
Domestic Violence, Abuse, & Neglect

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Gabriel Fernandez



- Netflix documentary; “ The Trials of Gabriel Fernandez” (2020)
- Gabriel dies at the age of 8 years old due to abuse from his mom, and his mom’s boyfriend
- Department of Child and Family services was called but no action was taken.
- <https://www.youtube.com/watch?v=-T7VXIB4qUI>

Objectives

1. Define abuse, neglect, and dental neglect.
 2. Describe extraoral and intraoral signs of child abuse and neglect.
 3. Explain the attitudes and behaviors of abusers.
 4. Discuss the role of the dental hygienist in reporting suspected abuse.
 5. Advocate the need for dental hygienists to be trained in determining suspected abuse and neglect.
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Abuse vs. Neglect

Abuse – Non accidental, physical, emotional, or sexual acts.

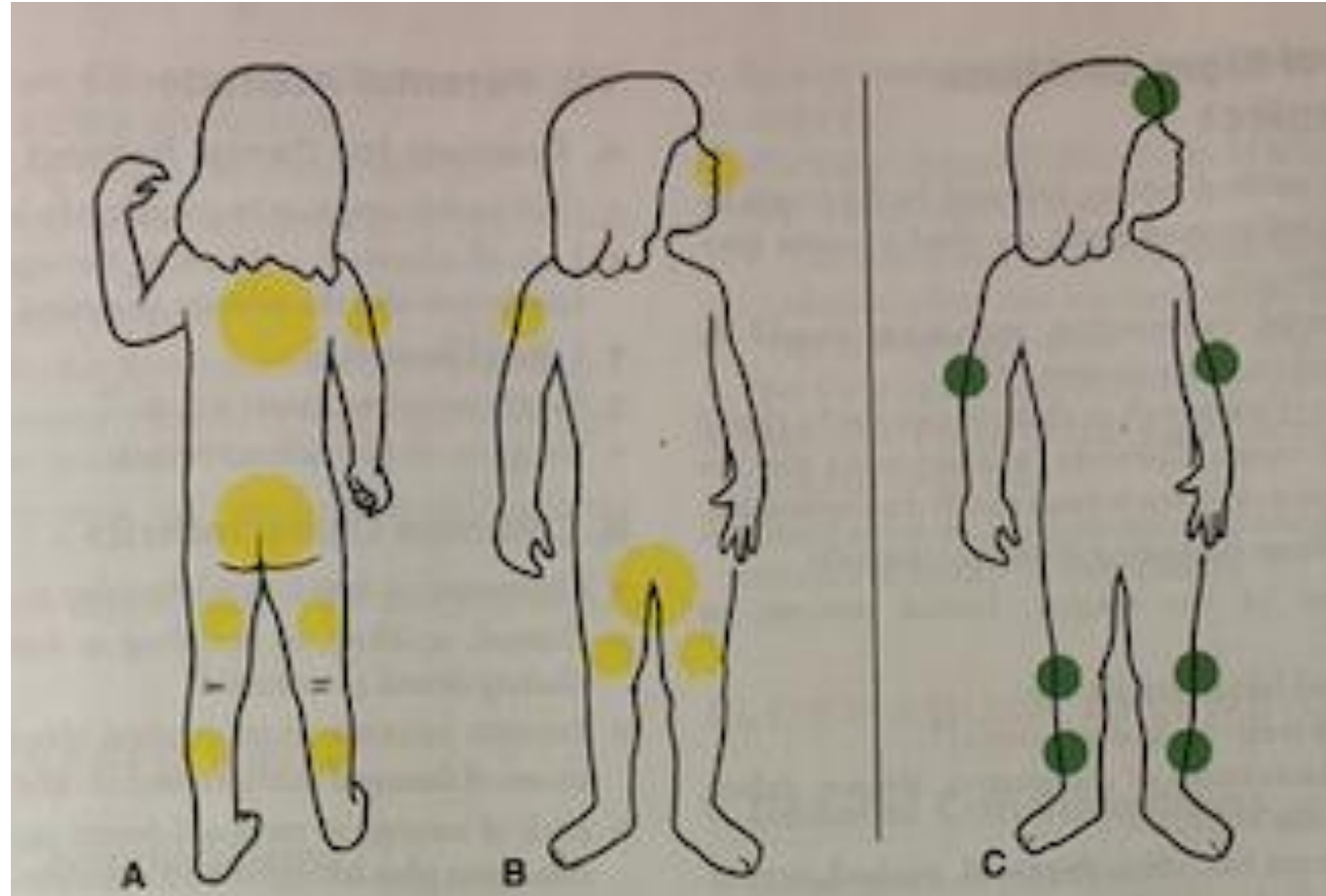
Neglect – Intentional or unintentional failure to provide for a child.

Dental Neglect – Parent or guardian not following through with necessary treatment to ensure adequate function and freedom from pain and infection

Physical Indicators of Child Abuse

- Bruises and welts
- Burns
- Bite marks
- Laceration or abrasions
 - Typically on face, back, bottom, genital or arms
- Malnutrition/underweight





A & B: common sites of inflicted or deliberate injuries

C: common sites of accidental injuries

Behavior Indicators of Child Abuse

Apprehensive of adults

Aggressive or withdrawn

Afraid to go home; extended stays at school

Unwilling to open mouth

Reports injury by parents

Frightened of parents or caregiver

Extra Oral Signs of Abuse

Extraoral:

- Abrasion/Lacerations
- Varying degrees of healing
- Skull injuries
- Bald spots
- Bruising or burns
- Bite marks

Signs of Sexual Abuse:

- Difficulty in sitting or walking





Intra Oral Signs of Abuse

Intraoral:

- Lacerations of tongue or palate, frenal tears, fractured teeth, non-vital teeth

Sexual Signs:

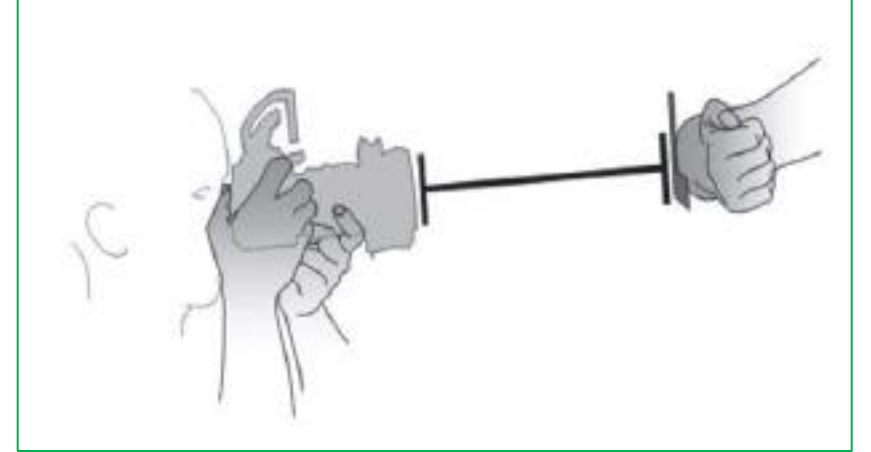
- Bruising or petechiae on the palate (could indicate forced oral sex), sexually transmitted lesions found intraorally

How would you document this?

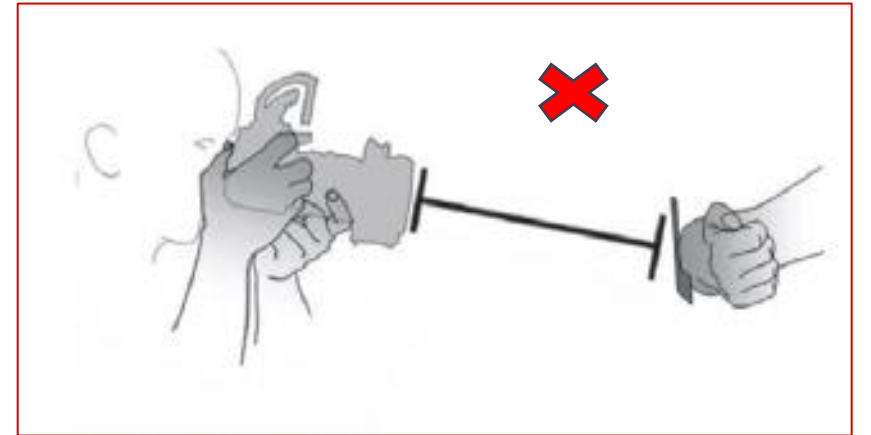


Photographic Technique for Bitemarks & Bruises

CORRECT photographic technique (perpendicular with less than 15 degrees of angulation)



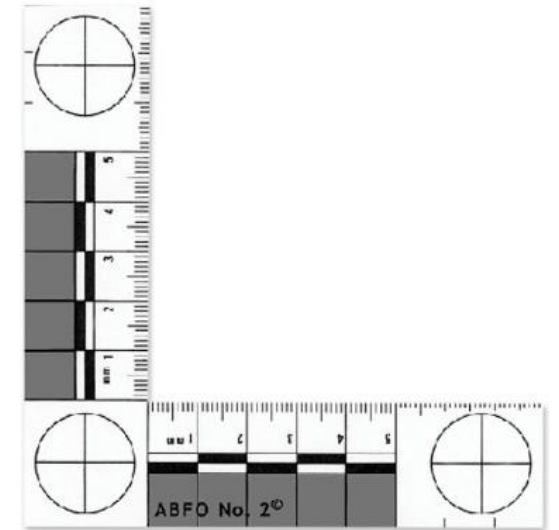
INCORRECT photographic technique (not perpendicular with greater than 15 degrees of angulation)



Photographic Technique for Bitemarks & Bruises

-Object with a recognized standard size should be used in the photographs as a reference for size comparison of the injury.

-The American Board of Forensic Odontology (ABFO) #2 scale is a L-shaped standardized scale recommended for producing consistent measurements of bitemarks.



American Board of Forensic Odontology (ABFO) #2 Scale properly placed by a bitemark for photograph to show scale

Actions by the Abuser

Missed or infrequent appointments

Agitated or trying to hurry the dental team

Wants to go back with child and stay in the room

Overly strict guardian

Mandated Reporter

- a person who, because of his or her profession, is legally required to report any suspicion of child abuse or neglect to the relevant authorities.

Are Dental Hygienists Mandated Reporters?

As a registered dental hygienist, you are a mandated reporter. Failure to make a report in can begin with a \$500 fine (depending on the State) and depending on the severity of the case, the penalty can vary. If the reporter is making false claims of abuse, the person's identity will be turned over to the police.

The fine for failure to report within the appropriate amount of time can be from \$500-\$2,000 and may require additional education or training on being a mandated reporter.

Mandated Reporter

As a clinician and mandated reporter, you have 12 hours to make the oral report when you see a child who you think is being abused or neglected or who shows signs of fear.

Record all reports. It is important to make the report as soon as possible to make sure that the facts are accurate and with as many details as possible.

When Making The Call, You Must Know The Following:

The child's name, date of birth, gender, address, and parents' or guardians' names.

The reason for the call

Approximate date the abuse occurred

Who is suspected of doing the abuse

Where on the child's body are the signs of abuse, if any, are located

Also take note of the child's general demeanor toward you (e.g., skittish, afraid, lack of eye contact, covering up their body, using a low voice).

Introduction to PANDA

P.A.N.D.A.



**Prevent
Abuse *and*
Neglect *through*
Dental
Awareness**

"PANDA" is an acronym for "Prevent Abuse and Neglect Through Dental Awareness".

<https://www.youtube.com/watch?v=cFclqgoyqvl>

PREVENT ABUSE NEGLECT DENTAL AWARENESS

Created by Delta
Dental of Missouri

Prevent Abuse and
Neglect through
Dental Awareness

Educate Dental
Professionals in
Identifying Warning
Signs of Child Abuse
and Neglect

What do **YOU** do?

Document

- Photos, notes, x-rays, patient behavior

Witness

- Have another witness (Doctor) do an examination and co sign records

Report

- Call Protective services or police; make report as soon as possible

Provide

- Name and address of child and caregiver, name of siblings, child's age, other helpful information on cause of abuse/neglect

Elder Abuse and Neglect



Signs and Symptoms



Bruising, lacerations, extreme loss of hair.



Malnutrition



Lack of medicine or being over medicated



Fear of speaking or feeling embarrassed.



What type of questions or concerns would come to mind when seeing a patient like this ?

Why would
someone want to
overmedicate an
elderly person?



Division of Adult Protective Services

- Receives and investigates report of abuse, neglect, and exploitation of elderly adults 60 and over as well as individuals 18 years or older who are incapacitated in Virginia
- 24hr hotline available
- Reporter training can be found on their website.



Domestic Violence

- Intentional physical, emotional, or sexual acts amongst a spouse or partner.
- IPV-Intimate Partner Violence



Signs and Attitudes of IPV



- Abuse is frequently seen on face and neck
- Abused will deny anything is happening and defend the abuser
- Battered partner will be very hesitant to admit that abuse is occurring
- Long sleeves and pants; heavy makeup

Characteristics of Abuser



- Does not like to leave partner's side
- Likes to have power and control
- Does not allow partner to go places alone or talk to other people
- Can be physical, sexual, emotional, psychological, or financial.

Dynamics of Abuse

- **Power and Control**-Violence/Instilling fear
- **Using children**-Threatening to take children away, using them to relay messages, using visitation to harass the victim
- **Economic abuse**- Preventing the victim from getting a job, making him/her ask for money, eliminating access to family income, taking away his/her money
- **Coercion and threat**-Making threats to leave, commit suicide or hurt the victim.
- **Emotional abuse**-Making the victim think he/she is crazy, making him/her feel guilty, and humiliating the victim.

Tools of domestic abuse



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What does the Hygienist do ?



Support

Allow open communication and trust



Discuss

Discuss clinical finding in a nonjudgmental way



Respect

Respect privacy and provide resources (counseling, hotlines, policies)



Ask

Ask patients plan for future safety



Plan

Plan to report finding to authorities



Document

Document all findings

Using the AVDR Approach

STEP	HELPFUL APPROACHES
Ask	<ul style="list-style-type: none">• "Sometimes when I see (a loose tooth) (broken teeth) (bruises) like this, it means the person is being hurt by someone. Could this be happening to you?"• "I am concerned about you and these injuries. Is everything ok?"• "It looks like you've been hurt by someone. How are things going for you at home? Is there anything you would like to talk about?"
Validate	<ul style="list-style-type: none">• "As your dentist, I have to ask when I see signs that are often associated with abuse. A lot of people have that problem and no one deserves to be abused."• "Whatever is happening, you didn't cause this. You do not deserve to be hit or hurt no matter what happened."• "Everyone ought to feel safe at home. I'm concerned about your safety and well-being."
Document	<ul style="list-style-type: none">• Document presenting signs and symptoms of abuse location, size, duration, color, shape• Take photos if patient consents• Document patient disclosures in specific and detailed manner, using patient's exact words in quotations, including names, locations and witnesses.
Refer	<ul style="list-style-type: none">• Offer a list of local domestic violence resources/referrals in private• If patient declines (may note feel ready; may not feel safe enough), let her know that these are available• Follow up at next visit with "How are things at home?" Validate and offer referrals again in non-judgmental way

Source: Adapted from AVDR training materials with permission from Dr. Barbara Gerbert, director, Centre for Health Improvement and Prevention Studies, University of California at San Francisco.

STEPS IN AVDR APPROACH

1

Ask the patient about the abuse

2

Validate messages and acknowledge that the abuse is wrong

3

Document the signs, symptoms, and disclosure

4

Refer the victims to specialist and outside community resources

Resources

National Domestic Violence Hotline

- 800-799-7233

Child Protective Service

- 800-552-7096

Adult Protective Service

- 1-888-832-3858

Emergency

- 911

Virginia Department of Social Services (for local phone numbers)

- <https://www.dss.virginia.gov/localagency/index.cgi>

SUMMARY

Use

Use this information as a background crash course to utilize when seeing patients

Do not
hesitate

Do not hesitate to ask office their policy and confide in your local resources

Understand

Understand you play a vital role and duty to your community to help



CRITICAL THINKING ACTIVITY

An 85-year-old woman presented at the dental office for an overdue periodontal maintenance appointment in a wheelchair. Her caregiver explained to the front desk receptionist that there had been a lot going on and there was no time to bring her in. The front desk receptionist asked the caregiver to update the patient's medical history, explaining why she needed a wheelchair since she did not before, but he refused and said, "Everything should already be in there." While the caregiver was talking to the front desk receptionist, the elderly woman was sitting in the waiting room and seemed very drowsy and dazed. Once the 85-year-old went back to the hygienist's room, she still seemed very drowsy. The caregiver came into the hygienist's room asking, "How long is this going to take?" The hygienist answered, reviewed the patient's medical and dental history as well as the medication list on file, and asked why the patient was now in a wheelchair, which made the caregiver extremely agitated. The hygienist also asked the caregiver if he wanted to wait in the waiting room, but he insisted on staying in the exam room. The hygienist began the extraoral and intraoral examination and noticed the elderly woman was in pain while she was palpating her facial anatomy. She also noticed bruises on the elderly woman's neck. The hygienist began to observe and palpate intraorally when she noticed a laceration to the gingival tissue. The hygienist asked about the bruising- if anything traumatic had happened lately. The caregiver immediately responded, saying that the elderly woman is always falling, which is leaving the bruises.

What are your first thoughts
after reading this scenario?

What are some questions
you may ask the elderly
woman?

How can you speak to the
elderly woman alone?

During the appointment
what should you document?

After the appointment
what should you do?



QUESTIONS?
