



# Silence Is Deadly

## The Dentist's Role in Domestic Violence Prevention

BY ANTWANETTE NEWTON

**T**he facts are sobering. In the United States, approximately 1.5 million women are physically assaulted and/or raped by an intimate partner each year. Approximately one woman is abused by her partner every 12 seconds. One in three women reports abuse by a husband or boyfriend during her adulthood. Four women die at the hands of their husbands or boyfriends every day. Now you have read the statistics. But, if you were treating a patient whom you suspected was in an abusive relationship, would you know what to do? Would you do anything at all?

Leslie Halpern, DDS, MD, PhD, MPH, an oral and maxillofacial surgeon and assistant professor at the Harvard School for Dental Medicine, wishes she had done something more for a patient she treated for domestic abuse.

At the beginning of her dental career, during an oral surgery residency, Dr. Halpern treated an emergency room patient whose husband had slashed her face with a box blade. Three days later, Dr. Halpern saw the patient again. Only this time, it was too late to help: The patient's husband had killed her.

After this incident, Dr. Halpern says she "wanted to quit." She says, "I felt responsible for her death. Had I prevented her from leaving the hospital, she might still be alive today."

This was not Dr. Halpern's first experience with domestic violence. The vicious rape and murder of a close family member also left a discernible imprint. She is passionate about treating victims and now tries to guide policymaking on domestic violence as a member of the American Medical Association National Advisory Council on Violence and Abuse.

### The dentist's duty

According to Dr. Halpern, "Dentists may play an important role in recognizing and referring patients who are domestic abuse victims." Even more, dentists may be the first—or only—point of contact for domestic violence victims in a health care setting, and they may be the most capable of recognizing the signs of abuse.

Studies have found repeatedly that bruises are the most common injuries in cases of partner abuse, and the most common location of injury is the head, neck, or face. In fact, it has been estimated that 75 percent of physical abuse cases result in injuries to the head, neck, and/or mouth—areas that

are clearly visible to the dental team during examination.

Despite what seems like ample opportunity to recognize and respond to domestic violence, studies have found that most dentists don't feel capable of intervening, due both to a lack of education on how to respond and a lack of desire to get involved.

Research shows that dentists and dental hygienists are the least likely of all clinicians to suspect child, spouse, or elder abuse. According to a 2001 survey in the *Journal of the American Dental Association (JADA)*, "Dentists' Attitudes and Behaviors Regarding Domestic Violence," 87 percent of dentists said they never screened for domestic violence; 18 percent did not screen even when patients had visible signs of trauma on their heads or necks.

Another survey found that 30 percent of dentists have suspected at least one case of spouse abuse, yet only 3 percent have reported such a case.

According to the study "Knowledge, Attitudes, Practices, and Training Needs of Kentucky Dentists Regarding Violence Against Women," featured in *General Dentistry* (November/December 2007), dentists do not intervene when abuse is suspected because of a lack of training; feeling that they are not qualified; a lack of resources regarding referral; language and cultural barriers; the fear of being wrong; and a lack of privacy (i.e., the patient's partner and/or child is present during the examination).

Studies have found repeatedly that bruises are the most common injuries in cases of partner abuse, and the most common location of injury is the head, neck, or face.

## A culture of silence

According to the U.S. Department of Justice, violence between intimate partners is difficult to measure because it often occurs privately, and victims often are reluctant to report incidents to anyone because of a myriad of factors, including denial, shame, humiliation, concern over confidentiality or of being stigmatized, and especially fear of reprisal. The gross underreporting of incidents and the widespread incidence causes some experts to refer to domestic violence as a "silent epidemic."

Historically, domestic violence has been considered a "private problem" between the batterer and victim. Two-thirds of all marriages will experience domestic violence at least once. However, abuse is not a family matter that is best addressed in the privacy of the home. Without outside intervention, violent episodes tend to recur and escalate in intensity.

Domestic violence is the most common cause of serious injury in women. In fact, domestic violence accounts for more than 50 percent of all female homicides. Though spousal abuse is the most frequently suspected category of abuse noted by dental professionals, it rarely causes them to intervene.

Close to one-half of the dental professionals in the *JADA* survey did not view themselves as responsible for dealing with these problems. According to the Minnesota School of Dentistry and the Program Against Sexual Violence's *Family Violence: An Intervention Model for Dental Professionals* pre-training survey, approximately 28 percent of dentists don't intervene due to fears of the legal ramifications for reporting their suspicions.

The *JADA* study also found that dentists and dental hygienists often think of intervention in terms of rescuing a helpless victim, such as a child. They tended to perceive adult victims of partner abuse as autonomous and capable of self-defense in abusive situations.

Of course, it is possible that an intervention for an adult victim also could help a child. In homes where domestic violence occurs, children are abused at a rate 1,500 percent higher than the national average. Additionally, children who witness abuse between parents are at an increased risk of either growing up to abuse others or to be abused by others.

## Identifying victims and abusers

Although stereotypes abound, neither the abuser nor the abused can be typecast. Women of all ages, races, religions, incomes, educational levels, and sexual orientation can experience domestic violence. According to the Aurora Center at the University of Minnesota, 95 percent of domestic violence is perpetrated by men; 90 to 95 percent of the victims are women. The abusers can be doctors, psychologists, lawyers, ministers, and business executives, just as easily as

---

## LEARN MORE

Helpful resources include:

- University of Minnesota Family Intervention Model for Dental Professionals: [www.ojp.usdoj.gov/ovc/publications/bulletins/dentalproviders/welcome.html](http://www.ojp.usdoj.gov/ovc/publications/bulletins/dentalproviders/welcome.html)
- State domestic violence resources: <http://womenshealth.gov/violence/state>
- Preventing domestic violence: Clinical guidelines on routine screening: <http://endabuse.org/programs/healthcare/files/screpol.pdf>
- Dental Professionals Against Violence (DPAV) in California provides "Train-the-Trainer" and direct provider training programs to encourage and support dental professionals in a practical response to family violence. It includes definitive action steps for dental professionals to use in their practices and communities. Call 916.554.4921, ext. 8900.
- AVDR Tutorial for Dentists: A free DVD developed by the UCSF School of Dentistry. To order your free DVD, contact the Family Violence Prevention Fund, 383 Rhode Island Street, Suite 304, San Francisco, CA 94103-5133; telephone: 415.252.8900; <http://fvpfstore.stores.yahoo.net/avvadoreatuf.html>. For more information about AVDR contact Barbara Gerbert at [barbara.gerbert@ucsf.edu](mailto:barbara.gerbert@ucsf.edu).
- Patients can be referred to the National Domestic Violence Hotline at 800.799.7233 to find available legal options and resources.

they can be blue collar or unemployed workers, or career criminals.

Dr. Halpern believes that health care providers often miss signs of domestic abuse because they are too rushed, or because they haven't been trained to spot them, or the subject may be too uncomfortable to address directly. The February 2008 article "Domestic Violence," in *RDH* magazine provides guidance for identifying both the victims and the perpetrators of domestic violence. According to the article, long-term victims are harder to identify because they have become skillful at hiding their struggle. The article advises dental professionals to "look for depression, low self-esteem, and a tendency toward social isolation" in victims. Additionally, dental treatment may be uncomfortable due to the abuse, resulting in greater dental fear and pain severity, and victims may feel anxious lying back in the chair or nervous about the use of instruments in their mouths.

The *RDH* article also notes that abusers are easier to identify than their victims and dental professionals should look for traits that include "a quick temper, a jealous nature, and controlling demeanor."

Even when they don't speak of violence, victims of abuse can share their stories in non-verbal language through signs and symptoms. During routine treatments, dentists may observe chipped or cracked teeth, broken jaws, black eyes, broken noses, bruises on the earlobes or chin, and finger marks on the neck, upper arms, or wrists. Dentists also may see evidence of neglect, as well as unpaid bills and

missed appointments, as abusers often control their victims' contact with the outside world, hindering opportunities to receive care.

Still, the best way for dentists to identify patients who are being abused is to ask. In the editorial "Dentistry and Domestic Violence" (published in the *British Dental Journal* in 2006), Paul Coulthard, DDS, an oral and maxillofacial surgeon at the University of Manchester, and Alison Warburton from the Centre for Women's Mental Health Research noted that "Many survivors describe how desperately they wanted someone to ask them what was happening at home, and to give them a chance to talk about it in safety and confidence."

"[Dentists] just have to ask patients, without worrying about whether they get a yes or no answer, and validate the patient's self-worth," says Barbara Gerbert, PhD, a professor in the Division of Behavioral Sciences, Professionalism, and Ethics at the University of California San Francisco (UCSF). "Just a few moments of [a dentist's] time spent asking a victim in a nonjudgmental way about how an injury occurred can be an important moment for the victim."

However, Dr. Halpern believes there is a stigma associated with asking questions. "Doctors often are either uncomfortable asking, or they are worried about repercussions," she says. "However, it is up to us as health care providers to ask in a non-judgmental way and validate the patient's self worth."

"I want to emphasize that dentists do not need to fix or cure domestic violence," says Dr. Gerbert. "At the UCSF

---

## YOU CAN SAVE A LIFE

Every member of your dental team can play an important role in assessing patients to determine if they may be victims of abuse. Here are some guidelines to follow:

- Observe patients walking into your office and how they behave in the waiting area.
- Does the patient appear to be in pain as he or she walks into the operatory or sits in the dental chair? A victim who has fractured or broken bones or ribs may display hindered movement.
- Does the patient seem uncomfortable as he or she sits down? This may indicate sexual abuse.
- Is there swelling or bruising around the face?
- Do hands reveal any type of trauma such as burns from cigarettes, lighters, or "glove-like" burns from scalding water?
- When a patient is in the chair, observe his or her head to detect any swelling of the scalp from trauma or fracture. Are there bald spots where hair was traumatically removed or pulled?
- Are there oval-shaped abrasions or lacerations that indicate bite marks?
- Does the patient appear to be overdressed for the current weather? Long sleeves, long pants, and other heavy clothing may be an attempt to cover bruises or injuries to the arms and legs.
- Does the patient appear dirty, disheveled, or malnourished?
- Was there an obvious delay in seeking treatment?

Source: "A Guide to Family Violence for the Dental Team" from the *Massachusetts Dental Society*

---

## INTERVENTION DOS AND DON'TS

### Do

- Assure patients of confidentiality to the extent allowed under the state's mandatory reporting laws.
- Listen to the patient.
- Respond to the patient's feelings.
- Acknowledge that disclosure is scary for the patient.
- Tell the patient that you are glad she or he told you.
- Provide the patient with options and resources.
- Document the information in the patient's chart.
- File reports if they are mandatory.
- Schedule a follow-up visit.

### Don't

- Joke about the violence.
- Minimize the issue or try to change the subject.
- Discuss the abuse in front of the suspected perpetrator.
- Violate confidentiality, unless it falls under the state's mandatory reporting laws.
- Give advice or dictate an appropriate response.
- Shame or blame the patient.
- Grill the patient for excessive details of the abuse.
- Lie about the legal and ethical responsibilities to report suspected abuse.

Source: Family Violence: An Intervention Model for Dental Professionals

School of Dentistry, we developed the AVDR [Ask, Validate, Document, Refer] Tutorial for Dentists, which provides a brief, interactive learning experience to help dentists and dental students respond to domestic violence. We wanted to support dentists and limit their role, so identifying and reporting abuse is feasible and not so daunting. In general, just an hour or even less of domestic violence education can make a huge difference in the impact dentists have on their patients' well-being." (For more about the AVDR DVD, see the "Learn More" box on page 39.)

It's important to note that victims often are their abusers' biggest defenders. While dentists become discouraged or frustrated due to a patient's unresponsiveness to advice, Judy Skelton, PhD, MEd, an associate professor in the Division of Dental Public Health at the University of Kentucky College of Dentistry and a co-author of the General Dentistry study, says that "patients don't always appreciate the advice or help offered by any health professional; however, some literature indicates that many patients appreciate health professionals asking questions about their safety. I think all dentists should routinely include questions

on their patient history forms asking about abuse and patient safety, and they should document signs of abuse."

Dr. Halpern says, "You can lead a horse to water, but you can't make it drink. Even though we can't force patients' decisions, we need to lead these victims to resources."

### **Mandatory reporting**

While it is certain that dental professionals need to inquire about domestic abuse, provide support, address patient safety, and document the abuse, in addition to offering referrals for counseling, shelter, and legal services, it is not clear whether reporting to state authorities should be mandatory.

According to the article "Laws Mandating Reporting of Domestic Violence: Do They Promote Patient Well-being?" in the *Journal of the American Medical Association* (1995), mandatory reporting of domestic violence has been promoted to enhance patient safety, improve health care providers' response to domestic violence, hold batterers accountable, and improve data collection and documentation; however, due to safety implications and ethical concerns, there are many who oppose its widespread induction.

---

## **GIVE BACK A SMILE**

Referring victims of domestic violence to support services is not the only way that you can help them reclaim their lives. Often victims of domestic violence sustain injuries that last long after they leave their abusers. Since the majority of injuries occur to the head, neck, or face, dentists have a unique opportunity to help these victims by restoring their smiles.

The Give Back A Smile (GBAS) program was created in 1999 by the American Academy of Cosmetic Dentistry (AACD), which works in concert with other health care professionals, such as plastic surgeons, oral surgeons, and advocacy organizations, such as the National Coalition Against Domestic Violence, to identify and treat survivors of domestic abuse.

More than 6,000 dentists and dental laboratories in all 50 states and parts of Canada donate their time and talents to restore the smiles of survivors whose front teeth have been damaged or lost due to abusive attacks. To date, GBAS has completed more than 630 complimentary restorations, providing more than \$4 million in cosmetic dental services to survivors of domestic violence.

Laura Kelly is the current president of the AACD. She says, "The dentists and dental laboratories that volunteer their services through our program do whatever is needed to help patients. We offer a wide range of treatments to survivors, from implants, dentures, crowns, and bridges to simply repairing broken teeth."

According to Kelly, some very traumatic cases have required a long rehabilitation process. She says, "One woman came in with gunshot wounds to her face. We worked with the FACE TO FACE program of the American Academy of Facial Plastic and Reconstructive Surgery and changed this woman's life."

Kelly also speaks of abused women who wouldn't smile at their children because they were afraid that the damaged appearance of their mouths would scare them. Consequently, the children thought their mothers were mad at them. "After the restorations, the women's—and the children's—personalities changed," says Kelly. "They just blossomed."

There are requirements for program qualification. The injury must be to the



**A restored smile, courtesy of the Give Back A Smile program.**

front teeth and as the result of domestic violence from a spouse or significant other, and survivors must be out of the abusive situation for at least one year for their own protection. "To improve the appearance of a victim while they are still in the abusive situation puts the victim at a higher risk from the perpetrators," says Kelly. "We step in when the survivor is in a place where he or she can really rebuild his or her life."

Kelly, who has made restorations for survivors and has heard their stories, believes that the dentists who volunteer benefit just as much as the patients. "It's amazing to see how grateful these patients are," she says. "It brings the dentists, and their dental teams, so much personal satisfaction to repair not only the teeth but the self-esteem and confidence of these survivors—that's the best gift. It's a great feeling to change someone's life."

The AACD offers training to dentists who participate in the program, including a DVD and other resources to teach volunteers the dynamics of treating an abuse survivor who has undergone both physical and psychological trauma. Programming on domestic abuse also is offered during the AACD's annual scientific sessions.

For information about the Give Back A Smile program or to sign up to volunteer, call 800.543.9220 or e-mail [givebackasmile@aacd.com](mailto:givebackasmile@aacd.com). To apply for the program, survivors can contact GBAS at 800.773.GBAS (4227), or visit the program's Web site at [www.gbas.org](http://www.gbas.org).

The Family Violence Prevention Fund produced a policy paper in 1997 that presents the risks and consequences of mandatory reporting. According to the paper, mandatory reporting can be a deterrent to seeking care, as survivors fear reporting will place them and their children in greater danger and they therefore avoid receiving needed medical care. It can place survivors at risk of retaliation, since a report to law enforcement does not guarantee an appropriate response that meets the survivor's safety needs. It may not improve provider response because dentists who lack an understanding of the dynamics of domestic violence and training on how to respond may actually increase the danger faced by patients. Even if a report is made and the abuser is arrested, batterers often are released the same day and have an opportunity to once again abuse their victims.

Victims who attempt to leave their abusers face a 75 percent higher risk of being killed than those who stay. The 1997 Florida Governor's Task Force on Domestic and Sexual Violence found that 65 percent of female abuse victims who were killed by their abuser had physically separated from the abuser before their death.

Mandatory reporting also raises ethical issues. The Family Violence Prevention Fund's policy paper suggests that although data collection and documentation are important and critical to impacting the incidence of domestic violence, reporting may re-victimize competent adult survivors by preventing them from controlling their own response; in addition, it may circumvent doctor-patient confidentiality, preventing candid discussion; and it compromises the integrity of the provider's relationship with the patient by going against a principal tenet of medicine—informed consent.

State laws regarding reporting of domestic violence are widely divergent. There are only two states in which reporting domestic violence to law enforcement is mandated (California and Tennessee). Others require notification if certain conditions exist, such as assault by a deadly weapon (i.e., gun, knife, firearm, etc.), for injuries causing grave bodily injury, or for injuries in violation of criminal laws.

The response from domestic violence survivors is overwhelmingly against mandatory consent. In one California-based study, domestic abuse survivors spoke of being treated like "infants and not able to make up their own minds whether to report to the police." All participants said their injuries would have to be life threatening before they would see a doctor due to the mandatory reporting law.

There are passionate health care professionals who stand on both sides of the issue. Dr. Halpern supports mandatory reporting of domestic abuse. "I took the Hippocratic Oath and truly believe in my heart of hearts that had I been more forthright in making an executive decision, I could have

saved the patient who died during my oral surgery residency. The ethics of the situation are cloudy. Some people question whether we should force people in Third World countries to take vaccinations, and whether we should teach the rest of the world to be healthy. Sometimes the ends justify the means.

"Doctors don't want to identify victims because if they are wrong, and provide false positives, they are concerned about what the system will do to them. However, I think we are better off having false positives than deaths. Even

if a dentist is not sure, I believe that it is his or her duty to report abuse. Child abuse reporting is already mandated and it's soon to be that way for elder abuse, but for domestic violence, reporting is only mandated for adults between ages 18 to 64 in one or two states."

Dr. Gerbert disagrees. "I am influenced by advocates in California who did not support the mandatory reporting law in California. Also, because my goal is to help providers to help their patients, I try to focus on the ways in which they can help the patient take action," she says. "I think discussion of the law acts as a distraction from the real barriers to dentists and patients—the barriers of discomfort with the

topic and a wish to ignore discussions about it."

In a study of physician response to the California mandatory reporting law, more than two-thirds of respondents believed that mandatory reporting "potentially harms patients and interferes with the patient-physician relationship." Respondents also stated that if a patient asked them not to make a report, they would not necessarily make one in all situations.

While Dr. Skelton supports mandatory reporting, she doesn't think that reporting should infringe on the rights or affect the safety of victims. Dr. Skelton believes that reports should be anonymous, enabling agencies to receive necessary statistics, while maintaining the safety of victims. She says, "I believe that every person has the right to self-determination and privacy, especially in relation to their health. Caring professionals who develop trusting and supportive relationships with their patients may ultimately allow some patients to open up and seek help."

Even if mandatory reporting was instituted in every state, its effectiveness would be questionable. Currently, child abuse reporting is mandatory for dentists nationwide and for dental hygienists in 41 states, yet dental professionals make less than 1 percent of all child abuse reports.

## How to help

"The simple act of assuring people in this situation that they are not to blame for the violence will often open the door for further intervention and action," according to the

By letting patients know that they do not deserve to be abused and that there is a way out, dentists may be able to help their patients break the cycle of abuse.

authors of "Factors That Influence Clinicians' Assessment and Management of Family Violence" in the *American Journal of Public Health* (1997).

It has been estimated that in the vast majority of cases, interventions only require five to 10 minutes of a dentist's time. According to Dr. Gerbert, it takes only 15 minutes for dentists and other oral health professionals to improve the way in which they help patients who are victims of domestic violence. Dental professionals who are educated about domestic violence are more likely to screen for abuse and intervene appropriately.

Dr. Gerbert suggests that dentists use the AVDR Approach. This method of intervention requires that dentists ask about abuse, sending the message that domestic violence is a health care issue; validate that battering is wrong to remove blame from the victim and confirm his or her worth; document presenting signs to create a written record of abuse; and refer victims to domestic violence specialists.

Created in 1997, the Minnesota School of Dentistry and the Program Against Sexual Violence designed *Family Violence: An Intervention Model for Dental Professionals* for dental school and continuing education curricula. It educates dental professionals about the signs of abuse and neglect and teaches proactive and appropriate intervention. Two instructional videos are available: "Clinical Implications," which shows injuries and descriptions of how these injuries would occur, and "Healing Voices," which discusses effective intervention strategies for dental professionals.

One of the most important factors in intervention is providing a safe environment for disclosure. According to the dental intervention model, nonverbal cues—such as family violence literature or posters in the waiting room—and questions about family violence on dental history forms create opportunities for patient disclosure.

If a dentist suspects abuse, Dr. Skelton says, "He or she should document significant physical findings and ask specific questions regarding the etiology of the injury. The dentist should be very supportive and nonjudgmental.

If the patient responds positively to screening questions and/or reports physical abuse, the caregiver should assess safety, make appropriate referrals, and report the case according to state regulations."

Documentation can provide enormous support to victims. Dental records can serve as key evidence in criminal or divorce cases or restraining order hearings. Dr. Halpern says, "My colleague and mentor Thomas Dodson, DMD, MPH, was the first to come up with an injury location and verbal questionnaire to identify victims of abuse. It was found to be very effective through studies in Georgia and Boston."

It's equally important that dentists have lists of local agencies, shelters, hotlines, and other community resources for patients who may not know where to go for help. By letting patients know that they do not deserve to be abused and that there is a way out, dentists may be able to help their patients break the cycle of abuse.

According to Dr. Halpern, a lot can be done to reduce the prevalence of domestic violence. She says dentists should "advocate to legislators, asking them to take a closer look at domestic violence and how it affects work and society; make sure the topic is addressed in dental school, as well as continuing dental education; create a plan for helping victims, from identification to intervention to helping them live a better life; and in clinical practice, establish guidelines concerning ethics and morals for dealing with patients and share those guidelines with their staff.

"The bottom line is that domestic violence is a very difficult issue. The American Dental Association came out with guidelines in 1992, 1996, and 2006, and it continues to look into the issue, determining how it can be addressed from an individual dentist's perspective. We have to be able to train and educate our future generation of health care providers on the role dentistry plays in this very serious public health issue." ♦

---

To comment on this article, e-mail [impact@agd.org](mailto:impact@agd.org).

Published with permission by the Academy of General Dentistry.  
© Copyright 2008 by the Academy of General Dentistry. All rights reserved.