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Oral Health Professionals' Role In

Domestic Violence Prevention

By Lisa Dowst-Mayo, RDH, BSDH, MHA

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ABSTRACT

One in 4 women and one in 10 men will experience sexual violence, physical violence, and/or stalking in their lifetime. Research has shown that healthcare professionals can play an important role in saving lives by participating in improved identification of and response to domestic violence.

Dental practitioners need to join the medical profession on the front lines of screening for and intervening in domestic violence situations to counter this dangerous public health crisis. Domestic violence occurs across all socioeconomic, educational, racial, and ethnic groups. This course will define domestic violence, discuss its long-term consequences, offer guidance for oral health professionals to assist patients, and provide tools to overcome barriers to intervention.

EDUCATIONAL OBJECTIVES

After completing this course, the reader should be able to:

1. Differentiate the various forms of domestic violence and understand long-term health sequelae.
2. Identify the signs of domestic violence and recommend appropriate interventions.
3. Apply the RADAR program to patient management and care plans.

ABOUT THE AUTHOR

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Introduction

Domestic violence is widely prevalent in the United States. One in 4 women and one in 10 men experience sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime. Table 1 shows the percentage of U.S. men and women who experienced some form of domestic violence in 2015.[1] According to the National Coalition Against Domestic Violence, one American is abused every 20 minutes, which equates to 10 million people annually.[2] Seventy-two percent of all murder-suicides involve an intimate partner, and 94% of victims are female.[2]

TABLE 1.

	Women	Men
Physical violence	30.6%	31%
Sexual violence	43.6%	24.8%
Stalking	16%	5.8%

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, psychological, sexual, stalking, and financial abuse, all of which are used to assert control over victims (Table 2).[3,4] Domestic violence includes abuse of older persons, children, and intimate partners. Intimate partner violence (IPV) is a type of domestic violence in which the people involved have a close personal relationship or identify as a couple with knowledge of each other's lives.[4] IPV occurs in all types of relationships (heterosexual, homosexual, bisexual, transgender) in which the couple may or may not be dating and/or cohabitating.[3,4]

One in 15 children in the United States is exposed to IPV, and 90% of those children witness the abuse.[9] Children experience physical abuse in almost 50% of IPV households.[3,10] These adverse childhood experiences lead to poor mental sequelae, such as depression, anxiety, violence toward peers, attempted suicide, drug and alcohol abuse, running away from home, risky sexual behavior, and committing sexual assault.[3,11] Mounting evidence demonstrates that children who grow up in households with substantial relational dysfunction have higher mortality rates and increased morbidity as adults.[3]

Healthcare Provider Role

Because individuals experiencing domestic violence use healthcare services 1.6 to 2.3 times more than their nonabused peers, providers need to be able to identify and intervene with appropriate actions.[12] The American Medical Association, American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics all recommend routine inquiry about domestic violence.[3] However, a recently published nationwide survey of U.S. dentists in the Journal of the American Dental Association (JADA) revealed that more than half of those surveyed did not query about domestic violence in their health history forms, were unaware of a referral place for victims, and did not believe screening should be part of their professional roles.[13] In another survey conducted and published in JADA, 88% of responding dentists reported never screening for domestic violence, and 18% refused to screen even when visible trauma was present on a patient's head and neck.[14]

Reported barriers to screening include lack of training, concern about offending patients, personal embarrassment, uncertainty of the proper action if patients do identify abuse, and the presence of the partner or children during the appointment.[13,14] Respondents who had received domestic violence education were significantly more likely to screen and intervene. It was suggested in both publications that dental schools provide more education on domestic violence interventions and establish referral collaborations to change this attitude in the profession.

There are resources to assist oral health providers in increasing their knowledge and intervention techniques for domestic violence. The Academy on Violence and Abuse is a

TABLE 2.	
Physical abuse	Physical abuse is defined as intentional use of physical force with the potential for causing death, disability, injury, or harm.4 Actions include but are not limited to scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, hair pulling, deprivation, slapping, punching, hitting, burning, use of a weapon (gun, knife, or other object), and the use of restraints or one's body, size, or strength against another person.[4] Physical violence also includes coercing other people to commit any of the above acts.
Psychological abuse	Psychological abuse is verbal and nonverbal communication with the intent to harm another person mentally or emotionally, and/or to exert control over another person. This form of abuse frequently precedes physical and sexual violence and occurs in synchronicity with other forms of abuse.[4] Perpetrators will use a range of tactics, such as intimidation and threats; social isolation (preventing the victim from having a job or going to school, or restricting the ability to see friends and family); coercive control (limiting access to transportation and money); expressive aggression (name-calling or humiliation); gaslighting (playing mind games or emotional blackmail); enforcement of petty rules; neglectful behaviors (ignoring signs of distress and pleas for comfort); making threats to harm the victim or a loved one; threat of other forms of abuse (physical, sexual, financial); exploitation of vulnerability (immigration status, disability, undisclosed sexual orientation); use of words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm.[4,5]
Sexual abuse	Sexual abuse is defined as a sexual act that is committed or attempted without consent of the victim or against someone who is unable to consent or refuse advances.[4] This category is an exhaustive list with many actions, not limited to forced penetration of victim's vulva, anus, or mouth with an object or body part; intentional sexual touching; unwanted sexual experiences without consent; drug- or alcohol-facilitated sexual contact; rape; forced prostitution or pornography; cutting or disfiguring genitalia; refusal to practice safe sex; coerced pregnancy terminations; refusal to use birth control; or forced to engage in sexual acts with a third person.[4,5]
Stalking abuse	Stalking is a repetitive set of coercive tactics used against the victim, such as unwanted harassing attention that causes fear or concern for one's own safety or the safety of someone else (family member, close friend, pet).[4,5] To be classified as stalking abuse, victims must have experienced multiple stalking tactics or a single stalking tactic multiple times by the same perpetrator; they also must be fearful or believe they, or someone close to them, will be harmed or killed as a result of perpetrator's behaviors.[1] Stalking is considered high risk for serious injury and death.[6] Stalking acts include repeated and unwanted phone calls, voice messages, text messages, or hang-ups; repeated and unwanted emails or messages through websites/social media; leaving cards, letters, flowers, or presents when the victim doesn't want them; watching or following from a distance; spying with a listening device, camera, or Global Positioning System (GPS); approaching or showing up in places when the victim does not want to see them; leaving strange or potentially threatening items for the victim to find; sneaking into the victim's home or car and doing things to scare the victim by letting them know they (perpetrator) had been there; damaging or threatening to damage someone's personal property or belongings.[4] The 1996 Violence Against Women Act (VAWA) made stalking a federal felony and illegal in the United States.[7] Eight-one percent of women stalked by a current or former partner also were physically and/or sexually abused by those partners.[8]
Financial abuse	Financial abuse includes behaviors that intentionally manipulate or intimidate someone to gain control in a relationship. It is one of the most powerful methods of keeping a victim in an abusive relationship because it diminishes their ability to leave their abuser.[9] Actions include having absolute control over all finances and financial decisions; refusal to contribute to family income; depriving a person of access to bank accounts, cash, or credit; running up debt in another's name; forcing a person to engage in illegal activities such as gambling, theft, writing bad checks, or filing fraudulent tax returns or insurance claims; forbidding someone from working or sabotaging employment; withholding funds needed for survival (food, medicine, medical care); hiding assets; or forcing someone to work without pay.[5,9]

group of interdisciplinary healthcare professionals who are dedicated to making violence and abuse a core component of medical and related professional education and clinical care.[15] Another resource for oral health providers is the RADAR program, which offers training on how to effectively screen, identify, intervene, document, and respond to patients who are living with domestic violence (Table 3).[16]

Reporting

An important aspect left out of RADAR is reporting. Providers need to become familiar with their own state laws as reporting requirements vary. Thirty-eight states have placed domestic violence definitions and penalties within their criminal code, and nearly every state provides a definition within the domestic relations or social services codes.[21] Twenty-three states require reporting when a child is witnessing domestic violence.[21] All 50 states consider the presence of domestic violence a factor in custody and visitation hearings.[21] By documenting as the RADAR program suggests, oral health providers can assist patients trying to break away from an abusive situation if dental records are subpoenaed for court cases.

The American Dental Association (ADA) Code Section 3.E.1 in the Principles of Ethics and Code of Professional Conduct state that a "dentist shall be obliged to become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws."[22] The ADA justification reminds dentists they have a duty to promote their patients' welfare. It also states that "dentists should learn appropriate techniques for interviewing a potential victim of abuse or neglect, if possible, to assist in making a good-faith determination as to whether abuse or neglect should be suspected. If legally obligated to do so, the dentist must report a suspected case of abuse and neglect to proper authorities."[22] Dentists are mandated reporters of child abuse, but not all states require mandated reporting of domestic violence unless a child is witnessing the act.[23] It is important to remember that 90% of children living in a household with domestic violence are witnessing the abuse. Whether they are the direct target or not, children are under duress and their welfare is in jeopardy; therefore, reporting should be mandatory.

Signs And Symptoms

There are many physical and psychological signs and symptoms of domestic violence. There is mounting evidence that domestic violence has long-term negative consequences for survivors, even after the abuse has ended.[24] Central nervous system (CNS), reproductive, and chronic stress-related physiological effects are common. CNS effects, including headaches, back pain, memory loss, traumatic brain injury, fainting, seizures, and chronic stress-related sequelae such as appetite loss, gastrointestinal and cardiac symptoms, fibromyalgia, joint disorders, facial pain, and viral infections (common cold, flu) due to decreased immunity, have been reported in the literature.[5,24,25] Victims of domestic violence also have an increased risk for sexually transmitted infections and reproductive system conditions, including HIV, fibroids, pelvic pain, pelvic inflammatory disease, cervical neoplasia, dysmenorrhea, vaginal bleeding, urinary tract infections, and erectile dysfunction.[3,5,24,25]

Patient injuries may have inconsistent or implausible reporting. A systematic review found that victims of domestic violence are 24 times more likely to have injury to the head, face, and neck compared to nonabused peers with verifiable injuries.[26] Unwitnessed injuries to the mid and lower third of the face or bruises exceeding 5 cm in diameter should be considered red flags for oral health professionals.[26] Contusions, fractures, sprains, abrasions, burns, bruises in varying degrees of healing, trauma to the torso, abdomen, genitals, anus, arms, and legs with inconsistent findings need to be documented.

Psychological sequela occurs during, and long after, domestic violence has ended. Poor mental health, increased

TABLE 3.	
Routinely screen	Dental providers should have research-based questions on patient history forms. There are many screening tools to choose from, such as: • American Medical Association Screening Questions. Ten sample questions used to screen for domestic violence for both men and women in healthcare settings. • Assessment of Immediate Safety Screening Questions. Eleven questions used to screen for domestic violence for both men and women in healthcare settings. • HITS. Four questions on the frequency of IPV for both men and women in healthcare settings. • Suggested Screening Questions. Three frame questions with eight direct questions to screen for domestic violence for both men and women in healthcare settings.[17] Sample questions from above screening tools: 1. Are you ever afraid at home? 2. Do you feel safe in your current relationship? 3. Do you feel isolated from family or friends? 4. Is there anyone from a previous relationship who is making you feel unsafe now? 5. Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom? 6. Is anyone following or harassing you in the community? 7. Have you ever been in a relationship in which your partner frightened or hurt you? 8. When you were a child or adolescent, did anyone ever physically hurt you, force you to do something sexual you did not want to do, or hurt you psychologically? 9. As an adult, have you ever been physically hurt by anyone or forced to do something sexual you did not want to do? 10. In general, how would you describe your relationship with your partner? 11. Do you and your partner work out arguments with great difficulty/some difficulty/no difficulty? 12. Do arguments with your partner ever result in your feeling down or bad about yourself? 13. Do you ever feel frightened by what your partner says or does? [18,19] Randomized controlled trials demonstrate that screening benefits patients and does not cause harm.[3] A large systematic review from 2009 showed that 99% of patients found it acceptable to be asked about domestic violence in any healthcare setting.[20] If the patient in your screening gives a positive response, dental providers will move to the next step of RADAR, which is asking direct questions. If the patient denies suspected abuse, do not confront or challenge the patient; instead, express concern. Describe resources available and offer follow-up consultation.
Ask direct questions	Appropriate inquiry creates a safe space for the abused patient to discuss health consequences. Many experts suggest using a "funneling technique" for interviewing patients, which involves moving from broad, less-threatening questions to questions on specific behaviors.[3] The conversation should be private, and the patient should be assured that discussions are confidential. High-quality evidence shows that patients welcome IPV questioning and screening when done in a nonjudgmental and respectful manner.[3] Providers need to be sensitive to patients' cultural influences and the unique dynamics of special populations (lesbian, gay, bisexual, transgender, older couples, immigrant populations) in their discussions.[3]
Document findings	Providers must document the conversation, observations, findings, assessments, and next steps. Use quotations marks to record exactly what the patient said. Take photographs or use drawings to describe the location and type of injuries found. Document case findings in detail with observed physical and psychological signs and symptoms. Mark your assessment if there is potential for future violence and describe safety planning and follow-up recommendations. If a domestic violence case goes to court, this documentation will be helpful for the victim.
Assess safety	Assessing the safety of the patient will require direct questioning. Ask the patient: • Are you afraid to go home? • Has your partner abused any children in the home? • Are your children safe? • Where would they go in an emergency and how would they get there? • Has the violence increased in severity? • Is there a weapon in the home? • Are there drugs and alcohol in the home? 17 If the suspected perpetrator is at the appointment, document this in the record.

TABLE 3. CONTINUED

Respond, **R**eview options, **R**efer	**Respond** You will want to validate the patient's strength in coming forward. Be supportive and confident in your conversational style. Tell the patient they have shown great courage in a tough circumstance and that you can see they care deeply about their children, if applicable. Assure them they are not at fault, and use statements that convey support and comfort: "No person deserves to be abused," "You have a right to be safe and respected," or "I am so sorry this has happened to you."[3] Inappropriate responses can do more harm than good. Listen for patient cues that express the level of violence, intimidation, or control present in the relationship. Avoid insisting that they leave their perpetrator because separation will often escalate to intense fear and danger.[3,17] The patient needs you to support their decision regardless if they stay or leave. Their healing will begin when they are believed, not when they are separated from the perpetrator. Maintaining the patient's safety is the number one priority. Offer a follow-up appointment for the patient and assess their barriers to access. **Review Options/Refer** Inform the patient of their legal options such as calling the local police or 911, restraining orders, and/or mandatory arrest.[3] Be familiar with local and national resources available for patients such as hotline numbers, women's shelters' contact information, support groups, and legal advocacy. Ask the patient, "Many women will call a shelter to learn more about their options. Would you like the number and to use our private line?" **Resources for Patients** • National Domestic Violence Hotline: Nonprofit organization that provides crisis intervention, information and referrals for domestic violence survivors, perpetrators, friends, and family • American Bar Association: Guidance written for 11th-grade reading level but lower literacy levels have been adopted • Futures Without Violence: Mission to end violence in the community • Institute for Safe Families: Mission to prevent IPV • National Coalition Against Domestic Violence: Mission to prevent domestic violence and empower those affected • National Sexual Assault Hotline: For rape, sexual abuse, and incest victims

fear and anxiety, substance abuse as a coping mechanism, and most frequently depression (48%) and post-traumatic stress disorder (64%) have been documented.[27,28] If a patient describes their partner as jealous, controlling, or easily angered, follow-up questioning is needed. If the partner attends appointments, tries to control discussions, cancels appointments, and/or shows angry, threatening, or aggressive behavior, providers need to use RADAR or report observations to the proper authorities.

Patients may wear clothing that is not weather appropriate to cover injuries, and oral health providers need to ensure they are still thoroughly examining their patient's appearance as required in the extra and intraoral assessment. Always ask a patient's permission prior to performing the assessment and explain the areas of the body you will be palpitating/evaluating. Victims of domestic violence may have an increased sensitivity to touch and be at greater risk for panic/anxiety attacks than the general population. They may have "triggers" that can launch a panic attack, which can consist of shortness of breath, dizziness, unsteady feeling, trembling or shaking, increased heart rate, sweating, choking, nausea, numbness or tingling sensation, hot flashes or chills, and/or chest pain.[16] For example, if the patient's aggressor places them in chokeholds or uses strangulation, then the neck can be a trigger. Caution should be used when placing a radiographic thyroid collar or dental napkin on a patient or when palpitating the thyroid, submental, submandibular, or cervical lymph nodes. Likewise, if the patient's aggressor is sexually abusing them, their chest/breasts may be a trigger. Caution should be used when palpitating clavicular lymph nodes or using the dental napkin for wiping an instrument.

Conclusion

Because patients experiencing domestic violence

use the healthcare system more frequently than their nonabused peers, it is imperative that oral health providers use the framework of screening, identifying, intervening, documenting, and referring, which enables them to be patient advocates. Victims of domestic violence may feel at fault and embarrassed of their situation, and they need healthcare providers who believe them and listen in a nonjudgmental and respectful manner so healing can begin. Oral health providers not adequately trained in responding to domestic violence need to take responsibility for this deficiency and become more educated about appropriate actions; only then can they fulfill their Hippocratic Oath and be in compliance with the ADA Code of Ethics and state reporting laws.

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1. **How many women experience sexual violence, physical violence, or stalking by an intimate partner in their lifetime?**
   a. 1:2
   b. 1:4
   c. 1:8
   d. 1:10

2. **How many men experience sexual violence, physical violence, or stalking by an intimate partner in their lifetime?**
   a. 1:2
   b. 1:4
   c. 1:8
   d. 1:10

3. **What percentage of men experience sexual violence?**
   a. 31%
   b. 24.8%
   c. 5.8%
   d. 30%

4. **What percentage of women experience stalking?**
   a. 30.6%
   b. 16%
   c. 53.6%
   d. 30%

5. **How often is an American abused in the United States, according to the National Coalition Against Domestic Violence?**
   a. Every 5 minutes
   b. Every 10 minutes
   c. Every 20 minutes
   d. Every 30 minutes

6. **What percentage of all murder-suicides in the United States are attributed to intimate partner violence?**
   a. 35%
   b. 62%
   c. 72%
   d. 92%

7. **What type of abuse is defined as the intentional use of force with the potential for causing death, disability, injury, or harm?**
   a. Physical abuse
   b. Psychological abuse
   c. Sexual abuse
   d. Financial abuse

8. **What type of abuse is defined as verbal or nonverbal communication with the intent to harm another person mentally or emotionally and/or exert control over another person?**
   a. Physical abuse
   b. Psychological abuse
   c. Sexual abuse
   d. Financial abuse

9. **What type of abuse is occurring if the perpetrator repeatedly calls, emails, or shows up at the victim's place of business when not wanted or invited?**
   a. Physical abuse
   b. Psychological abuse
   c. Sexual abuse
   d. Stalking abuse

10. **What type of abuse is a powerful method of keeping a victim in an abusive relationship by diminishing their ability to leave their abuser by controlling family income and access to monetary resources?**
    a. Physical abuse
    b. Psychological abuse
    c. Stalking abuse
    d. Financial abuse

11. **How many children in the United States are exposed to intimate partner violence (IPV) annually?**
    a. 1:5
    b. 1:10
    c. 1:15
    d. 1:20

12. **What percentage of children living in a household with IPV witness the abuse?**
    a. 50%
    b. 60%
    c. 80%
    d. 90%

13. **Which of the following are mental health sequelae of children living in a household with IPV?**
    a. Depression
    b. Anxiety
    c. Risky sexual behaviors
    d. All of the above

14. **In the survey conducted with U.S. dentists published in the Journal of the American Dental Association (JADA), what percentage of dentists are unaware of a referral place for victims?**
    a. 10%
    b. 20%
    c. 25%
    d. Over 50%

15. **In the survey conducted of U.S. dentists published in JADA, what percentage of dentists refuse to screen for domestic violence even when visible trauma is present on a patient's head and neck?**
    a. 90%
    b. 50%
    c. 18%
    d. 10%

16. Which of the following has been noted in the literature as a barrier to dentists screening and intervening with domestic violence cases?
a. Lack of training
b. Partner or children attend the appointment
c. Uncertainty of proper action and referrals
d. All of the above

17. What percentage of patients find it acceptable to be asked about domestic violence in any healthcare setting based on a 2009 large systematic review?
a. 25%
b. 50%
c. 75%
d. 99%

18. Which step of the RADAR program requires providers to use quotation marks to record exactly what the patient said and to take photographs of injuries?
a. Routine screening
b. Ask direct questions
c. Document findings
d. Assess safety

19. What should a provider say if a patient reports domestic violence but refuses to leave the abuser?
a. I think you're making the wrong decision.
b. You need to take my advice; I know what's best.
c. I understand your decision; I am so sorry this is happening to you. Would you like our resource list if you change your mind in the future?
d. If you refuse to leave this person, then I won't be able to help you anymore.

20. Which of the following is a resource that providers can offer to patients who come forward about their domestic violence situation?
a. Number for women's shelter
b. Legal advocacy
c. National Domestic Violence Hotline number
d. All of the above

21. Which resource has a mission to provide crisis intervention, information, and referrals for domestic violence survivors, perpetrators, friends, and family?
a. National Domestic Violence Hotline
b. Futures Without Violence
c. Institute for Safe Families
d. National Sexual Assault Hotline:

22. Which resource is available for patients whose mission is to prevent domestic violence and empower those affected?
a. American Bar Association
b. Institute Without Violence
c. National Coalition Against Domestic Violence
d. National Sexual Assault Hotline

23. How many states have placed domestic violence definitions and penalties within their criminal code?
a. 20
b. 38
c. 45
d. 50

24. How many states require reporting when a child is witnessing domestic violence?
a. 23
b. 40
c. 45
d. 50

25. How much more likely are patients experiencing domestic violence to have injuries on their head and neck than nonabused peers?
a. 10 times more likely
b. 12 times more likely
c. 18 times more likely
d. 24 times more likely

26. Injury red flags for domestic violence include which of the following?
a. Bruises exceeding 5 cm in diameter on the mid and lower third of the face
b. Broken arm from a car accident that was witnessed by a family member and police officer
c. Bruises in varying degrees of healing on the arms, neck, and back
d. Both a & c

27. Which of the following central nervous system effects can occur in victims of domestic violence?
a. Headache
b. Back pain
c. Memory loss
d. All of the above

28. Which of the following psychological sequelae can occur during domestic violence and long after it has ended?
a. Post-traumatic stress disorder (PTSD)
b. Depression
c. Anxiety
d. All of the above

29. What percentage of domestic violence victims develop PTSD?
a. 15%
b. 25%
c. 50%
d. 64%

30. What percentage of domestic violence victims develop depression?
a. 20%
b. 35%
c. 48%
d. 90%

CE ANSWER FORM (E-mail address required for processing)

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EDUCATIONAL OBJECTIVES

1. Differentiate the various forms of domestic violence and understand long-term health sequelae.
2. Identify the signs of domestic violence and recommend appropriate interventions.
3. Apply the RADAR program to patient management and care plans.

COURSE EVALUATION

Please evaluate this course using a scale of 1 to 5, where 1 is poor and 5 is excellent.

1. Clarity of objectives ..... ① ② ③ ④ ⑤
2. Usefulness of content ..... ① ② ③ ④ ⑤
3. Benefit to your clinical practice ..... ① ② ③ ④ ⑤
4. Usefulness of the references ..... ① ② ③ ④ ⑤
5. Quality of written presentation ..... ① ② ③ ④ ⑤
6. Quality of illustrations ..... ① ② ③ ④ ⑤
7. Clarity of quiz questions ..... ① ② ③ ④ ⑤
8. Relevance of quiz questions ..... ① ② ③ ④ ⑤
9. Rate your overall satisfaction with this course ..... ① ② ③ ④ ⑤
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11. Are there any other topics you would like to see presented in the future? _____
12. Overall administration of the program ..... ① ② ③ ④ ⑤

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Fill in the circle of the appropriate answer that corresponds to the question on previous pages.

1.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	16.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
2.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	17.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
3.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	18.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
4.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	19.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
5.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	20.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
6.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	21.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
7.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	22.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
8.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	23.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
9.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	24.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
10.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	25.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
11.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	26.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
12.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	27.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
13.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	28.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
14.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	29.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
15.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ	30.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ

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