typical appointment is 30-45 minutes with the dental hygienist, 30-60 minutes with the dentist as opposed to 7-10 minutes with their physician. By asking a few well-placed questions, the dental professional can confirm the presence of domestic violence. Very often the patient is waiting for someone to just ask the question.<sup>4</sup> In four different studies of survivors of abuse, 70-81% of the patients studied reported that they would like their healthcare providers to ask them

privately about intimate partner violence.<sup>5,6,7,8</sup> Dental offices should also have available a current list of local domestic violence service agencies (these are listed in the yellow pages of the telephone directory) and other resources available for patients. **The National Domestic Violence Hotline is 1-800-799-SAFE.**

**We may be mandated reporters depending on our state laws.** At least 45 states in the country have laws that mandate reporting of injuries caused by weapons, crimes or domestic/intimate partner violence (laws vary by each state).<sup>9</sup> In many of these states, dentists, registered dental hygienists, and registered dental assistants are mandated by law to report suspicions of abuse and neglect in children, elders and dependant adults. Based on the laws in their state, dental professionals should determine if they have the legal responsibility to report suspected abuse and neglect. Please refer to your legal advisor, local district attorney or law enforcement office for specific questions on interpretation of laws regarding mandatory reporting of domestic violence by dental professionals.

**We are not alone. We are a community, a network of professionals.** Many dental professionals are passionately involved in their communities and are working toward reducing family violence. Dental professionals can work both within the dental profession and with other health care workers to increase the awareness of how to detect and respond to family violence, especially oral abuse and oral neglect, and to join the community effort. It is through combined communication and collaboration that the community capacity to prevent abuse and neglect can be fostered and built.

Now is the time. Family violence is not just a social issue, it is a health issue that affects us all. We can assist in breaking the cycle of family violence. We can save lives.

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<sup>1</sup> The Commonwealth Fund, *Health Concerns Across a Woman's Lifespan: 1998 Survey of Women's Health*, May 1999

<sup>2</sup> Sweet, DJ, Recognizing and intervening in domestic violence: Proactive role for dentistry, *Medscape: Women's Health*, Vol. 1, No. 6, 1996, <http://www.medscape.com>.

<sup>3</sup> Lowe C, Gerbert B et al, Dentists' attitudes and behaviors regarding domestic violence: The need for response. *Journal of American Dental Association*. 132: 85-93, 2001.

<sup>4</sup> Robertson, J, Domestic violence and health care: An ongoing dilemma, *Albany Law Review*, 1995, Vol. 68, page 1199.

<sup>5</sup> Caralis, P, Musialowski, R., 1997. Women's experiences with domestic violence and their attitudes and expectations regarding medical care of abuse victims. *South Medical Journal*. 90:1075-1080.

<sup>6</sup> McCauley J, Yurk R, Jenckes, M., Ford, D. 1998. Inside "Pandora's Box": Abused women's experiences with clinicians and health services. *Archives of Internal Medicine*. 158:549-555.

<sup>7</sup> Friedman, L., Samet, J., Roberts, M., Hudlin, M., Hans, P. 1992. Inquiry about victimization experiences: A survey of patient preferences and physician practices. *Archives of Internal Medicine*. 152:1186-1190.

<sup>8</sup> Rodriguez, M., Quiroga, SS., Bauer, H. 1996. Breaking the silence: Battered women's perspectives on medical care. *Archives of Family Medicine*. 5:153-158.

<sup>9</sup> Houry, D., Sachs, C., Feldhaus, K., Lindon, J., Violence-inflicted injuries: Reporting law in the fifty states. *Annals of Emergency Medicine*. 2002, Vol. 39, p. 1.

## Family Violence Prevention Fund

Funded by The U.S. Department of Health and Human Services, Administration for Children, and Families

In partnership with



Produced by the National Health Resource Center on Domestic Violence  
A Project of the Family Violence Prevention Fund  
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## CLINICAL SIGNS OF DOMESTIC VIOLENCE<sup>1</sup>

Bruises, bites, burns, lacerations, abrasions, head injuries and skeletal injuries are some of the common forms of domestic violence 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, scratch marks.
- Petechiae bruising in the face, mouth or neck caused by attempted strangulation.
- Soft and 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 or nonvital teeth could be 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.
- Bitemarks
- Hair loss from pulling, black eyes, ear bruises, or lacerations to the head.
- Injuries to arms, legs, and hands noted during the dental visit.

### Dental Neglect

Dental neglect could be an indicator of domestic violence. Patients experiencing domestic violence may be restricted by their abuser from their normal daily activities, seeking help or contact with friends and families or seeking dental or medical care. As a result they may suffer from lack of dental care that medically endangers themselves, untreated rampant caries, untreated pain or chronic pain or infection, bleeding or trauma affecting

the orofacial region and a history of a lack of follow-through for care with identified dental pathology.

Sometimes the dental neglect can be an indicator of a larger neglect problem. Nontreatment or lack of the continuity of care is critical in the case of facial infections that could travel through the facial planes of the body toward the heart.

### Strangulation<sup>2,3</sup>

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.

<sup>1</sup> Shanel-Hogan, KA. Dental Professionals Against Violence. California Dental Association Foundation, Inc., 2004

<sup>2</sup> McClane, G.E., Shanel-Hogan, K.A., Strack, G.B. Never Let A Victim Die in Vain © San Diego City Attorney's Office, 2001

<sup>3</sup> Gwinn, C., McClane, GE., Shanel-Hogan, KA., Strack, GB. Domestic violence: No place for a smile. Journal of California Dental Association, 32(5): 399-409.

## DOCUMENTATION<sup>4</sup>

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 speak for itself.

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.

<sup>4</sup> Shanel-Hogan, KA. Dental Professionals Against Violence. California Dental Association Foundation, Inc., 2004

## RECORDING DV ON PATIENT CHART IN DENTAL OFFICE SETTINGS<sup>5</sup>

### What was recorded in the patient chart:

**Situation:** New patient emergency with chief complaint of pain in upper quadrant and two fractured teeth.

**Emergency exam:** History, Oral Exam, Radiographs (periapicals, bitewings and panoramic)

#### Diagnosis:

- Fractured teeth #3 and #4
- Observe maxillary and mandibular teeth on right side for possible nonvital response to trauma.
- No maxilla or mandibular fractures

#### Treatment indicated:

- Tooth #3 – Root Canal, post and crown, abutment for 3-unit bridge (Mesiobuccal cusp fracture into the pulpal cavity)
- Tooth #4 – Extraction, pontic (Coronal fracture beneath maxillary bone requiring tooth extraction)
- Tooth #5 – Full crown abutment for 3-unit bridge

### In addition to charting of dental findings, suggested charting could include:

- Photos (intraoral and extraoral)
- Quoted remarks and disclosures made by the patient (i.e. “My husband hit my face with a fist.”)
- Quoted remarks and disclosures made by the person accompanying the patient (i.e. “She is so clumsy that she keeps falling and hitting her head. What am I to do?”)
- Full descriptions of the soft and hard tissue injuries (i.e. bruising, lacerations, bleeding, and swelling) that include measured size, shape and color.
- Observable demeanor and behavior of the patient. (i.e. The patient ducked as her husband accompanying her raised his hand toward her to make a point.)
- Other observable physical signs and/or symptoms that suggest physical abuse. (i.e. There were two linear bruises 5 cm in length on the patient's neck, right side. One bruise was slightly higher on the neck than the other. The top bruise was red in color. The bottom bruise was purple in color. The patient also had two oval-shaped bruises (2 cm in size each). Location: one on each side of the larynx. The patient had a raspy voice and appeared to have difficulty catching her breath.
- Referral to physician to follow-up on breathing difficulty. If patient appears in acute respiratory distress, call 911.
- Note to chart on any legal recourse taken (e.g. Mandated report was telephoned in to law enforcement. Copy of any written report made should be placed in the confidential area of the chart).

<sup>5</sup> Shanel-Hogan, KA. (2002). Domestic violence charting for dental office. In Domestic Violence Practical Guide for Providers, Yolo County 3rd Revision. (2002), p.7.