Abstract
Oral healthcare professionals can have an enormous impact on the identification of patients suffering from domestic violence. Physical violence injuries frequently occur on the head and neck which can be identified through routine extra and introral screenings in the dental office. This course will discuss the prevalence of intimate partner violence in the United States, define the different types of domestic violence and describe the signs and symptoms. Barriers to clinician intervention and tools to break down those barriers will be presented; thus increasing the clinician’s confidence in implementing intervention protocols for their patients.

Educational Objectives
At the conclusion of this educational activity participants will be able to:
1. Describe the different forms of domestic violence.
2. Correlate the consequences of domestic abuse to the overall health and wellbeing of patients.
3. Identify signs and effects of domestic violence.
4. Provide appropriate interventions and pathways to assist patients living with domestic violence.

Author Profile
Lisa Dowst-Mayo received her Bachelor’s degree in dental hygiene from Baylor College of Dentistry in 2002. She has been an active member in the American/Texas/Dallas & San Antonio dental hygiene associations since graduation and has held numerous leadership positions both at the state and local levels. She has worked as a full time clinical dental hygienist for the past 10 years. She is a published author and national lecturer and can be contacted at lisamayordh.com.

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CDS
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Abstract
Oral healthcare professionals can have an enormous impact on the identification of patients suffering from domestic violence. Physical violence injuries frequently occur on the head and neck which can be identified through routine extra and intraoral screenings in the dental office. This course will discuss the prevalence of intimate partner violence in the United States, define the different types of domestic violence and describe the signs and symptoms. Barriers to clinician intervention and tools to break down those barriers will be presented; thus increasing the clinician’s confidence in implementing intervention protocols for their patients.

Introduction
Domestic violence represents a major public health challenge affecting millions of Americans, both male and female. Gang conflicts and stranger violence make news headlines daily, but domestic violence is often not covered as frequently, unless the perpetrator is famous. This course discusses domestic violence with a focus on intimate partner violence. Domestic violence is defined as criminal aggression against dependent infants and children, between married or unmarried partners or elderly adults. Intimate partner violence is rarely a single incident and the intimate relationship between the perpetrator and victim means the violence occurs singly or in combination with one another.

Definitions
Intimate partner violence can occur in many different forms and occur singly or in combination with one another.

Physical abuse: Includes actions such as pulling hair, slapping, pushing/shoving, hitting with a fist or hard object, kicking, slamming someone against something, choking, suffocating, beating, burning, sleep deprivation, failure to provide for basic needs (example: food, clothing), or threatening with a knife or gun.

Sexual abuse: Characterized by behaviors such as rape, forced prostitution or pornography, cutting or disfiguring genitalia, refusal to practice safe sex, refusal to adhere to religious prohibitions, unwanted sexual contact, sexual coercion, forced penetration, or complete/attempted drug or alcohol facilitated penetration.

Emotional/Psychological abuse: Includes controlling or dominant behaviors, humiliation or degradation of the victim. Abuse can be verbal or non-verbal behaviors such as unrelenting criticism, emotional blackmail, enforcement of petty rules, neglectful behaviors (ignoring signs of distress and pleas for comfort, prolonged refusal to communicate), or aggression.

Coercive control: Characterized by a range of behaviors to exert and maintain control such as; isolation from friends or family and other support networks, surveillance of everyday tasks such as grocery shopping, intercepting mail, email, phone calls and text messages, threats to harm and stalking behaviors. Perpetrators may try to prohibit the victim from holding a job or going to school as well as restricting social interactions. Isolation can make the victim even more dependent on their perpetrator. Stalking behaviors can occur while the victim is in the relationship or after the victim has left the abuser. Stalking behavior is defined as repeated and malicious following, harassment or threats. Stalking is considered high risk for serious injury or murder. Stalking is illegal in places such as the United States, Wales and England.

Financial abuse: Involves taking absolute control over all finances and financial decisions, refusal to contribute to family income, depriving a person of access to cash or credit, running up debts in another person’s name, or forcing a person to engage in illegal activities such as theft and gambling. This definition can extend to a disabled individual being cared for by an abuser. The abuser may gain complete control over the finances and deprive the vulnerable individual of resources such as money, medication, access to transportation and medical care.
Statistics
In 2010, the CDC, Department of Defense and National Institutes of Justice collaborated on a survey entitled the National Intimate Partner and Sexual Violence Survey (NISVS). The intention of this large nationwide survey was to provide more up to date and accurate prevalence estimates for intimate partner violence, sexual violence and stalking crimes in the United States.

Table 1 lists the survey results from the NISVS as it pertains to intimate partner violence.

<table>
<thead>
<tr>
<th>Action</th>
<th>Women</th>
<th>Men</th>
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<tbody>
<tr>
<td>Rape*</td>
<td>8.8%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other sexual violence**</td>
<td>15.8%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Physical violence</td>
<td>53.8%</td>
<td>41.5%</td>
</tr>
<tr>
<td>Psychological</td>
<td>47.1%</td>
<td>46.5%</td>
</tr>
</tbody>
</table>

*Rape: complete, attempted, drug-or-alcohol facilitated penetration
**Other sexual violence: unwanted sexual contact, sexual coercion, forced to penetrate

In the United States, 15.8% of women and 9.5% of men experience some form of sexual violence by an intimate partner during their lifetimes. Of the statistics reported for physical violence, 22.3% of women and 14.0% of men experience severe physical violence by an intimate partner in their lifetimes. The majority of victims experience their first victimization prior to age 25 (women 71.1%, men 58.2%). Sixteen million men in the United States have experienced some form physical violence in their relationships. The highest risk race groups are multiracial and American Indian/Alaska Native. Little is known why these groups are at greater risk for violence and more research is needed to clarify these statistics so preventive and targeted public health services can be developed.

As this survey shows, women are not the only victims of IPV; men are victimized almost as frequently. A limitation of this survey is that it did not differentiate between heterosexual or homosexual relationships and IPV.

Risk factors often reported in the literature include perpetrator unemployment or intermittent employment, education level lower than high school completion and physical abuse of animals. Adults who physically abuse a family pet are five times more likely to abuse their partner or child. The CDC’s list of perpetrator risk factors include:

1. Perpetrator low self-esteem, low income, young age, aggressive behaviors as a child or teen, heavy alcohol and drug use, depression, anger, hostility, antisocial or borderline personality disorder, history of physical abusiveness, social isolation, emotional insecurity, desire for control and belief in strict gender roles.
2. Relationship risk factors: Marital conflict, marital instability (divorce, separation), dominant or domineering control of relationships and economic stress.
3. Community, cultural and societal factors: Weak community sanctions, sexism and traditional gender norms.

Consequences/Effects Of Intimate Partner Violence
There are many short term and long term consequences of intimate partner violence. These negative impacts are a critical public health concern and societal burden. IPV will lead to a profound degradation in quality of life for the entire family which include, but are not limited to:

1. Physical injury and chronic physical problems
2. Poor mental health: Anxiety, panic disorder, PTSD (post-traumatic stress disorder), depression, eating disorders, psychoses, alcohol or drug use. IPV is a risk factor for PTSD, a syndrome involving reduced emotional control, impaired memory or cognitive speed and function. According to the National Institute of Mental Health, PTSD can develop after a terrifying ordeal that involved physical harm or the threat of physical harm. Evidence shows that mental health problems increase with prolonged exposure to violence and reduce when the violence ceases. Mental health effects can continue for years after the victim has escaped an abusive relationship.
3. Hospitalization
4. Disability
5. Legal fees
6. Missed work
7. Housing/Shelter
8. Contracting STDs, HIV or other communicable diseases
9. Adverse pregnancy outcomes such as placental separation, fetal fractures, miscarriage or premature labor.
10. Death due to homicide or suicide

According to the NISVS, 1/2 of female victims and 2/3 of male victims did NOT receive any services or help related to the negative impacts of IPV. More research is needed to identify the reason for this statistic so preventive services can be developed. The CDC states they support the development of safe, stable, nurturing relationships and environments for children as a precursor to healthy parent-child relationships; healthy peer relationships among adolescents; healthy dating relationships among adolescents before their first experience with dating; and the engagement of bystanders to intervene before violence occurs. The CDC also supports the development, evaluation and widespread adoption of empirically supported teen dating violence prevention programs. The intention is to foster healthy early relational experiences so children will carry those patterns into adulthood thus breaking the cycle of abuse.

Domestic Violence Relationship To Oral Health
Intimate partner violence victims may suffer from a variety of oral conditions that have a negative impact on their overall health. Anxiety disorders or PTSD can cause avoidance of dental healthcare settings. Victims may neglect their oral health and avoid normal daily activities as a result of their environment. The psychological manifestations of IPV can pose a barrier to proper dental care and treatment planning. The patient may avoid eye contact, be especially secretive when asked probing questions,
not be able to recall injury incidents or their story may not fit the injury presentation. Patients may also be jumpy, fidgety, nervous, tense, irritable and anxious. As with many anxiety and mood disorders, the patient may report a generalized hypersensitivity of their teeth of unknown origin. The dental healthcare professional should try and help the patient feel in control by keeping open communication and explaining each step of the procedure. Strangulation attempts will leave very discernable marks on the victim's neck. Each method will leave differing marks. Strangulation is usually a later stage progression of IPV and can be fatal. If a victim loses consciousness during the episode, it may be difficult for them to recall the incident with adequate detail. Any injury to the head and neck should be considered a trigger for dental health professionals to suspect intimate partner violence and pose an inquiry to the patient. Below is a list of common extra and intraoral findings a patient suffering from intimate partner violence may present with.

Extraoral
- Bruising to face or neck with varying degrees of healing
- Bites
- Burns
- Lacerations
- Abrasions
- Maxillofacial, ocular or nasal injuries which may be evident on panoramic or cephalometric radiographs.

Intraoral
- Overall dental neglect
- Caries
- Periodontal disease, gingivitis, poor oral hygiene
- Fractured teeth
- Oral pain
- Infections (endodontic, periodontal, STDs)
- Bruising
- Torn frenum
- Lacerations or other forms of trauma
- Evidence of malnutrition or vitamin/mineral deficiencies (ex: anemia, eating disorders)

**Interventions In Healthcare Settings & Dental Barriers**

There are skills healthcare professionals can develop to help intervene in cases of domestic violence. Practitioners need to have referral pathways in place, especially since victims of IPV statistically have increased contact with healthcare professionals as compared to the general population. IPV-victimized women are twice as likely to seek healthcare services related to injuries, health conditions and comorbidities than the rest of the population.

In a large systematic review by Feder et al, most women find it difficult to identify these injuries. Routine extraoral assessments in the dental office may easily identify these injuries. Strangulation attempts will leave very discernable marks on the neck which a dental health professional may see on an extraoral screening. If a patient wears turtle necks and scarfs, providers should still find a way to evaluate the neck region. Perpetrators can either use their hands to cut off their victim’s airway, a ligature (using an object to strangle the victim) or a forearm choke hold.

<table>
<thead>
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<tbody>
<tr>
<td><strong>Symptoms of Panic Attack</strong>³⁸</td>
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<tr>
<td><strong>Shortness of breath</strong></td>
</tr>
<tr>
<td><strong>Dizziness, unsteady feelings, faintness</strong></td>
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<tr>
<td><strong>Palpitations or accelerated heart rate</strong></td>
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<tr>
<td><strong>Trembling or shaking</strong></td>
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<tr>
<td><strong>Sweating (clammy hands)</strong></td>
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<tr>
<td><strong>Choking</strong></td>
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<tr>
<td><strong>Nausea or abdominal stress</strong></td>
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<tr>
<td><strong>Numbness or tingling sensation</strong></td>
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<tr>
<td><strong>Flushes (hot flashes) or chills</strong></td>
</tr>
<tr>
<td><strong>Chest pain or discomfort</strong></td>
</tr>
<tr>
<td><strong>Fear of dying</strong></td>
</tr>
<tr>
<td><strong>Fear of going crazy or losing control</strong></td>
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Most studies suggest head, face and neck injuries are more indicative of domestic violence than any other injury. According to a systematic review and meta-analysis by Wu, Huff, Bhandari et al, intimate partner violence victims were 24 times more likely to have head, neck and facial injuries compared with women who had injuries from verifiable accidents such as motor vehicle or witnessed falls. The authors concluded that uniwitnessed head, neck and facials injuries should be a major red flag for healthcare providers. Head and neck injuries are also the most common injuries among women attending domestic violence counseling. The most common areas of head and neck injuries are the soft tissues of the midface and the lower third of the face. Injuries to the head and neck can predispose a victim to brain injury which is a common feature of intimate domestic violence victims. Bruises exceeding 5cm in diameter on the face, lateral arms or back are also indicative of physical abuse and should be red flags to healthcare providers. Routine extraoral assessments in the dental office may easily identify these injuries.
are at fault. Their abuser may have threatened to take away their children or kill their family members if they try to leave them.\textsuperscript{37,38} Perpetrators often exert coercive control over their victims and make them feel dependent on their abuser.

Dental health professionals do not always feel confident or comfortable asking a patient about domestic abuse, especially if inadequately trained. They may be afraid of offending a patient if their assumptions are incorrect or adversely affecting their relationship with the family. Time constraints and workload demands are also barriers for many healthcare professionals.\textsuperscript{5} Many healthcare organizations such as; the American Medical Association, American Nursing Association and the American Congress of Obstetricians and Gynecologists, advocate screening for IPV.\textsuperscript{1,19}

The following section will present different screening questionnaires designed for healthcare professionals to use when they suspect intimate partner violence. Becoming familiar and comfortable with different questioning techniques will increase the dental professional’s confidence in working effectively with victims of intimate partner violence.

Questions designed by varying healthcare professionals:
1. Do you feel isolated from family or friends?\textsuperscript{20}
2. Does your partner try to control everything you do?\textsuperscript{20}
3. Do you feel dependent on your partner?\textsuperscript{20}
4. Are you ever afraid at home?\textsuperscript{25}
5. Has your partner ever hit you?\textsuperscript{25}

We know that one in four women experiences domestic violence and that it affects their physical and mental health. Has anyone hurt or frightened you at home?\textsuperscript{8}

The Partner Violence Screen questionnaire is a simple screening tool requiring only 20 seconds to administer orally.\textsuperscript{40} It consists of the following 3 questions:
1. Have you been hit, kicked, punched or otherwise hurt by somebody in the past year? If yes, by whom?
2. Do you feel safe in your current relationship?
3. Is there a partner from a previous relationship who is making you feel unsafe now?

The Woman Abuse Screening Tool has 8 questions.\textsuperscript{1,43}
1. In general, how would you describe your relationship? (a lot of tension, some tension or no tension)
2. Do you and your partner work out arguments with great difficulty/some difficulty/no difficulty?
3. Do arguments ever result in your feeling down or bad about yourself? (often/sometimes/never)
4. Do arguments ever result in hitting, kicking or pushing? (often/sometimes/never)
5. Do you ever feel frightened by what your partner says or does? (often/sometimes/never)
6. Has your partner ever abused you physically? (often/sometimes/never)

7. Has your partner ever abused you emotionally? (often/sometimes/never)
8. Has your partner ever abused you sexually? (often/sometimes/never)

Knowing the appropriate questions to ask patients in suspected intimate partner violence situations is only half the challenge. The other half is learning the correct approach, tone and communication style that would ensure positive outcomes. The following are tips designed with the dental provider in mind.
1. Increase your education and training on domestic violence so you can provide the appropriate advice and referrals for patients.
2. Encourage and foster positive relationships with patients and their families.
3. Build a trusting and safe environment for your patients.
4. Utilize direct inquiries with confidence and compassion. It is a widely accepted practice in healthcare to make routine inquiries usually in the form of standard questions.\textsuperscript{5,13,16}

Introducing the subject of abuse with a patient may make them aware a healthcare professional is willing to explore that area of their lives. It may also lessen the feelings of shame, embarrassment and fear.\textsuperscript{5}

5. Communicate with your patients in a non-judgmental and supportive manner, being extremely careful to not exacerbate the patient’s own feelings of self-blame, low self-worth, and anxiety or fear. Try to empower the victim and not interrogate or blame them.
6. Explain the health impacts of domestic violence to oneself and children in the household.
7. If a victim seems to be covering up for their abuser and denies any domestic violence, do not accuse them of lying.\textsuperscript{1} This will produce counterproductive results. Simply describe agencies available to them and document the encounter.

To raise awareness and break down barriers, the following are resources specific to dental professionals in the United States:
1. Dental professionals are taught the techniques of P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness) in dental and dental hygiene programs throughout the nation. P.A.N.D.A. is a public-private partnership committed to the education of all dental professionals in the recognition and reporting of abuse and neglect.\textsuperscript{19}
2. AVDR (Ask, Validate, Document, Refer) is an interactive tutorial program that utilizes a case study to demonstrate the AVDR steps in response to domestic violence.\textsuperscript{19}
3. Project RADAR is a provider-focused initiative to promote the assessment and prevention of intimate partner violence in the healthcare setting.\textsuperscript{19} RADAR offers proper training techniques, research, policies, guidelines, awareness and educational materials to participants.\textsuperscript{19}
Resources
Dental health professionals have a responsibility to intervene on behalf of a victim of intimate partner violence. Reporting laws vary from state to state; however, all states mandate healthcare workers to report suspected violence, abuse and neglect of children to child protective services agencies but the same rules do not always exist for IPV.1,19,40 Check your local and state statutes for specific details.

Ensuring the safety of patients who have disclosed that they are victims of domestic violence is a top priority. A healthcare professional should ask if the patient feels safe to return to their home. The conversation, disclosure and details from the dental examination should be documented clearly in the patient record. Appropriate documentation could assist victims and their families in future court proceedings or for law enforcement interventions such as restraining orders or removal of the victims from the home and placed into safe housing. Documentation by dental health professionals also shows you care, you listened and you take domestic violence seriously.

Interventions available in the United States include: home-visit programs during and shortly after pregnancy, child welfare and social service visits, employer referrals to IPV assistance programs, victims shelters (battered women’s and children’s), confidential mail drop services or mail forwarding services operated by some offices of the Secretary of State to help abused women hide their current physical location, court-issued restraining orders, prosecution and/or treatment and counseling for perpetrators or marital counseling and therapy.1,2,6,16,47,48 All suspected victims of IPV should be referred to local support agencies.

The United States has a federal law entitled VAWA (Violence Against Women Act) which was enacted in 1994, rescinded in 2012 and reauthorized in 2013.1 Its intention is to hold offenders accountable and provide programs/services for the victims of IPV.11 Under this act, the overall rate of IPV decreased 67% (1993-2010). The rate of IPV homicides of women decreased 35% and male homicides decreased 46% (1993-2007).11 The American Dental Association reported on their website, March 7, 2013 (http://www.ada.org/en/publications/ada-news/2013-archive/march/grants-authorized-for-violence-education-training) that the president signed a grant policy “authorizing the use of grants for the development or enhancement and implementation of educational programs for medical, nursing, dental and other health professionals and residents to prevent and respond to domestic violence, dating violence and stalking. Colleges will also be required to create and disseminate policies describing the protections, resources and services available to victims to help them safely continue their education.”

Conclusion
Although progress has been made, intimate partner violence continues to affect a substantial portion of the US population. Dental health professionals are in an ideal position to identify IPV with their knowledge of head and neck anatomy. All healthcare professionals should be aware of the signs, symptoms and patterns of injuries associated with intimate partner violence. Dental offices need to develop protocols for reporting and referring to appropriate agencies when IPV is identified. An important component of dental ethics is to do no harm and be an advocate for the victim. By offering help to someone in need and approaching victims of IPV with compassion, warmth and understanding, dental health professionals can positively impact both the victim and their entire family’s health and wellbeing.

References


Author Profile
Lisa Dowst-Mayo received her Bachelor’s degree in dental hygiene from Baylor College of Dentistry in 2002. She has been an active member in the American/Texas/Dallas & San Antonio dental hygiene associations since graduation and has held numerous leadership positions both at the state and local levels. She has worked as a full time clinical dental hygienist for the past 10 years. She is a published author and national lecturer and can be contacted at lisamayordh.com.

Author Disclosure
Lisa Dowst-Mayo has no potential conflicts of interest to disclose.
1. Intimate partner violence involves which of the following forms of abuse?
   a. Physical
   b. Sexual
   c. Psychological
   d. All of the above

2. In 2013, the national annual cost of intimate partner violence was:
   a. $1.2 billion
   b. $1.9 billion
   c. $3.8 billion
   d. $10 billion

3. The fraction of female homicides caused by intimate partner violence annually is:
   a. 1/2
   b. 1/3
   c. 2/3
   d. 3/4

4. Children living in a household with domestic violence are likely to suffer from which of the following?
   a. Depression
   b. Anxiety
   c. Behavioral problems
   d. All of the above

5. Which of the following is the form of abuse characterized by behaviors such as rape, forced prostitution, refusal to adhere to religious prohibitions or unwanted sexual contact?
   a. Physical
   b. Sexual
   c. Emotional/Psychological
   d. Coercive control

6. Which of the following is the form of abuse where a perpetrator exerts control over the victim?
   a. Physical
   b. Sexual
   c. Emotional/Behavioral
   d. Coercive control

7. Which of the following is the form of abuse where a perpetrator utilizes behaviors to exert and maintain control, such as, isolation from friends or family and other support networks?
   a. Physical
   b. Sexual
   c. Emotional/Behavioral
   d. Coercive control

8. The CDC, Department of Defense and National Institutes of Justice collaborated on a survey entitled the NISVS which is an acronym for:
   a. National Intimate Partner and Sexual Violence Survey
   b. National Intimate Partner and Sexual Violence Surveillance
   c. National Institute of Sexual Violence Statistics
   d. National Intimate Partner and Sexual Violence Statistics

9. What percentage of women have been victims of physical violence, not just severe, as reported by the NISVS?
   a. 53.8%
   b. 25.5%
   c. 8.8%
   d. 46.3%

10. What percentage of men have been victims of physical violence, not just severe, as reported by the NISVS?
    a. 53.8%
    b. 41.3%
    c. 8.8%
    d. 46.5%

11. What percentage of women have been victims of psychological violence as reported by the NISVS?
    a. 47.1%
    b. 46.7%
    c. 53.8%
    d. 74.5%

12. What percentage of men have been victims of psychological violence as reported by the NISVS?
    a. 53.8%
    b. 41.5%
    c. 8.8%
    d. 46.3%

13. What percentage of women have been victims of “other sexual abuse” as reported by the NISVS?
    a. 9.5%
    b. 15.8%
    c. 14.0%
    d. 22.3%

14. What percentage of men have been victims of “other sexual abuse” as reported by the NISVS?
    a. 9.5%
    b. 15.8%
    c. 14.0%
    d. 22.3%

15. How many men in the United States have experienced some form of physical violence in their relationships?
    a. 10 million
    b. 20 million
    c. 25 million
    d. 50 million

16. The majority of victims experience their first victimization prior to age:
    a. 15
    b. 25
    c. 30
    d. 35

17. Which of the following is considered an indicator of domestic violence?
    a. PTSD
    b. Anxiety disorder
    c. Panic disorder
    d. Depression

18. According to the NISVS, what fraction of female victims did NOT receive any services or help related to their personal negative impacts of intimate partner violence?
    a. 1/4
    b. 1/2
    c. 2/3
    d. 3/4

19. According to the NISVS, what fraction of female victims did NOT receive any services or help related to their personal negative impacts of intimate partner violence?
    a. 1/4
    b. 1/2
    c. 2/3
    d. 3/4

20. A patient experiencing palpitations, accelerated heart rate, trembling and sweating with clammy hands is likely experiencing:
    a. PTSD
    b. Manic episode of bipolar disorder
    c. Anxiety attack
    d. Panic disorder

21. Which of the following injuries is MOST indicative of domestic violence?
    a. Central bruising
    b. Head and neck bruising
    c. Bruises on the leg
    d. Bruises on the wrist

22. Which questionnaire is a simple screening tool, which requires about 20 seconds to administer orally?
    a. Partner Violence Screening
    b. P.A.N.D.A.
    c. Woman Abuse Screening Tool
    d. None of the above

23. Which of the following would indicate intimate partner violence?
    a. Bruising on the neck
    b. Torn frenum
    c. Fractured teeth
    d. Heavy plaque levels on the teeth

24. Which of the following programs is a public-private partnership committed to the education of all dental professionals in the recognition and reporting of abuse and neglect?
    a. P.A.N.D.A.
    b. AVDR
    c. RADAR
    d. LEARN

25. Which of the following programs is an interactive tutorial program that utilizes a case study to demonstrate the correct steps in response to domestic violence?
    a. P.A.N.D.A.
    b. AVDR
    c. RADAR
    d. LEARN

26. Which of the following programs is a provider-focused initiative to promote the assessment and prevention of intimate partner violence in the healthcare setting?
    a. P.A.N.D.A.
    b. AVDR
    c. RADAR
    d. LEARN

27. Which of the following considered an intervention program for intimate partner violence?
    a. Child welfare services
    b. Victim’s shelters
    c. Restraining order
    d. All of the above

28. The United States has a federal law entitled VAWA (Violence Against Women Act) which was originally enacted in:
    a. 1990
    b. 1993
    c. 1994
    d. 2000

29. Under the Violence Against Women Act by what percentage did intimate partner violence decrease, 1993-2010?
    a. 35%
    b. 45%
    c. 55%
    d. 67%

    a. 53%
    b. 46%
    c. 50%
    d. 74%
Educational Objectives

1. Describe the different forms of domestic violence.
2. Correlate the consequences of domestic abuse to the overall health and wellbeing of patients.
3. Identify signs and effects of domestic violence.
4. Provide appropriate interventions and pathways to assist patients living with domestic violence.

Course Evaluation

1. Were the individual course objectives met?
   Objective #1: Yes No  Objective #2: Yes No
   Objective #3: Yes No  Objective #4: Yes No

   Please evaluate this course by responding to the following statements, using a scale of Excellent = 5 to Poor = 0.

   2. To what extent were the course objectives accomplished overall? 5 4 3 2 1
   3. Rate your personal mastery of the course objectives. 5 4 3 2 1
   4. How would you rate the objectives and educational methods? 5 4 3 2 1
   5. How do you rate the author's grasp of the topic? 5 4 3 2 1
   6. Please rate the instructor's effectiveness. 5 4 3 2 1
   7. Was the overall administration of the course effective? 5 4 3 2 1
   8. Please rate the usefulness of the supplemental webliography. 5 4 3 2 1
   9. Please rate the usefulness and clinical applicability of this course. 5 4 3 2 1
   10. Do you feel that the references were adequate? Y
   11. Would you participate in a similar program on a different topic? Yes No
   12. If any of the continuing education questions were unclear or ambiguous, please list them.

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