Intimate Partner Violence and Elder Maltreatment: Implications for the Dental Professional

Amos S. Deinard, MD, MPH; Marniasha Ginsberg, BA; Sean Burke, JD
Continuing Education Units: 1 hour


**Disclaimer:** Participants must always be aware of the hazards of using limited knowledge in integrating new techniques or procedures into their practice. Only sound evidence-based dentistry should be used in patient therapy.

This continuing education course will provide information on Intimate Partner Violence (IPV) and Elder Maltreatment (EM), describe their victims and perpetrators, and outline the dental professionals’ responsibilities to recognize, report, treat, and prevent such cases.

**Dental Students:** This is part one of a two-part continuing education series. The second part is Dr. Stephen Jessee’s "Child Abuse and Neglect" course. For students taking these courses, both courses should be completed. As healthcare providers, you are obligated to understand these topics and report, as appropriate.

**Conflict of Interest Disclosure Statement**
- The authors report no conflicts of interest associated with this course.

**ADA CERP**
The Procter & Gamble Company is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at: http://www.ada.org/cep
Overview

IPV and EM are widespread problems that permeate all ethnic, cultural, and socioeconomic segments of our society. IPV is the leading health risk to women in the country and thousands of elderly are annually maltreated/exploited/neglected by family members. Though all health professionals are legally mandated to report suspected cases of child maltreatment to the proper authorities, consistent with the laws of the jurisdiction in which they practice, medical reporting of cases of IPV and EM may vary by state. If in doubt, ask; to fail to report when mandated could lead to loss of license. Unfortunately, dentists, as a group, have been fairly inactive participants in recognizing and reporting IPV and EM when compared to other health professionals. Many visual and behavioral symptoms of IPV and EM are easily discernable to dentists who are well-informed of and alert to these problems. This continuing education course will provide information on IPV and EM; describe their victims and perpetrators; and outline dentists’ responsibilities to recognize, report, treat, and prevent such cases.

Learning Objectives

Upon completion of this course, the dental professional should be able to:

• List the types, signs, symptoms, and warning signs of physical and sexual IPV, and EM.
• Better understand the dentists’ obligations to identify and report IPV and EM.
• Describe the incidence and etiology of both conditions.
• Describe the physical and behavioral characteristics of the victims.
• Identify the various signs and symptoms of both conditions.
• Understand intervention techniques.
• Explain measures that dentists can take to prevent further instances of the condition.
• Grasp the magnitude of these problems and how they affect not only the victims but society as a whole.

Course Contents

• Responsibilities
• Role of Dental Professionals in Intimate Partner Violence
• Definition of Intimate Partners Violence
• Facts about Intimate Partner Violence
• Signs and Symptoms of Intimate Partner Violence for Dentists
• Patterns of Intimate Partner Violence
• Ethical and Legal Responsibilities
• Intervention Techniques for Dentists
• Elder Maltreatment
  • Elder Maltreatment as a Serious Problem
  • Kinds of Elder Maltreatment
  • Signs and Symptoms of Elder Maltreatment for Dentists
  • Reporting Elder Maltreatment
• Course Test
• References
• About the Authors

Responsibilities

In order to comply properly with any state legal mandate for all health professionals to report suspected cases of IPV and EM, dentists must be cognizant of their responsibilities. These responsibilities include:

• Observing and examining any suspicious evidence that can be ascertained in the office.
• Recording, per legal and court rules, any evidence that may be helpful in the case, including physical evidence and any comments from questioning or interviewing.
• Treating any dental or orofacial injuries within the treatment expertise of the dentist, referring more extensive treatment needs to a hospital or dental/medical specialist.
• Establishing/maintaining a professional therapeutic relationship with the patient.
• Becoming familiar with the perioral signs of IPV

Crest® Oral-B® at dentalcare.com Continuing Education Course, Revised March 31, 2016
and EM and reporting suspected cases to the proper authorities consistent with state law.

**Role of Dental Professionals in Intimate Partner Violence**
- Dental professionals are the least likely of all clinicians to suspect and intervene in IPV.
- This is unfortunate, as at least 60% of such cases involve injuries to the head and neck.
- Dental professionals typically lack training in recognition of violence-related injuries and how to offer intervention.
- Barriers to Intervention Reporting by Dental Professionals:
  - Limited knowledge of IPV issues.
  - Lack of practical experience on how to intervene.
  - Misconceptions about the nature of intervention.
  - Fear of being sued (which when done with good intentions and “reason to believe” is not an issue).
  - Lack of information on resources for reporting.
  - Presence of a partner or a child in examination room.
  - Concerns about offending patient.
  - Embarrassment about bringing up the topic.¹

**Definition of Intimate Partners Violence**
Intimate partner violence occurs when one person in an intimate relationship tries to dominate and control the other person. This abuse may include homicide, assault, terrorist threats, kidnapping, criminal restraint, false imprisonment, sexual assault, criminal sexual contact, lewdness, criminal mischief, harassment, criminal trespassing, or stalking.²³

**Facts about Intimate Partner Violence**
- On average there are more than 20,000 phone calls placed daily to domestic violence hotlines nationwide.
- Every 9 seconds in the U.S., a woman is assaulted or beaten.
- 19% of domestic violence involves a weapon.
- Only 34% of people who are injured by intimate partners receive medical care for their injuries.
- 1 in 7 women and 1 in 18 men have been stalked by an intimate partner during their lifetime to the point in which they felt very fearful or believed that they or someone close to them would be harmed or killed.⁴

**Signs and Symptoms of Intimate Partner Violence for Dentists**

**Physical signs of physical abuse:**
- Public and private demeaning actions by intimate partner.
- Excuses for physical appearance or behavior.
- Injuries (may be in different stages of healing (black and blue or yellow bruises), bruises, lacerations, burns, fractures, torn frenum, complaints of headaches, chronic pain or inability to sleep.

**Behavioral signs of physical abuse:**
- Personality changes.
- Frightened behavior when with the opposite sex.
- Afraid to go home.
- Fear of conflict.
- Report of injuries caused by intimate partner.
- Drastic behavioral changes in presence of intimate partner.
- Victim appears embarrassed, vague, anxious, or depressed.
- Has a partner who’s reluctant to leave her or him alone during the appointment, is domineering, or who answers all questions for the patient.
- Changes in the patient’s routine (patient who used to come in for regular check-ups and who suddenly stops or who frequently comes late for appointments).
- Low self-esteem.

**Physical signs of sexual intimate partner abuse:**
- Reports of sexual abuse.
- Not knowing what s/he wants or how s/he feels.
- Blaming self or others for everything.⁵⁻⁸

**Patterns of Intimate Partner Violence**

![Figure 1. The Cycle of Violence.⁹](image-url)
**Ethical and Legal Responsibilities**

- While dental health professionals may have a legal responsibility to report cases of suspected IPV consistent with state law, each state has state-specific mandatory maltreatment reporting laws.
- To learn how to report suspected abuse, contact your state’s Department of Human Services or your city or county’s Adult Protection Services.

**Intervention Techniques for Dentists**

- Assure patients of confidentiality to the extent allowed under the state’s mandatory reporting laws.
- Listen to the patient and sit down when talking to patient.
- Respond to patient’s feelings.
- Acknowledge that disclosure is scary.
- Assure patient s/he did the right thing in telling you.
- Provide patients with options and resources.
- Document the information on the patient’s chart.
- File mandatory reports.
- Schedule a follow-up visit.

**Elder Maltreatment**

**Elder Maltreatment** – While specific definitions of elder abuse and maltreatment vary among states, it can generally be defined as a knowing, intentional, or negligent act by a caregiver or any other person that causes harm or serious risk of harm to a vulnerable adult.

**Kinds of Elder Maltreatment**

**Physical maltreatment** – inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving the elder of a basic need.

**Sexual maltreatment** – inflection of non-consensual sexual contact of any kind.

**Emotional or psychological maltreatment** – inflection of mental or emotional anguish or distress on an elder person through verbal or nonverbal acts.

**Financial or material exploitation** – illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.

**Neglect** – refusal or failure by those responsible to provide food, shelter, health care, or protection to a vulnerable elder.

**Self-neglect** – the behavior of an elderly person that threatens his/her own health or safety.

**Abandonment** – the desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

**Signs and Symptoms of Elder Maltreatment for Dentists**

- Lip trauma.
- Unexplained bruises, pressure marks, bruising of eye(s), welts, lacerations, cuts, or burns.
- Fractured, loose, or unexplained missing teeth.
- Ill-fitting dentures, lack of dental care, and poor dental or personal hygiene.
- Bone fractures.
- Sprains or dislocations.
- Bite marks.
- Broken eyeglasses or frames.
- Signs of being restrained, such as rope marks.
- Laboratory findings of medication overdose.
- Sudden change in behavior.
- Report of confinement or isolation.
- Withdrawn or passive behavior.
- Depression, agitation or anxiety.
- Report of unexpected large withdrawals from bank account or abrupt changes in the elder’s Last Will and Testament.
- Report of unexpected withdrawals from financial accounts or abrupt changes in the elder’s financial documents such as power of attorney forms and Last Will and Testament.
- Unpaid dental bills.
- Caregiver’s refusal to allow visitors to see the elder alone.
- An elder’s report of being physically abused.
Reporting Elder Maltreatment
In many states, adult protection or human services officials may be the initial investigators on elder maltreatment cases. Make sure to notify proper authorities by calling your State's Elder Maltreatment Hotline:

- National Center on Elder Abuse - Helplines and Hotlines.
Course Test Preview
To receive Continuing Education credit for this course, you must complete the online test. Please go to:

1. In cases of IPV, the perpetrator is ______________.
   a. only the male member in an intimate relationship
   b. only the female member in an intimate relationship
   c. either the male or female member in an intimate relationship

2. Which of the following is NOT true?
   a. On average there are more than 20,000 phone calls placed daily to domestic violence hotlines nationwide.
   b. Violence will occur in at least 30% of all intimate relationships.
   c. Every 9 seconds in the U.S., a woman is assaulted or beaten.
   d. 19% of domestic violence involves a weapon.
   e. Only 34% of people who are injured by intimate partners receive medical care for their injuries.

3. Signs and symptoms of intimate partner abuse can be of a ______________.
   a. physical nature
   b. behavioral nature
   c. physical and behavioral nature

4. Which is NOT a sign of IPV?
   a. Unexplained bruises, lacerations, burns, fractures.
   b. Victim appears embarrassed, vague, anxious, depressed.
   c. Has a partner who does not accompany victim to appointments, or, if present, is meek and silent.

5. Which of the following is NOT a sign of abuse?
   a. Injuries
   b. Personality changes
   c. High self-esteem
   d. Fear of conflict
   e. Blaming self and/or others for everything

6. A mandated reporter of abuse may only report if certain that abuse has occurred.
   a. True
   b. False

7. The general definition of EM is: any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or serious risk of harm to an older adult.
   a. True
   b. False

8. EM includes ______________.
   a. physical abuse
   b. sexual abuse
   c. emotional/physical abuse
   d. financial exploitation
   e. neglect
   f. abandonment
   g. All of the above.
9. **Which of the following is NOT a likely sign/symptom of EM?**
   a. Unexplained bruises, hematomas, lacerations, burns.
   b. Bite marks.
   c. Broken eyeglasses.
   d. Well fed, well groomed.
   e. Behavioral changes.

10. **A dentist should not consider EM if ______________.**
    a. lip trauma is apparent
    b. patient’s dentures are ill fitting; dental (and personal) hygiene is poor
    c. patient is exuberant and outgoing
    d. fractured, loose, or missing teeth
References

Additional Resources
About the Authors

Amos S. Deinard, MD, MPH
Amos Deinard, MD, MPH, is an Associate Professor, Department of Pediatrics and School of Public Health (Epidemiology), University of Minnesota. Dr. Deinard has practiced primary care pediatrics since 1965. He has been involved in the oral health status of poor children since 2000. For 20 years he was involved as a member, co-chair and chair of the Child Abuse Committee of the University of Minnesota Hospital and Clinic. Correspondence related to the topics of Intimate Partner Violence and Elder Maltreatment may be sent to the following address:

Dr. Amos S. Deinard
1729 Morgan Ave S
Minneapolis, MN 55405
Telephone: 612-377-1020
Email: deina001@umn.edu

Marniasha Ginsberg, BA
Marniasha Ginsberg has worked as an oral health advocate, participating in a pilot project that provided fluoride varnish to children. She graduated from the University of Minnesota with a BA in psychology, and is currently in graduate school at the University of Wisconsin, where she is working on her Masters degree in Occupational Therapy.

Sean Burke, JD
Sean Burke is an attorney at Mid-Minnesota Legal Aid and the Disability Law Center where he advocates for persons with disabilities and vulnerable adults. He is also a board member of the Minnesota Elder Justice Center, an organization committed to prevention, protection, and education to halt the abuse of elders and vulnerable adults. He is a graduate of the University of Minnesota Law School.