



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.¹ 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.² 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.³

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.⁴ 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.^{5,6,7,8} 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).⁹ 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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¹ The Commonwealth Fund, *Health Concerns Across a Woman's Lifespan: 1998 Survey of Women's Health*, May 1999
² 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>.
³ 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.
⁴ Robertson, J, Domestic violence and health care: An ongoing dilemma, *Albany Law Review*, 1995, Vol. 68, page 1199.
⁵ 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.
⁶ 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*. 13:549-555.
⁷ 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.
⁸ Rodriguez, M., Quiroga, SS., Bauer, H. 1996. Breaking the silence: Battered women's perspectives on medical care. *Archives of Family Medicine*. 5:153-158.
⁹ 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
383 Rhode Island Street, Suite 304
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www.endabuse.org/health
Phone: 1-888-Rx-ABUSE (toll-free call)
TTY: 1-800-595-4889
Email: health@endabuse.org

CLINICAL SIGNS OF DOMESTIC VIOLENCE¹

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^{2,3}

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.

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

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

³ 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.

DOCUMENTATION⁴

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.

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

RECORDING DV ON PATIENT CHART IN DENTAL OFFICE SETTINGS⁵

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).

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

→ Take Action, Make a Commitment

You can help address domestic violence as a health care issue! Here are some ways:

Create a Supportive Environment for Patients:

- Commit to begin routine assessment for domestic violence at your dental office/clinic. Begin by trying routine assessment for one week.
- Place victims' safety cards in the bathroom, and/or dental operatory for patients who need information, but may not be ready to disclose.
- Hang posters in waiting areas to convey the message that support is available for patients experiencing domestic violence.
- Have dentists/dental hygienists/dental assistants/office staff wear "Is someone hurting you? You can talk to me about it" buttons.
- Document assessment of domestic violence using a rubber stamp on clinical records or add this to patient chart:

ASSESSMENT: Yes No
 DV+ DV- DV?

Get the Word Out to the Community:

- Organize a resource table and distribute patient education materials with phone numbers of local shelters, hotlines, and community resources for domestic violence victims.
- Work with domestic violence programs in your community to let both patients and the community know that your dental office/clinic, health care facility or state/local professional association cares about addressing domestic violence.
- Encourage the editorial staff of your local dental society's newsletter to publish and invite articles from dental professionals who have expertise in the issue of domestic violence.

Get Staff and Coworkers Involved:

- Organize trainings for dentists/dental hygienists/dental assistants/office staff on domestic violence intervention and assessment.
- Create a domestic violence protocol or review and amend an existing protocol for your dental office/clinic setting.
- Invite a domestic violence advocate, or survivor to speak at a brown bag lunch.

Learn More About Domestic Violence as a Health Care Issue:

- Order free information packets, training, and resource materials from the Family Violence Prevention Fund's National Health Resource Center on Domestic Violence OR encourage dental healthcare professionals to contact us. Call toll-free: (888) Rx-ABUSE, TTY: 1-800-595-4889 or visit www.endabuse.org/health.
- Download information on abuse assessment, documentation, safety planning and other clinical tools from the Family Violence Prevention Fund's National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings: <http://endabuse.org/programs/healthcare/files/Consensus.pdf>.

Comply with JCAHO Standard PC.3.10 on Victims of Abuse

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) evaluates and accredits more than 16,000 health care organizations and programs in the United States. An independent, not-for-profit organization, JCAHO is the nation's predominant standards-setting and accrediting body in health care.

In 2004, JCAHO instituted new standards for hospitals on how to respond to domestic abuse, neglect and exploitation. For more information, visit: <http://www.endabuse.org/health/jcabo>.

Mandatory Reporting of Domestic Violence by Health Care Providers

Most states have enacted mandatory reporting laws, which require the reporting of specified injuries and wounds, suspected abuse or intimate partner violence for individuals being treated by a health care professional. We recommend that all health care providers learn about the reporting requirements in their state. To locate and know your states laws on Mandatory Reporting of abuse (including elder abuse, child abuse and domestic violence), contact your legal advisor, health facility counsel, local District Attorney's office or law enforcement office. For more information on mandatory reporting, visit: www.endabuse.org/health/mandatoryreporting.

Health Privacy

Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulation has resulted in numerous questions by domestic violence service agencies, including whether or not agencies are covered under the Privacy Regulation and whether a business associate agreement, if requested by a hospital or other provider, is necessary or appropriate. To get more information on the HIPAA Privacy Regulations, please visit: <http://www.endabuse.org/health/privacy>.

→ Changing Health Care Practice

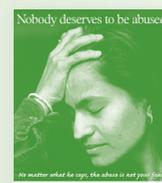
Ensuring that patients in every health care setting are assessed for abuse across the lifespan and offered assistance is a goal of the Family Violence Prevention Fund (FVPPF). For over 10 years, the FVPPF has been developing ground-breaking programs that are shaping the national public health and policy agenda on abuse, promoting prevention strategies and developing health education campaigns by partnering with clinics, hospitals, professional health associations, state and federal public health agencies and family violence experts. The FVPPF's Health Resource Center on Domestic Violence (HRC) is designated as the nation's information hub on this issue by the U.S. Department of Health and Human Services, supporting thousands of healthcare providers, policy makers and advocates annually to better serve victims and their children.

The National Health Resource Center on Domestic Violence provides free and low-cost resources, training materials, and technical assistance to health care professionals and to other providers serving victims of domestic violence.

Most items are available in several languages.
Visit our website: www.endabuse.org/health
or call toll-free: (888) Rx-ABUSE, TTY: 1-800-595-4889



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POSTERS



VIDEOS



GUIDELINES



BUTTONS



DECALS

Domestic Violence Health Care Resources and Referrals

HOTLINES & RESOURCES FOR VICTIMS

National Domestic Violence Hotline 24 hours, 1-800-799-SAFE (7233); 1-800-787-3224 (TTY). Links individuals to help in their area using a nationwide database that includes detailed information on DV shelters, other emergency shelters, legal advocacy and assistance programs, and social service programs. Website: www.ndvb.org

Rape Abuse & Incest National Network (RAINN) 24 hours, 1-800-656-HOPE (4673). Will automatically transfer the caller to the nearest rape crisis center, anywhere in the nation. It can be used as a last resort if people cannot find a DV shelter. 635-B Pennsylvania Ave SE, Washington, DC 20003. Phone: 1.800.656.HOPE (4673), x3 Fax: (202) 544-3556 E-mail: rainnmail@aol.com Website: www.rainn.org

Local DV Programs (Phone numbers are listed in the Emergency Numbers section of your telephone book). For the list of State Domestic Violence or Sexual Assault Coalitions visit: www.ojp.usdoj.gov/vawo/state.htm

Community United Against Violence (CUAV) 24 Hr. Support Line: (415) 333-HELP (4357). Works to end violence against and within lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) communities. 973 Market St., #500, San Francisco, CA 94103 Phone: (415) 777-5500 Fax: (415) 777-5565 E-mail: cuav@aol.com Website: www.cuav.org

For Men Only information for male survivors of sexual assault Website: www.utexas.edu/student/cmbc/booklet/menassault.html

Menweb information for battered men on how to cope and the steps they should take, as well as other resources. Website: www.batteredmen.com/

Teen Action Campaign An innovative teen dating violence prevention-oriented website created by teens. It provides information, resources, and help for at-risk teens. Website: www.seeitandstopit.org

DENTAL HEALTH CARE AND DOMESTIC VIOLENCE RESOURCES

The National Health Resource Center on Domestic Violence a project of the FVVPF, provides support to thousands of health care professionals, policy makers and domestic violence advocates through its four main program areas: model training strategies, practical tools, technical assistance, and public policy. 383 Rhode Island St., Suite 304, San Francisco, CA 94103-5133 Phone: (888) Rx-ABUSE TTY: (800) 595-4889 Fax: (415) 252-8991 E-mail: health@endabuse.org Website: www.endabuse.org/health

American Dental Association (ADA) has developed code of ethics and position statements on addressing adult domestic violence and child abuse in the dental health setting. Phone: (312) 440-2500 Website: www.ada.org/

Dental Professionals Against Violence (California Dental Association Foundation) DPAV's training program and print materials are designed to assist dental professionals and their teams to recognize and respond to child abuse/neglect, domestic/intimate partner violence, and elder abuse/neglect. The goal of DPAV is to raise the dental community's awareness of family violence using the most current information regarding patient risk assessment, clinical signs and symptoms, and dental professional's legal obligation to identify and report family violence situations. Dentists, registered dental hygienists, and registered dental assistants are mandated reporters in the state of California. The program includes definitive action steps for dental professionals to use within their practices and communities. 1201 K Street Suite 1511 Sacramento, CA 95814 Toll-free: (866) 232-6362 ext. 4921 Phone: (916) 554-4921 Fax: (916) 498-6182 Email: foundationinfo@cda.org Website: www.cda.org/public/dpan/

Prevent Abuse and Neglect through Dental Awareness (PANDA) coalition educates dentists about how to effectively intervene in cases of child abuse and neglect and other forms of family violence, including intimate partner violence (domestic violence) and elder abuse and neglect. c/o Lynn Douglas Mouden, DDS, MPH Director, Office of Oral Health Arkansas Department of Health 4815 W. Markham Street, Slot 41 Little Rock, Arkansas 72205 Phone: (501) 661-2595 Fax: (501) 661-2055 Email: Lmouden@healtharkansas.com

American Academy of Cosmetic Dentistry (AACD) provides free cosmetic dental care for survivors of domestic violence through its Give Back a Smile program. 5401 World Dairy Drive Madison, WI 53718 Toll-free: (800) 543-9220 Phone: (608) 222-8583 Fax: (608) 222-9540 Email: info@aacd.com Website: www.aacd.com/givebackasmile/survivors.aspx

HEALTH CARE ORGANIZATIONS AND MEDICAL ASSOCIATIONS

Following is a list of leading health care organizations and medical associations that have published research, developed tools and other resources to help address domestic violence as a health care issue. For more information, visit the websites of these organizations and search using the keywords "domestic violence" and/or "IPV."

American Academy of Cosmetic Dentistry (AACD): Toll-free: (800) 543-9220 Phone: (608) 222-8583 Fax: (608) 222-9540 Email: info@aacd.com Website: www.aacd.com/givebackasmile/survivors.aspx

American College of Emergency Physicians: www.acep.org

American Academy of Family Physicians (AAFP): Phone: (913) 906-6000; Toll free: (800) 274-2237 Email: fp@aaafp.org Website: www.aaafp.org

American Academy of Nursing (AAN): Phone: (202) 651-7238 Fax: (202) 554-2641 Email: aan@ana.org Website: www.nursingworld.org/aan/

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Prepare Your Practice – Order Now!

• Please mail me the following free materials:

(Check all that apply)

- Assorted Sample Safety Cards
- Two Posters
- Two "Is someone hurting you? You can talk to me about it" health care provider buttons
- A copy of the National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings (OFFER LIMITED TO FIRST 100 REQUESTS!) You can also download a free copy of the Guidelines from our website: www.endabuse.org/health

• Please sign me up for a free subscription of:*

- FVVPF's monthly electronic news digest *Health e-News*
- FVVPF's biannual electronic journal *Family Violence Prevention and Health Practice*

* Email Required

Contact Information:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Tear out and mail to the National Health Resource Center on Domestic Violence or Fax to: (415) 252-8991



Domestic Violence Guide for Dental Professionals

Domestic Violence is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks that adults or adolescents use against their intimate partners. Without intervention, the violence usually escalates in both frequency and severity resulting in repeat visits to the healthcare system.

Assess All Patients for Domestic Violence:

- * Talk to the patient alone in a safe, private environment
- * Ask simple, direct questions such as:

- Because violence is so common in many people's lives, I've begun to ask all my patients about it routinely
- Are you in a relationship with a person who physically hurts or threatens you?
- Did someone cause these injuries? Who?

The best way to find out about domestic violence is to ask directly.

However, be aware of:

Physical clues:

- * Patients experiencing domestic violence may be restricted by their abuser from seeking dental or medical care. As a result they may suffer from lack of dental care that can manifest in untreated rampant caries, untreated pain or chronic pain or infection, bleeding or trauma affecting the orofacial region.
- * Any physical injuries including unexplained, multiple or old injuries, oral fractures, intraoral bruises indicating force from a sexual act, bites, burns, lacerations, abrasions, head injuries, skeletal injuries, strangulation marks or indicators, and other forms of trauma in the head and neck region.

Behavioral clues:

- * Evasive, vague complaints; explanation inconsistent with injuries; reluctance to speak in front of partner; overly protective or controlling partner.

History suggesting domestic violence:

- * History of a lack of follow-through for care with identified dental pathology, delay in seeking care or repeat visits.

Inches

1

2

3

4

5

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Address:

- * Health needs and follow-up medical care
- * Abuse to any children

Send Important Messages to Patient (Avoid Victim Blaming):

- * You are not alone
- * You are not to blame
- * There is help available
- * You do not deserve to be treated this way

Assess Safety:

- * Are you afraid to go home?
- * Have there been threats of homicide or suicide?
- * Are there weapons present?
- * Can you stay with family or friends?
- * Do you need access to a shelter?
- * Do you want police intervention?

Make Referrals:

- * List phone numbers of your local domestic violence agencies, shelters, hotlines, and/or community resources:

* National Domestic Violence Hotline: **(800) 799-SAFE**

- * Make plan for patient follow-up

Document Findings on Patient Chart:

- * Use the patient's own words regarding injury and abuse
- * Take photographs of injuries (intraoral and extraoral) and x-rays
- * Full descriptions of injuries (i.e. bruising, lacerations, bleeding, and swelling) including measured size, shape and color
- * Legibly document all injuries; use a body map, head and neck region map, and intraoral chart
- * Note any referral made to other health care provider, domestic violence organization, and/or other resource
- * Note any legal recourse taken (Know your state's Mandatory Reporting requirement. If any written report is required, place a copy in the confidential area of the chart).

**Family Violence
Prevention Fund**

QUESTIONS?
toll-free (888) Rx-ABUSE
TTY (800) 595-4889
www.endabuse.org

American Academy of Pediatrics (AAP): Phone: (847) 434-4000
Fax: (847) 434-8000 Email: pubs@aap.org Website: www.aap.org

American College of Nurse Midwives (ACNM): www.acnm.org

American College of Obstetricians and Gynecologists (ACOG):
Phone: (800) 673-8444, x2434 Email: violence@acog.org; jbrenner@acog.org
Website: www.acog.org

American College of Physicians (ACP):
Phone: (800) 523-1546, x2600; (215) 351-2600 Website: www.acponline.org

American Dental Association (ADA): www.ada.org/

American Medical Association (AMA):
Phone: (312) 464-5000 Website: www.ama-assn.org/

American Medical Students Association (AMSA): www.amsa.org

American Medical Women's Association (AMWA): www.amma-doc.org

American Physical Therapy Association (APTA): Phone: (703) 684-2782, x 8596;
Toll-free (800) 999-2782, x8596 Email: womens-issues@apta.org Website: www.apta.org

American Public Health Association (APHA): www.apha.org

American Psychological Association (APA): Phone: (202) 336-5500;
Toll-free: (800) 374-2721 Email: order@apa.org Website: www.apa.org

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN):
www.awhonn.org/

Association of Traumatic Stress Specialists: www.atss-hq.com

California Dental Association (CDA): www.cda.org

Centers for Disease Control and Prevention: National Center for Injury Prevention and Control, Division of Violence Prevention: www.cdc.gov/ncipc/dvp/dvp.htm

Child Witness to Violence Project at Boston Medical Center: www.childwitnessstoviolence.org

Dental Professionals Against Violence (California Dental Association Foundation):
Phone: (901) 443-3382 Website: www.cda.org/public/dpav/

Indian Health Services: www.ihs.gov/MedicalPrograms/MCH/W/DV00.dfm

International Association of Forensic Nurses: www.forensicnurse.org

Johns Hopkins University School of Nursing: www.son.jhmi.edu

Massachusetts Medical Society: www.massmed.org

Society of Academic Emergency Medicine: www.saem.org

DOMESTIC VIOLENCE ORGANIZATIONS & RESOURCES

Asian & Pacific Islander Institute on Domestic Violence

Phone: (415) 954-9964 Website: www.apiahf.org

Center for the Prevention of Sexual and Domestic Violence An interreligious educational resource addressing issues of sexual and domestic violence whose goal is to engage religious leaders in the task of ending abuse, and to serve as a bridge between religious and secular communities. 936 North 34th St., Suite 200, Seattle, WA 98103 Phone: (206) 634-1903 Fax: (206) 634-0115 E-mail: cpsdv@cpsdv.org Website: www.cpsdv.org

Institute on Domestic Violence in the African American Community

Phone: (877) NIDVAAC (643-8222) Website: www.dvoinstitute.org

The Humane Society of the United States Dedicated through its First Strike campaign to raising public and professional awareness about the connection between animal cruelty and family violence. 2100 L Street, NW, Washington, DC 20037 Phone: (301) 258-3076; Toll-free: (888) 213-0956 Fax (301) 258-3074 E-mail: firststrike@hsus.org Website: www.hsus.org/firststrike

Men Stopping Violence Website: www.menstoppingviolence.org

National Center for Children Exposed to Violence A research an advocacy organization addressing the consequences of exposure to violence in children. Website: www.nccer.org

National Center on Elder Abuse (NCEA) Website: www.elderabusecenter.org

National Coalition Against Domestic Violence (NCADV)

Phone: (303) 839-1852 Website: www.ncadv.org/

National Coalition of Anti-Violence Programs (NCAVP) A coalition of over 20 lesbian, gay, bisexual, and transgender victim advocacy and documentation programs located throughout the United States. Phone: (212) 714-1184 Website: www.navp.org/

National Latino Alliance for the Elimination of Domestic Violence

Phone: (800) 342-9903 Website: www.dvalianza.org

National Organization on Male Sexual Victimization Committed to prevention, treatment & elimination of all forms of sexual victimization of boys and men. Website: www.nomsu.org

Pennsylvania Coalition Against Domestic Violence (PCADV)

Phone: (800) 932-4632 Website: www.pcadv.org/

Sacred Circle – National Resource Center to End Violence Against Native Women

Sacred Circle promotes the sovereignty and safety of women and works to change individual and institutional beliefs that oppress Native women. Phone: (605) 341-2050, Toll-free: (877) RED-ROAD (733-7623) Fax: (605) 341-2472 Email: scircle@sacred-circle.com

→ The Facts on Health Care and Domestic Violence

Domestic violence is a health care problem of epidemic proportions. In addition to the immediate trauma caused by abuse, domestic violence contributes to a number of chronic health problems, including depression, alcohol and substance abuse, sexually transmitted diseases such as HIV/AIDS, and often limits the ability of women to manage other chronic illnesses such as diabetes and hypertension. Despite these facts, a critical gap remains in the delivery of health care to battered women, with many providers discharging a woman with only the presenting injuries being treated, leaving the underlying cause of those injuries not addressed.

Prevalence:

- 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.ⁱ
- In 2001, about 85 percent of victimizations by intimate partners were against women (588,490) and 15 percent of victimizations were against men (103,220).ⁱⁱ
- A 1994 study conducted at a large health plan in Minneapolis and St. Paul, Minnesota found that an annual difference of \$1,775 more was spent on abused women who utilized hospital services than on a random sample of general enrollees. The study concluded that early identification and treatment of victims and potential victims will most likely benefit health care systems in the long run.ⁱⁱⁱ
- Emerging research indicates that hospital-based domestic violence interventions will reduce health care costs by at least 20 percent.^{iv}

Health Consequences of Domestic Violence:

- In 1994, 37 percent of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend or girlfriend.^v
- In 2000, 1,247 women, more than three a day, were killed by their intimate partners.^{vi}
- In addition to injuries sustained during violent episodes, physical and psychological abuse are linked to a number of adverse physical health effects including arthritis, chronic neck or back pain, migraine and other frequent headaches, stammering, problems seeing, sexually transmitted infections, chronic pelvic pain, and stomach ulcers.^{vii}

Pregnancy and Domestic Violence:

- Each year, about 324,000 pregnant women in this country are battered by their intimate partners.^{viii}
- Complications of pregnancy, including low weight gain, anemia, infections, and first and second trimester bleeding are significantly higher for abused women,^{ix} as are maternal rates of depression, suicide attempts, tobacco, alcohol, and illicit drug use.^x
- Pregnant and recently pregnant women are more likely to be victims of homicide than to die of any other cause,^{xi} and evidence exists that a significant proportion of all female homicide victims are killed by their intimate partners.^{xii}

Children's Health and Domestic Violence:

- Children who witness domestic violence are more likely to exhibit behavioral and physical health problems including depression, anxiety, and violence towards peers.^{xiii} They are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.^{xiv}
- Fifty percent of men who frequently assault their wives frequently assault their children,^{xv} and the U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country.^{xvi}

Identification of Domestic Violence:

- A recent study found that 44 percent of victims of domestic violence talked to someone about the abuse; 37 percent of those women talked to their health care provider.^{xvii} Additionally, in four different studies of survivors of abuse, 70 percent to 81 percent of the patients studied

reported that they would like their healthcare providers to ask them privately about intimate partner violence.^{xviii, xix, xx, xxi, xxii}

- A 1999 study published in *The Journal of the American Medical Association* found that only ten percent of primary care physicians routinely screen for intimate partner abuse during new patient visits and nine percent routinely screen during periodic checkups.^{xxiii}
- Recent clinical studies have proven the effectiveness of a two minute screening for early detection of abuse of pregnant women.^{xxiv} Additional longitudinal studies have tested a ten minute intervention that was proven highly effective in increasing the safety of pregnant abused women.

ⁱ *Health Concerns Across a Woman's Lifespan: 1998 Survey of Women's Health*. 1999. The Commonwealth Fund. New York, NY.

ⁱⁱ Rennison, Callie Marie and Sarah Welchans. 2003. *Intimate Partner Violence 1993-2001*. U.S. Department of Justice Bureau of Justice Statistics. Washington, DC. Retrieved January 9, 2004. <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>.

ⁱⁱⁱ Wisner, C., Gilmer, T., Saltzman, L., & Zink, T. 1999. "Intimate Partner Violence Against Women: Do Victims Cost Health Plans More?" *The Journal of Family Practice*, 48(6).

^{iv} Burke, E., Kelley, L., Rudman, W. Ph.D & MacLeod. *Initial findings from the Health Care Cost Study on Domestic Violence*. Pittsburgh, PA.

^v Rand, Michael R. 1997. *Violence-related Injuries Treated in Hospital Emergency Departments*. U.S. Department of Justice, Bureau of Justice Statistics. Washington, DC.

^{vi} Rennison, Callie Marie and Sarah Welchans. 2003. *Intimate Partner Violence 1993-2001*. U.S. Department of Justice Bureau of Justice Statistics. Washington, DC. Retrieved January 9, 2004. <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>.

^{vii} Coker, A., Smith, P., Bethea, L., King, M., McKeown, R. 2000. "Physical Health Consequences of Physical and Psychological Intimate Partner Violence." *Archives of Family Medicine*. 9.

^{viii} Gazmararian JA; et al. 2000. "Violence and Reproductive Health; Current Knowledge and Future Research Directions." *Maternal and Child Health Journal*. 4(2):79-84.

^{ix} Parker, B., McFarlane, J., & Soeken, K. 1994. "Abuse During Pregnancy: Effects on Maternal Complications and Infant Birthweight in Adult and Teen Women." *Obstetrics & Gynecology*. 84(1): 323-328.

^x McFarlane, J., Parker B., & Soeken, K. 1996. "Abuse during Pregnancy: Association with Maternal Health and Infant Birthweight." *Nursing Research*. 45: 32-37.

^{xi} McFarlane, J., Parker, B., & Soeken, K. 1996. "Physical Abuse, Smoking and Substance Abuse During Pregnancy: Prevalence, Interrelationships and Effects on Birthweight." *Journal of Obstetrical Gynecological and Neonatal Nursing*. 25: 313-320.

^{xii} Horon, I., & Cheng, D. 2001. "Enhanced Surveillance for Pregnancy-Associated Mortality - Maryland, 1993 - 1998." *The Journal of the American Medical Association*. 285(11)

^{xiii} Frye, V. 2001. "Examining Homicide's Contribution to Pregnancy-Associated Deaths." *The Journal of the American Medical Association*. 285(11).

^{xiv} Jaffe, P. and Sudermann, M. 1995. "Child Witness of Women Abuse: Research and Community Responses." In *Understanding Partner Violence: Prevalence, Causes, Consequences, and Solutions*, vol. 3 edited by S. Stith, and M. Straus. Minneapolis, MN: National Council on Family Relations.

^{xv} Wolfe, D.A., Wekerle, C., Reitzel, D. and Gough, R. 1995. "Strategies to Address Violence in the Lives of High Risk Youth." In *Ending the Cycle of Violence: Community Responses to Children of Battered Women*, edited by E. Peled, P.G. Jaffe, and J.L. Edleson. New York, NY: Sage Publications.

^{xvi} Straus, M., Gelles, R., and Smith, C. 1990. *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick: Transaction Publishers.

^{xvii} *A Nation's Shame: Fatal Child Abuse and Neglect in the United States: Fifth Report*. 1995. U.S. Advisory Board on Child Abuse and Neglect. Department of Health and Human Services, Administration for Children and Families. Washington, DC.

^{xviii} The Dorchester Community Roundtable Coordinated Community Response to Prevent Intimate Partner Violence. 2003. RMC Research Corporation. Portsmouth, New Hampshire.

^{xix} 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.

^{xx} 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*. 13:549-555.

^{xxi} 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.

^{xxii} Rodriguez, M, Quiroga, SS, Bauer, H. 1996. "Breaking the Silence: Battered Women's Perspectives on Medical Care." *Archives of Family Medicine*. 5:153-158.

^{xxiii} Rodriguez, M, Bauer, H., McLoughlin, E., Grumbach, K. 1999. "Screening and Intervention for Intimate Partner Abuse: Practices and Attitudes of Primary Care Physicians." *The Journal of the American Medical Association*. 282(5).

^{xxiv} Soeken, K., McFarlane, J., Parker, B. 1998. "The Abuse Assessment Screen. A Clinical Instrument to Measure Frequency, Severity and Perpetrator of Abuse Against Women." *Beyond Diagnosis: Intervention Strategies for Battered Women and Their Children*. Thousand Oaks, CA: Sage.

^{xxv} McFarlane, J., Parker, B., Soeken, K., Silva, C., & Reel, S. 1998. "Safety Behaviors of Abused Women Following an Intervention Program Offered During Pregnancy." *Journal of Obstetrical, Gynecological and Neonatal Nursing*, January 1998.