

MINI REVIEW

The role of dental professionals in identifying, reporting, and supporting domestic violence victims

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Abstract

Domestic violence is a pervasive social issue affecting individuals across all demographics and has severe consequences for both the victims and society. Domestic violence is commonly defined as the exertion of power by one individual over another within a relationship, aiming to establish a sense of fear, control, and authority. The connection between domestic violence and oral health is established, with common oral health issues associated with domestic violence, such as dental trauma, head and neck bruises and injuries as well as facial fractures. Dental professionals play a crucial role in detecting signs of domestic violence by closely examining the head and neck region and the oral cavity during routine examinations. The significance of approaching patients suspected of experiencing domestic violence with sensitivity and empathy is of utmost importance. Recommendations include establishing trust, maintaining confidentiality, using open-ended questions, and providing information about local resources. Legal and ethical considerations are paramount, highlighting the obligations of dental professionals in cases of suspected domestic violence, including mandatory reporting laws and the balance between patient autonomy and safety. Challenges faced by dental professionals in reporting and intervening are discussed as well in this narrative review, emphasizing the importance of collaboration with other healthcare professionals and support services. This review underscores the vital role of dental care providers in recognizing signs of domestic violence, promoting intervention and support, and contributing to the well-being and safety of individuals impacted by domestic violence.

KEYWORDS

bruises, face, fracture, oral health, quality of life

1 | INTRODUCTION

Domestic violence is a pervasive social issue affecting individuals across all demographics and has severe consequences for both the victims and society. Domestic violence is commonly defined as the

exertion of power by one individual over another within a relationship, aiming to establish a sense of fear, control, and authority.¹ This form of abuse encompasses various manifestations, including physical, psychological, and sexual abuse inflicted upon an intimate partner.² Moreover, abusers may resort to economic exploitation tactics,

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further cementing their dominance and perpetuating the cycle of fear. The dynamics of domestic violence unfold behind closed doors, often hidden amidst a veil of secrecy and shame. The impact on victims is deep and lasting, leaving profound emotional and physical scars that continue to reverberate long after the immediate acts of violence have ceased.

2 | PREVALENCE OF DOMESTIC VIOLENCE

The prevalence of domestic violence is alarmingly high,³⁻⁶ with millions worldwide experiencing it, and therefore, it is essential to recognize that domestic violence does not discriminate; it transcends cultural, socioeconomic, and educational boundaries. Men, women, and individuals of all genders can become victims, while perpetrators can come from any background. Particularly, the prevalence rate of domestic violence has been noted to be significantly higher among women, as evidenced by the findings of a study where worldwide, about one-third (27%) of women aged 15–49 years in relationships are reported to have experienced violence by intimate partners, and 38% of all femicides are committed by spouses.^{7,8} In 48 population-based surveys from around the world, between 10% and 69% of women reported being physically assaulted by an intimate male partner at some point in their lives.³ Various global studies state the prevalence of lifetime intimate partner violence in women above the age of 45 ranges from 16.5% to 54.5%.⁶ While domestic violence victimization is commonly portrayed as primarily affecting women, it is critical to recognize that many men, albeit to a lesser extent, also experience this form of abuse. Studies show that men can become victims of intimate partner violence, either in same-sex,⁹ or opposite-sex relationships,¹⁰ but they often face significant barriers when it comes to reporting their victimization of domestic violence, with societal expectations and gender roles such as reliance, emotional control, and power playing a significant role.¹⁰ These cultural pressures can contribute to the underreporting of male domestic violence victims, further perpetuating the misconception that this form of abuse only affects women.

Moreover, the profound impact of domestic violence on children is reinforced by the fact that a significant proportion of known child abuse victims have also experienced domestic violence within their homes, with 40% or more of them indicating such a distressing overlap.⁴ Children who are exposed to domestic violence often experience profound and long-lasting negative effects such as more emotional and behavioral issues as well as decreased nutritional health and child growth.^{11,12} As the future generation, ensuring their well-being becomes paramount in breaking the cycle of violence and creating a safer and healthier society. Such indications highlight the need for comprehensive support systems and resources to address the diverse range of individuals affected by domestic violence.

3 | IMPORTANCE

Despite its high prevalence rate, domestic violence often remains hidden behind closed doors, making it crucial for healthcare professionals to recognize the signs and provide support to those affected. Identifying the signs of domestic violence is paramount in healthcare settings, including dental care, as it allows for early detection and intervention.^{13,14} Dental care professionals hold a unique position in contributing to the identification of domestic violence due to the nature of their practice. Individuals experiencing domestic violence may present with specific oral health problems such as facial or neck bruises, dental trauma, oral injuries, and facial fractures resulting from physical abuse. Therefore, oral health providers are well-positioned to recognize these signs and initiate appropriate interventions. Routine recalls, often occurring every 6–12 months or even more frequently, offer a valuable platform to establish trust, which can in turn provide the opportunity to support victims and potentially break the cycle of violence. By collaborating with other healthcare professionals and implementing proper protocols, oral health professionals can contribute to a comprehensive and coordinated response to domestic violence, ultimately improving the well-being and safety of those affected.

This article aims to empower dental professionals to play an active role in breaking the cycle of violence and supporting their patients' well-being by highlighting the importance of recognizing signs of domestic violence within dental care settings. By doing so, it seeks to raise awareness among dental professionals regarding their role in identifying and addressing domestic violence. Furthermore, the article will explore appropriate interventions and referrals that oral health professionals can undertake when they suspect a patient is experiencing domestic violence. Addressing domestic violence requires a multifaceted approach that includes raising awareness, providing support services, promoting prevention initiatives, and fostering a societal shift toward rejecting all forms of violence within intimate relationships.

4 | DOMESTIC VIOLENCE AND ORAL HEALTH

The connection between domestic violence and oral health is a topic of profound significance, highlighting the far-reaching impact that abusive relationships can have on an individual's prosperity. Understanding the intricate relationship between domestic violence and oral health not only serves as a means to identify and support victims but also draws attention to the essential role of dental professionals in recognizing these signs and providing compassionate care to those affected.

Domestic violence, encompassing various forms of abuse within intimate relationships, extends its detrimental effects beyond the physical and emotional realms, leaving a lasting mark on oral health. As a direct target of violence and a reflection of overall health, the mouth

becomes a site where the consequences of abuse manifest in the form of facial, neck, and oral injuries, dental trauma, and facial fractures resulting from physical assaults and associated outcomes. A notable correlation was observed between victims of psychological, physical, and sexual domestic violence and the health of their oral cavity upon examination.¹⁵ Specifically, a significant correlation was found between psychological domestic violence and periodontal status and physical domestic violence with tooth fractures.¹⁵ Furthermore, acts of violence, such as punches, kicks, or blows to the face, can lead to severe dental injuries such as soft tissue lacerations, tooth fractures, luxation and avulsion injuries, and damage to the supporting structures of the mouth. Instances of dental trauma attributed to acts of domestic violence were observed to comprise 59.1% fractures, 27.2% luxations, and 13.7% avulsions within the oral cavity.¹⁶ Notably, all documented cases of dental injuries were found to be exclusively caused by the application of force without the involvement of external implements or weapons.¹⁶ Moreover, additional studies revealed elevated rates of subluxation as the prevailing dental injury observed in cases of domestic violence.¹⁷ These injuries can be not only physically painful but also emotionally distressing, impacting a person's self-esteem and quality of life. Consequently, the oral health consequences of domestic violence extend beyond visible injuries, as the stress and anxiety associated with abuse can contribute to conditions like bruxism, temporomandibular joint (TMJ) disorders, and other chronic orofacial pain conditions.

These injuries can have long-lasting consequences, both physically and emotionally, impacting a person's ability to eat, speak, and maintain overall oral health. Dental professionals, with their expertise in oral health, play a vital role in recognizing these signs of abuse. By closely examining the head and neck region as well as the oral

cavity during routine examinations, dentists and dental hygienists can skillfully identify and document various physical indicators of domestic violence (Figure 1).^{5,15,18}

Additionally, the behavior exhibited by patients during dental clinic visits can offer valuable insights regarding potential domestic violence as well. Despite the presence of these numerous behavioral symptoms (Figure 2),^{19–21} these subtle yet significant indicators can be undermined in the context of domestic violence as attention is primarily directed toward physical indicators when identifying domestic violence victimization. They encompass instances of dental neglect, noncompliance with dental appointments due to restrictions imposed by the perpetrator, unnecessary attendance of partners during appointments, and patients' hesitancy to communicate in the presence of their partner.^{5,18} Combined with the patient's demeanor, these nonverbal cues may contribute to a comprehensive assessment and provide an opportunity for further inquiry, intervention, and support. By staying vigilant and sensitive to these signs, dental professionals can provide a safe and supportive environment for patients, offering them the opportunity to disclose their experiences and receive the help they need.

5 | SIGNIFICANCE OF SCREENING FOR DOMESTIC VIOLENCE IN DENTISTRY

Despite the significant impact of domestic violence on oral health and the critical role of oral health professionals in identifying signs of abuse, there remains a concerning lack of screening knowledge

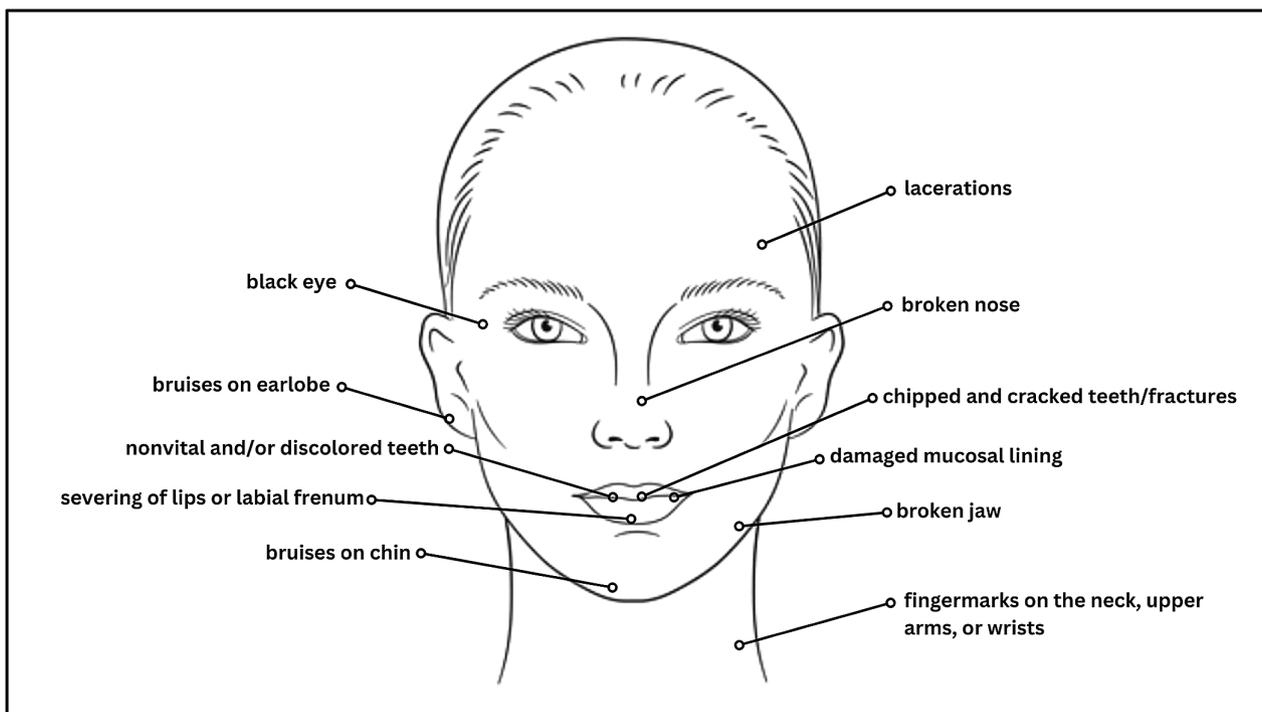


FIGURE 1 Physical potential indicators of domestic violence.



FIGURE 2 Overlooked potential behavioral indicators of domestic violence.

within the field of dentistry. Many dental professionals receive limited education and training on recognizing and addressing domestic violence during their professional development. A national survey involving 321 dentists revealed that 87% of the participant cohort reported never conducting screenings for indications of domestic violence.²² Intriguingly, even when visible physical manifestations were apparent on the patients' heads or necks, 18% of the dentists failed to perform the necessary screening procedures.²² According to a recent study among 1802 dental practitioners, just over half of all dentists (53.2%) disclosed that they had not received any prior training related to intimate partner violence, and less than 4% indicated receiving training exceeding 8h.⁵ Furthermore, the study emphasized the lack of clinical knowledge dental practitioners behold regarding their proficiency related to intimate partner violence, where nearly half (45.1%) expressed having "limited" or "no" clinical knowledge.⁵ Despite the gradual advancement in addressing domestic violence within the dental profession, the persistence of a prevalent knowledge gap poses a risk of overlooking crucial chances to intervene and provide necessary support to patients who may be victims of abuse. Incorporating referral sources for domestic violence patients is imperative for dental practitioners to ensure comprehensive care and appropriate support for individuals affected by domestic violence. The study reported that 35.0% of dentists were unaware of referral options, but among the dentists who were aware of a referral mechanism, only 54.0% believed that intimate partner violence screening should be integrated into their professional responsibilities.⁵

To address this issue, it is crucial to prioritize the education of dentists on domestic violence and its oral health implications.

Dental schools and continuing education programs should incorporate inclusive training modules that equip dentists with the knowledge and skills necessary to identify, record, and respond to signs of domestic violence in a sensitive and effective manner. This training should cover the various forms of abuse, common oral health indicators, appropriate screening techniques, legal and ethical considerations, and referral pathways to support services. Interdisciplinary collaboration between dental professionals and other healthcare providers, social workers, and domestic violence organizations should be encouraged to establish a broad and thorough support network for victims.

From a professional standpoint, integrating domestic violence screening demonstrates the commitment of dental professionals to comprehensive patient care and overall well-being. Dentists adhere to ethical principles that prioritize patient safety, and by incorporating domestic violence screening into routine practice, they fulfill their duty to protect and advocate for their patients' welfare. This professional responsibility extends beyond oral health, recognizing the interconnectedness of physical, emotional, and social well-being.²³ In terms of practicality, domestic violence screening in dental settings yields tangible benefits for both patients and society. Dental professionals who proactively screen for domestic violence can create a safe and supportive environment that encourages victims to disclose their experiences. This not only provides an opportunity for immediate intervention but also enables appropriate referrals to specialized domestic violence support services, legal resources, and counseling. Overall, dental schools, along with dental associations and regulatory bodies, have an important role to play in this regard. They bear the responsibility of providing comprehensive education on how

to effectively address these situations and ensure a streamlined approach.

6 | TAKING ACTION: HOW TO ADDRESS DOMESTIC VIOLENCE

The role of oral health professionals in detecting signs of domestic violence extends beyond the mere identification of physical indicators, encompassing the establishment of a secure and supportive environment conducive to patients disclosing their experiences and accessing necessary assistance. In the context of suspected domestic violence, prioritizing sensitivity and empathy is paramount for oral health professionals. Acknowledging that divulging instances of abuse can be a deeply personal and arduous process, dental professionals must embody a compassionate and nonjudgmental demeanor and initiate the patient encounter with the cultivation of trust and rapport.

When dental professionals suspect signs of domestic violence, it is imperative to take action to ensure the safety and well-being of their patients. Oral health professionals can ensure the provision of a confidential setting that fosters open communication through the AVDR approach, where physicians should **Ask** patients about abuse; **Validate** that battering is wrong; **Document** signs, symptoms, and disclosures; and **Refer** victims to domestic violence specialists.²⁴ Using this technique, oral health professionals convey genuine concern for the patient's well-being and can further encourage their patients to share their experiences.

For example, often, dental professionals may be the healthcare providers who see children frequently, making their role significant in identifying potential cases of abuse. For this reason, it is crucial that dental teams have open lines of communication and clear office protocols in place to report their concerns. Establishing such protocols can ensure that suspicions of child abuse are appropriately documented and reported to the relevant authorities, ultimately contributing to the protection and support of vulnerable children. The first call in such situations should be to the appropriate child protective services or child welfare agency, as mandated by relevant local laws and regulations. It is essential to prioritize the child's safety above all else. To initiate a discussion with the victim about the suspected abuse, dental professionals can create a safe and private space within the dental office, ensuring the victim's comfort and confidentiality. Frequently, open operatories do not offer an opportunity for private or sensitive discussions, especially when the abuser is present in the operatory. In certain situations, having a dedicated enclosed operatory, X-ray room or another safe space in a private area can facilitate a more confidential conversation between the victim and the care provider.

Coupling this approach with other techniques such as open-ended questions and active listening can foster a sense of being heard within patient populations. Validating the emotions and experiences expressed are essentially integral components of this approach, as it recognizes the bravery involved in discussing

domestic violence, assures patients that support networks are available, and provides a sense that they are not alone. It is recommended that dental professionals proactively refer patients by providing extensive information about local resources, including domestic violence hotlines, support groups, counseling services, and legal aid organizations. Moreover, fostering collaborations with other healthcare professionals and social workers is crucial in establishing a holistic care strategy that addresses the complex needs of individuals affected by domestic violence. It is key to note that while demonstrating composure and serenity, oral health professionals must exhibit empathy while refraining from pressuring patients into disclosing more than they are comfortable sharing. Oral health professionals should be mindful that patients may exhibit reluctance to initiate change or seek support when it comes to addressing abuse caused by domestic violence. Patients go through a series of stages in order to fully induce change—*precontemplation*, *contemplation*, *determination*, and *action*.²⁵ Understanding this, dentists should adopt a supportive rather than assertive approach as insisting on making changes or on progressing through stages of change, where the provider recreates power and control dynamics,²² and the patients might not feel comfortable sharing their experiences.

The integration of computerized screening programs, leveraging the advancements in technology, holds immense potential as an essential approach for domestic violence screening within dental practice settings where computer-assisted self-interviews were shown to be effective at eliciting a high rate of domestic violence disclosure.²⁵ By providing patients with interactive questionnaires and assessments, these computerized tools enable individuals to confidentially and accurately report their experiences, risk factors, and potential signs of domestic violence. This approach enhances patient engagement, ensures privacy, and facilitates standardized data collection, enabling dentists to identify and address domestic violence cases more effectively, ultimately improving the overall screening process and patient outcomes. A study on family physicians in Portugal reported that many of the participants emphasized the importance of writing detailed clinical records documenting the history presented by the alleged victim and their observations of any physical or psychological signs of abuse,² closely associated with the “documentation” stage in the AVDR approach.²⁴ Documenting signs of domestic violence in patients serves as a vital record for future reference, allowing healthcare providers to track the progression and severity of the abuse over time. It enables ongoing assessment and monitoring of the patient's condition, which is crucial for providing appropriate care and interventions. Detailed documentation can help healthcare professionals identify patterns and trends in abusive behavior, which might aid in understanding the dynamics of the relationship and assessing the level of risk for the patient.

Conveying the importance of confidentiality is of utmost importance when addressing domestic violence with patients. Oral health professionals must emphasize the privacy and

confidentiality of any information shared by the patient, creating a safe environment for open communication. By assuring patients that their discussions will be kept confidential, dentists can encourage them to disclose their experiences more freely and honestly. Respecting and maintaining confidentiality not only build trust between the dentist and the patient but also reinforce the patient's sense of control over their own narrative. This approach fosters a supportive atmosphere where patients feel comfortable sharing sensitive information, increasing the likelihood of successful intervention and assistance in cases of domestic violence. Nevertheless, dental care professionals should clearly explain the limits of confidentiality to patients in cases where there are immediate safety concerns or legal obligations, such as mandatory reporting laws. By being transparent about these exceptions, dentists can ensure the patient's understanding of when confidentiality may need to be breached in the interest of their well-being. It is crucial for dental practitioners to handle any shared information responsibly and securely, following professional ethical guidelines and maintaining the confidentiality of patient records. Respecting and upholding confidentiality not only demonstrates professionalism but also reinforces the patient's trust in the oral health professional, paving the way for effective collaboration and support in addressing domestic violence.

7 | LEGAL AND ETHICAL CONSIDERATIONS

In cases of suspected domestic violence, oral health professionals face significant legal and ethical obligations that should guide their actions and decision-making processes.²⁶ One crucial aspect is understanding the mandatory reporting laws that vary by jurisdiction. While dental professionals typically adhere to strict patient confidentiality standards, these laws may require them to report instances of domestic violence when there is a reasonable belief that a patient's safety is at immediate risk. This duty to protect overrides the usual patient-provider confidentiality. However, it is essential for dental professionals to familiarize themselves with the specific reporting requirements in their jurisdiction to ensure compliance. Alongside legal obligations, dental professionals also grapple with ethical considerations when navigating cases of domestic violence. They must strike a delicate balance between respecting patient autonomy and ensuring their safety. Challenges may arise when patients are reluctant to disclose their experiences or decline intervention due to fear, shame, or other barriers. Dental professionals must navigate these dilemmas while providing a supportive and non-judgmental environment, emphasizing the available resources and the importance of seeking help. By being well-informed about legal obligations, upholding patient confidentiality within ethical boundaries, and addressing challenges sensitively, oral health professionals might effectively contribute to the protection and well-being of patients experiencing domestic violence.

8 | CONCLUSIONS

Oral health professionals might play a crucial role as key observers in identifying, recording, and responding to signs of domestic violence. The significance of adopting a sensitive and empathetic approach when dealing with patients suspected of experiencing domestic violence has a crucial role, stressing the importance of fostering a safe and supportive environment that encourages disclosure. It is essential to recognize the need for further education and training to enhance dental professionals' ability to recognize and respond to domestic violence effectively. Raising awareness among dental professionals about the important role they can play in domestic violence identification and intervention is key to improving patient care as oral health professionals can play a significant role in breaking the cycle of abuse and promoting the well-being and safety of individuals impacted by domestic violence.

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REFERENCES

1. Kaur R, Garg S. Addressing domestic violence against women: an unfinished agenda. *Indian J Community Med.* 2008;33:73–6.
2. Moreira DN, Da Costa MP. The role of family doctors in the management of domestic violence cases—a qualitative study in Portugal. *BMC Health Serv Res.* 2023;23:1–9.
3. Heise L, Garcia-Moreno C. World report on violence and health: violence by intimate partners. *Inj Prev.* 2003;9:87–121.
4. Runyan D, Wattam C, Ikeda R, Hassan F, Ramiro L. World report on violence and health: child abuse and neglect by parents and other caregivers. *Inj Prev.* 2003;9:57–85.
5. Parish CL, Pereyra MR, Abel SN, Siegel K, Pollack HA, Metsch LR. Intimate partner violence screening in the dental setting: results of a nationally representative survey. *J Am Dent Assoc.* 2018;149:112–21.
6. Pathak N, Dhairyawan R, Tariq S. The experience of intimate partner violence among older women: a narrative review. *Maturitas.* 2019;121:63–75.

7. Bezgin S, Buzlu S. Domestic violence: views of married men and factors affecting violence. *J Community Health Nurs.* 2023;40:207–18.
8. World Health Organization: WHO. Violence against women. Accessed October 10, 2023. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>
9. Ogunbajo A, Oginni O, Iwuagwu S, Williams R, Biello KB, Mimiaga MJ. Experiencing intimate partner violence (IPV) is associated with psychosocial health problems among gay, bisexual, and other men who have sex with men (GBMSM) in Nigeria, Africa. *J Interpers Violence.* 2020;37:7394–425.
10. Bates EA, Kaye LK, Pennington CR, Hamlin I. What about the male victims? Exploring the impact of gender stereotyping on implicit attitudes and behavioural intentions associated with intimate partner violence. *Sex Roles.* 2019;81:1–15.
11. Bullock L, Ghazarian S, Nimer M, Signing L, Herbell K, Farje D, et al. Children exposed to IPV: impact of multiple father figures. *Matern Child Health J.* 2021;25:1447–54.
12. Yount KM, DiGirolamo AM, Ramakrishnan U. Impacts of domestic violence on child growth and nutrition: a conceptual review of the pathways of influence. *Soc Sci Med.* 2011;72:1534–54.
13. Levin L, Goldman S, Lin S, Radomislensky I, Savitsky B. Dental and maxillofacial injuries associated with domestic violence against women in Israel: a report for 2011–2021. *Dent Traumatol.* 2023. <https://doi.org/10.1111/edt.12867>
14. Spiller LR. Orofacial manifestations of child maltreatment: a review. *Dent Traumatol.* 2023. <https://doi.org/10.1111/edt.12852>
15. Kundu H, Basavaraj P, Singla A, Kote S, Singh S, Jain S, et al. Domestic violence and its effect on oral health behaviour and oral health status. *J Clin Diagn Res.* 2014;8:9–12.
16. Garbin CA, Guimarães e Queiroz AP, Roviada TA, Garbin AJ. Occurrence of traumatic dental injury in cases of domestic violence. *Braz Dent J.* 2012;23:72–6.
17. Gassner R, Bösch R, Tuli T, Emshoff R. Prevalence of dental trauma in 6000 patients with facial injuries: implications for prevention. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 1999;87:27–33.
18. Alshouibi EN. General dentists' readiness and barriers in intimate partner violence screening: a cross-sectional study in Jeddah City. *BMC Oral Health.* 2022;22:1–7.
19. Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, Merrick MT. Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—national intimate sexual violence survey. *MMWR Surveill Summ.* 2014;63(SS08):1–18.
20. Sutherland C, Bybee D, Sullivan C. Beyond bruises and broken bones: the joint effects of stress and injuries on battered women's health. *Am J Community Psychol.* 2002;30(5):609–36.
21. Sutherland C, Bybee D, Sullivan C. The long-term effects of battering on women's health. *Women Health.* 1998;4:41–70.
22. Love C, Gerbert B, Caspers N, Bronstone A, Perry D, Bird W. Dentists' attitudes and behaviors regarding domestic violence. The need for an effective response. *J Am Dent Assoc.* 2001;132:85–93.
23. Mills A, Berlin-Broner Y, Levin L. Improving patient well-being as a broader perspective in dentistry. *Int Dent J.* 2023;23:1–8.
24. Gerbert B, Moe JG, Caspers N, Salber P, Feldman MD, Herzig K, et al. Simplifying physicians' response to domestic violence. *West J Med.* 2000;172:329–31.
25. Usta J, Taleb R. Addressing domestic violence in primary care: what the physician needs to know. *Libyan J Med.* 2014;9:1–7.
26. Maimon-Blau I. Medicolegal aspects of domestic violence against children. *Dent Traumatol.* 2024;40(Suppl. 2):18–22.

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