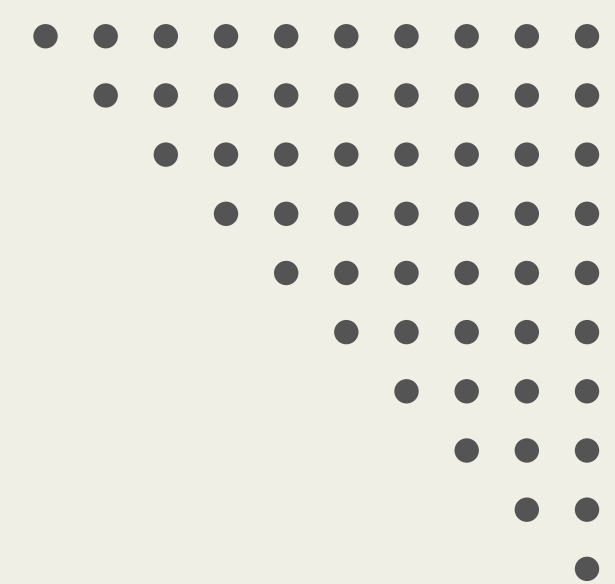
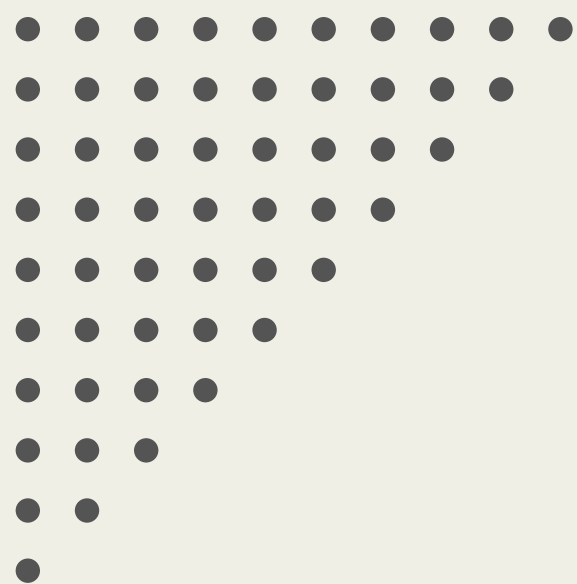




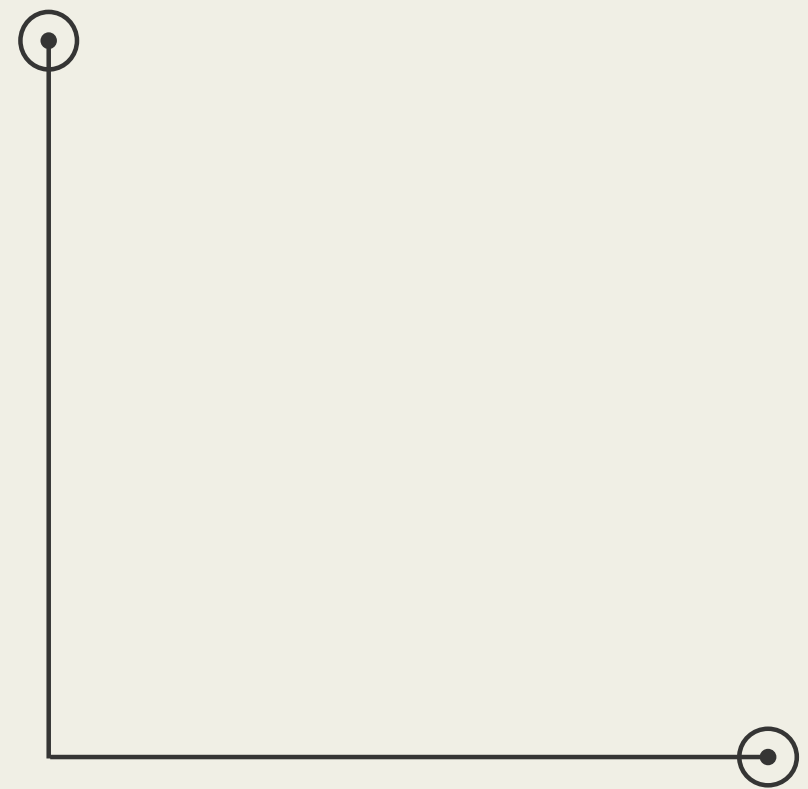
DOMESTIC VIOLENCE, ABUSE, & NEGLECT

Presented by Sadirah Beck RDH, BSDH



"By publicly speaking out against domestic violence, together we can challenge attitudes toward violence in the home and show that domestic violence is a crime and not merely acceptable."

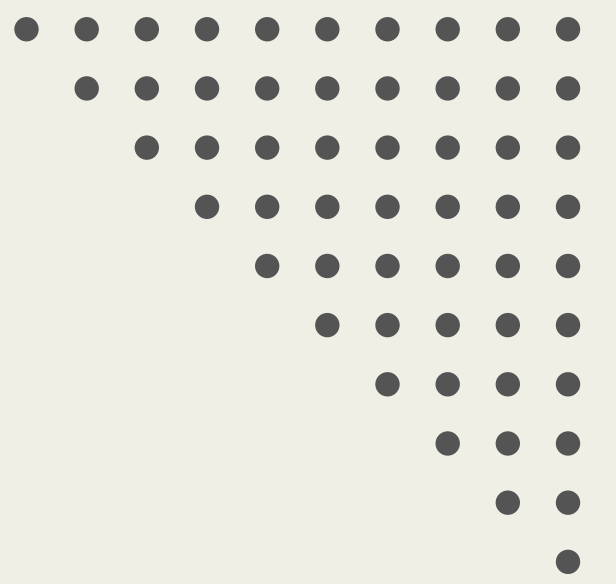
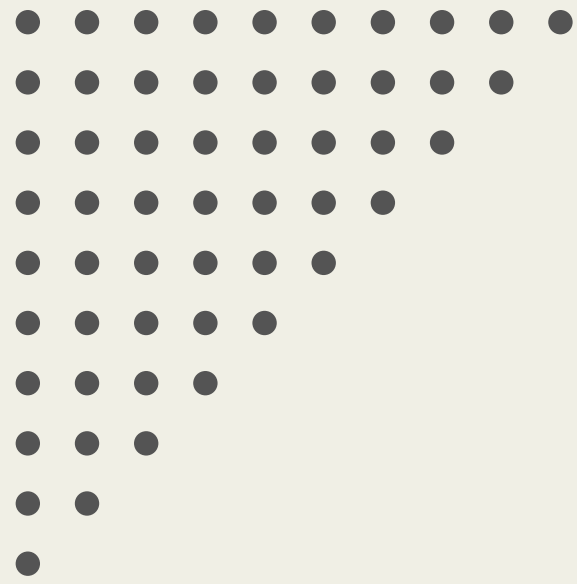
-Honor Blackman



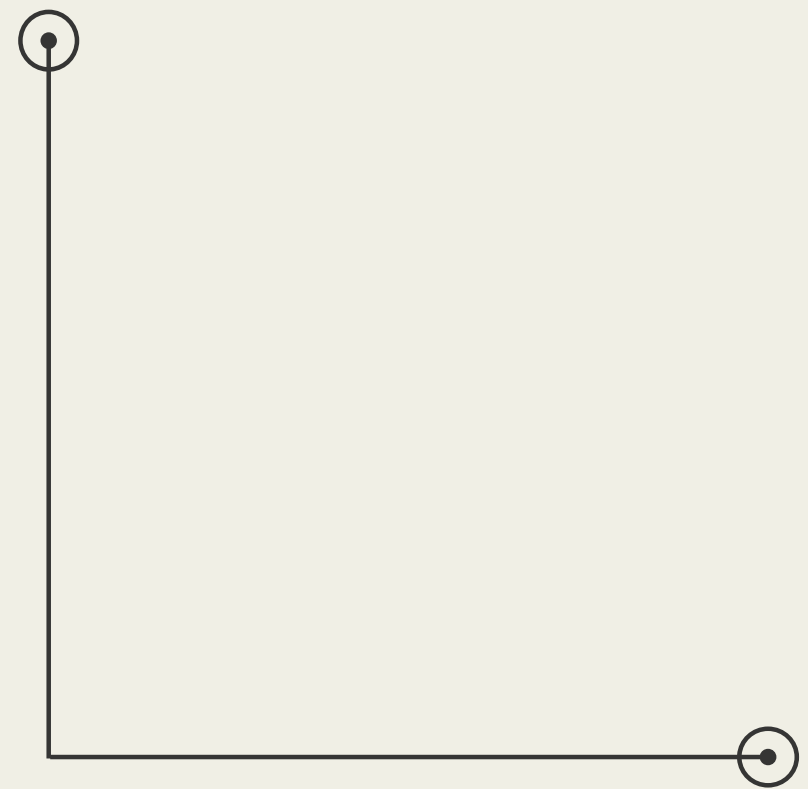
GABRIEL FERNANDEZ

- Netflix documentary
 - “The Trials of Gabriel Fernandez”
- Horrific case about a child, Gabriel, who passes at the age of 8 due to extensive abuse from his mother and her boyfriend.
- Department of Child and Family services was alerted, but failed to take action to protect him
- <https://www.youtube.com/watch?v=-T7VXlB4qUI>





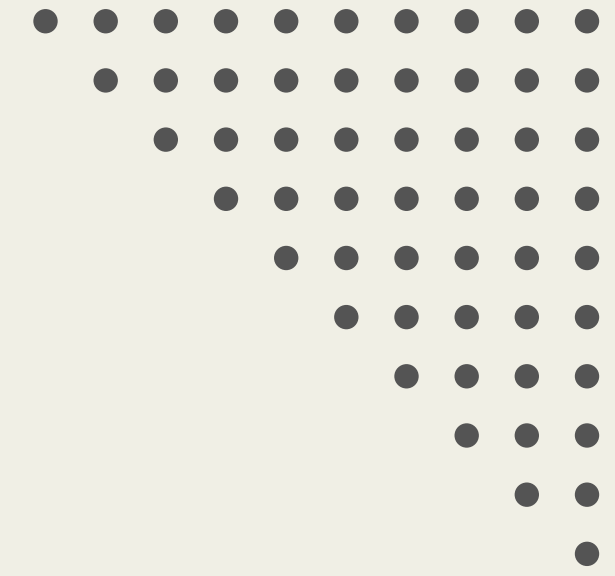
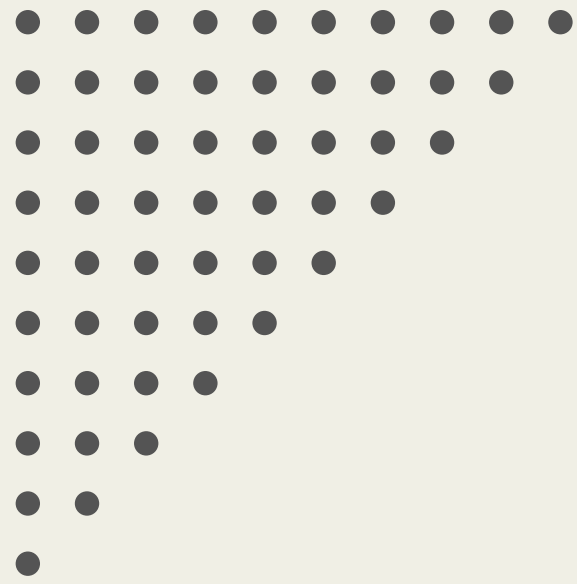
Why might dental hygienists be in a unique position to identify abuse?



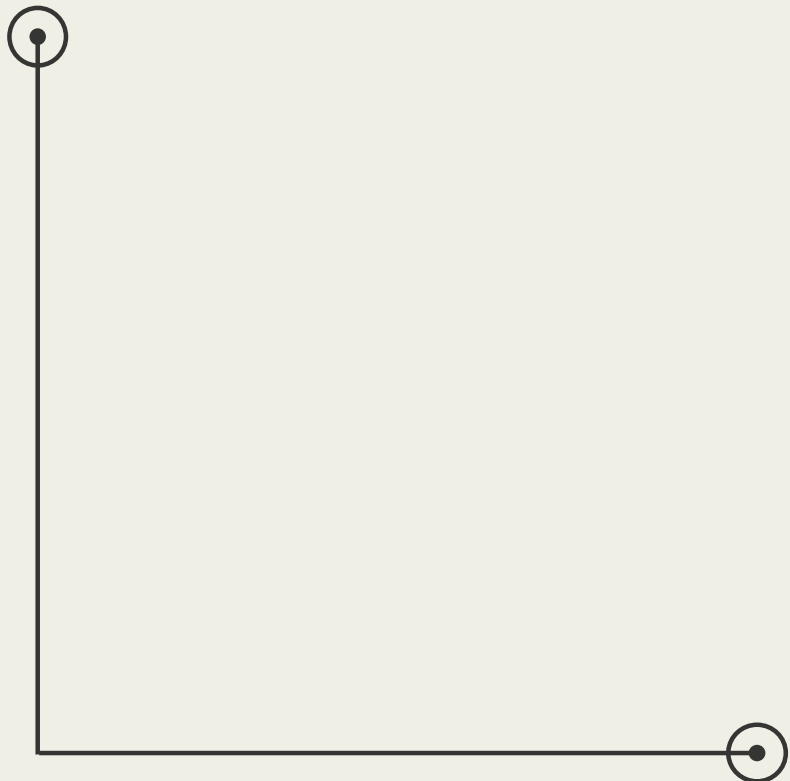


OBJECTIVES

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



**DEFINING
ABUSE, NEGLECT,
AND DOMESTIC
VIOLENT**





ABUSE

- Definition: Non-accidental harm committed against human victims
- Types of abuse
 - Physical
 - Emotional
 - Sexual Acts





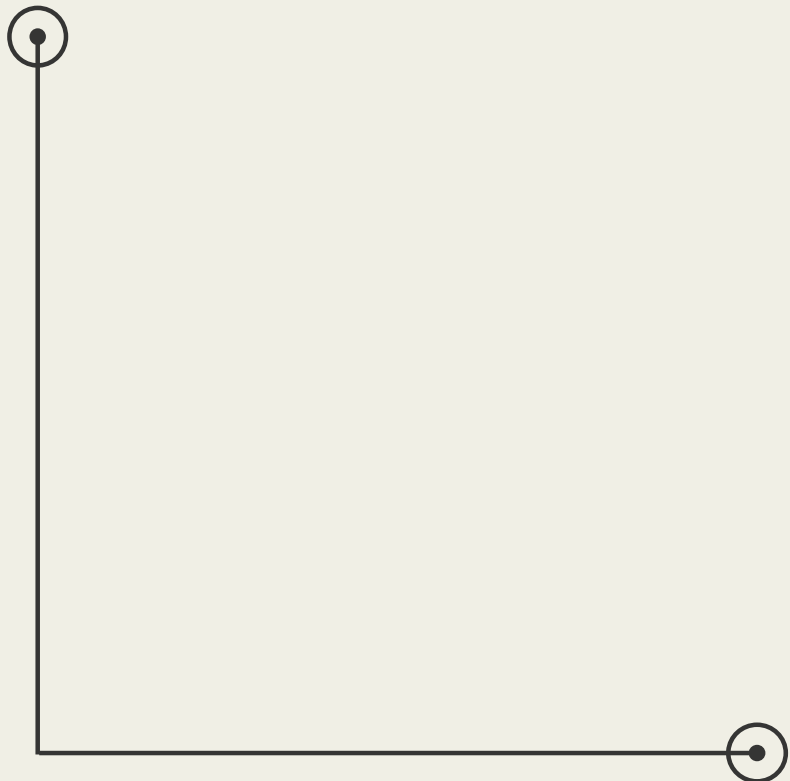
NEGLECT

- Definition: Intentional or unintentional failure to provide for a child
- Failure to Provide
 - Adequate Care
 - Support
 - Nutrition
 - Medical
 - Dental
 - Hygiene
 - Supervision
 - Safe Environment



DENTAL NEGLIGENCE

- Definition: Parent or guardian not following through with necessary treatment to ensure adequate function and freedom from pain and infection





DOMESTIC VIOLENCE

- Definition: Non-accidental Physical, emotional, or sexual acts amongst a spouse or partner
 - IPV- Intimate Partner Violence



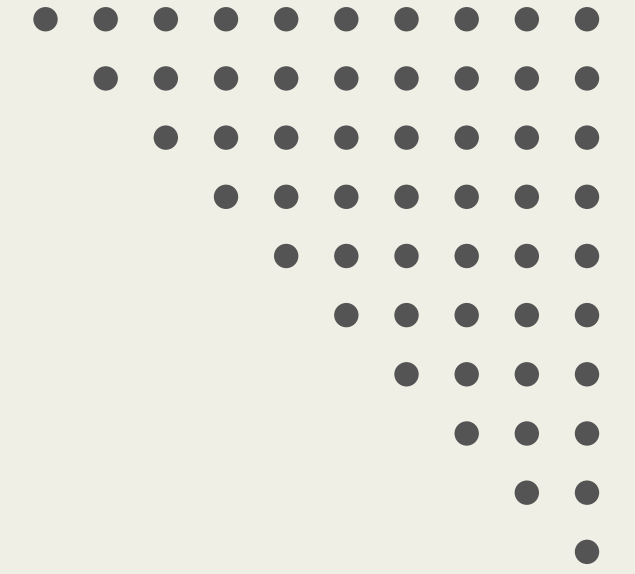


MOST VULNERABLE POPULATIONS

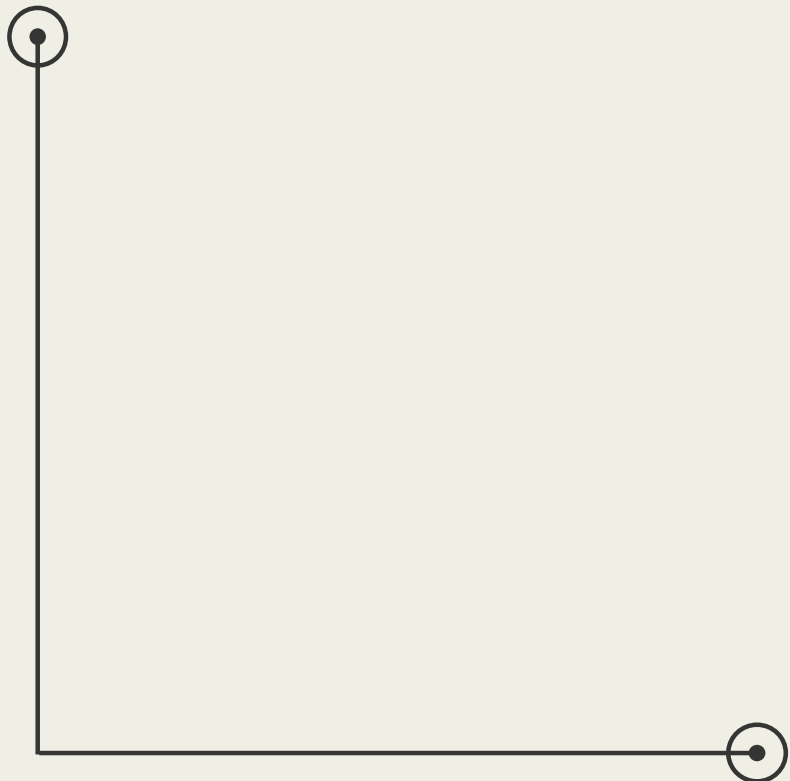


- Children age 4 years and younger
- 1 in 5 female children, 1 in 13 male children report sexual abuse
- Woman
- Elderly
- Special Needs Individuals





INDICATORS OF CHILD ABUSE



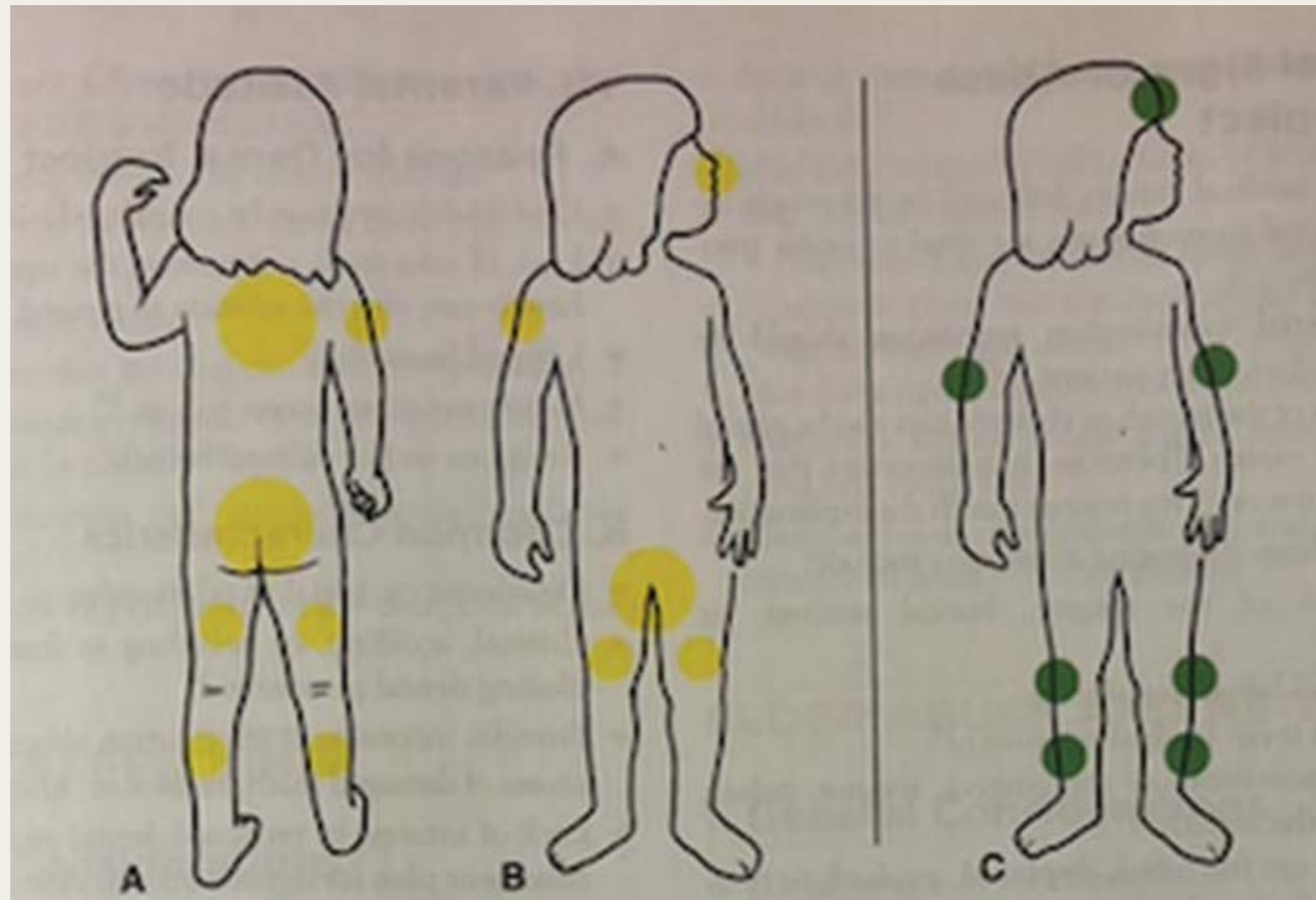
PHYSICAL INDICATORS OF CHILD ABUSE

- Bruises and welts
- Burns
- Bite marks
- Laceration or bruises
 - Face, back, bottom, genitals, arms
- Malnutrition/ Underweight



PHYSICAL INDICATORS OF CHILD ABUSE

A & B:
Common sites
of inflicted or
deliberate
injuries



C:
Common sites
of accidental
injuries



BEHAVIORAL

INDICATORS OF CHILD ABUSE

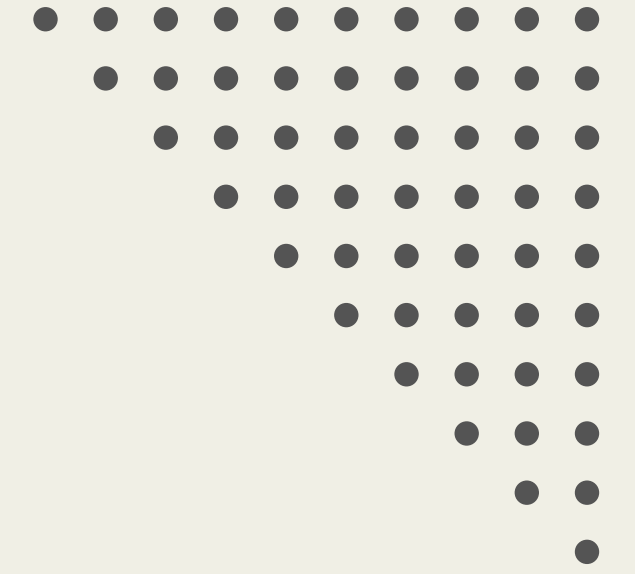
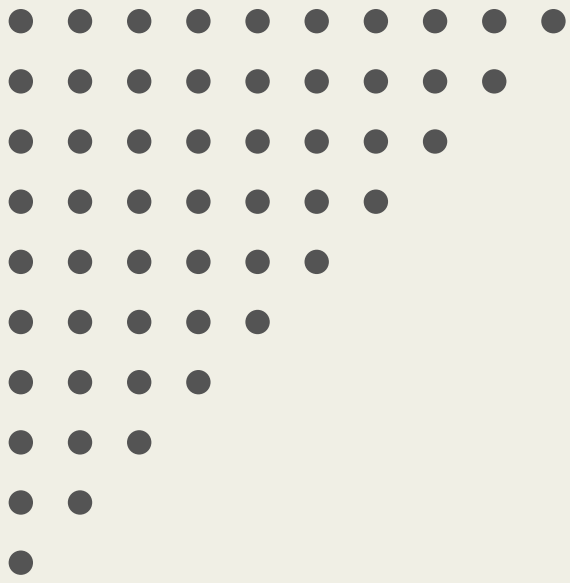
- Apprehensive of adults
- Aggressive or withdrawn
- Afraid to go home; extended stays at school
- Unwilling to open mouth
- Reports injury by parents
- Frightened of parents or caregivers

ABUSER

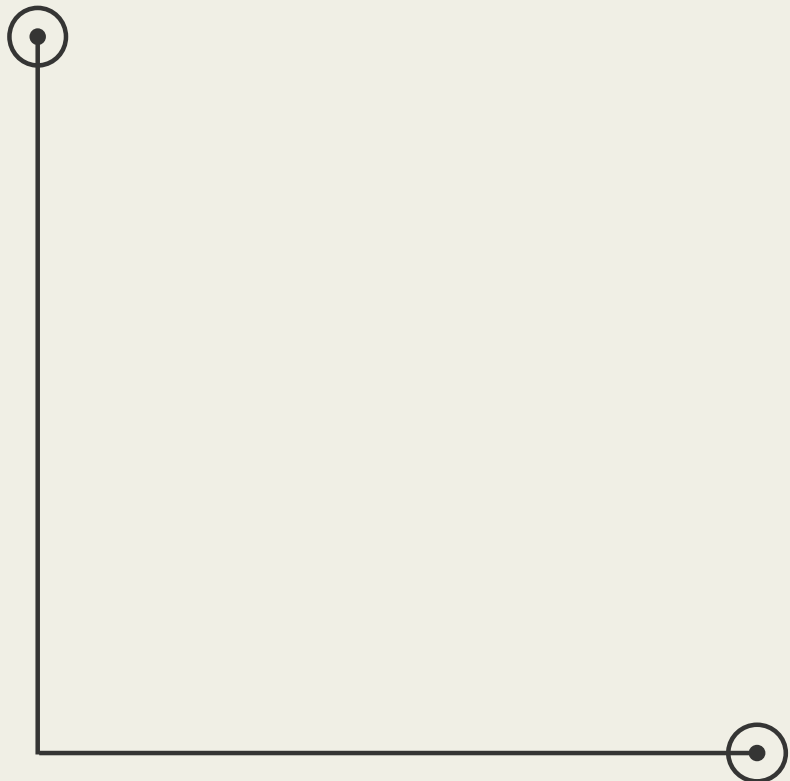
INDICATORS OF A CHILD ABUSER

- 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





INDICATORS OF DOMESTIC VIOLENCE





DOMESTIC VIOLENCE

PHYSICAL & BEHAVIORAL INDICATORS

- Physical
 - Abuse seen on face and neck
- Behavioral
 - Denying abuse is happening or defends abuser
 - Hesitant to discuss that abuse is occurring
 - Unseasonal clothing, heavy make up



DOMESTIC VIOLENCE

INDICATORS OF AN ABUSER

- Does not leave partner's side
- Likes power and control
- Doesn't allow partners to talk or go places
- Could be physical, emotional, financial, sexual abuse



DOMESTIC VIOLENCE

DYNAMICS IN ABUSIVE RELATIONSHIPS

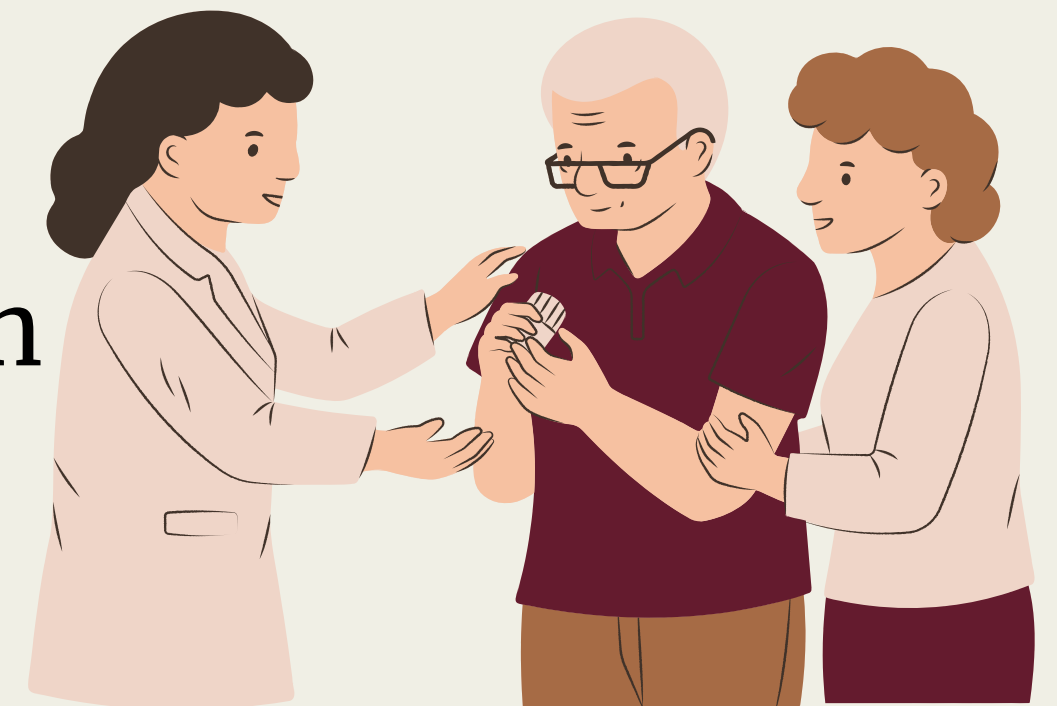
- **Power and Control**
 - Violence/fear
- **Using Children**
 - As a threat
 - To relay messages
 - To harass victim
- **Emotional Abuse**
 - Gaslighting, Guilting, Humiliating
- **Coercion and Threats**
 - To leave
 - Commit Suicide
 - Hurt victim
- **Economic abuse**
 - Preventing victim from obtaining job
 - Making victim ask for money
 - Eliminating access to family income
 - Taking victim's money

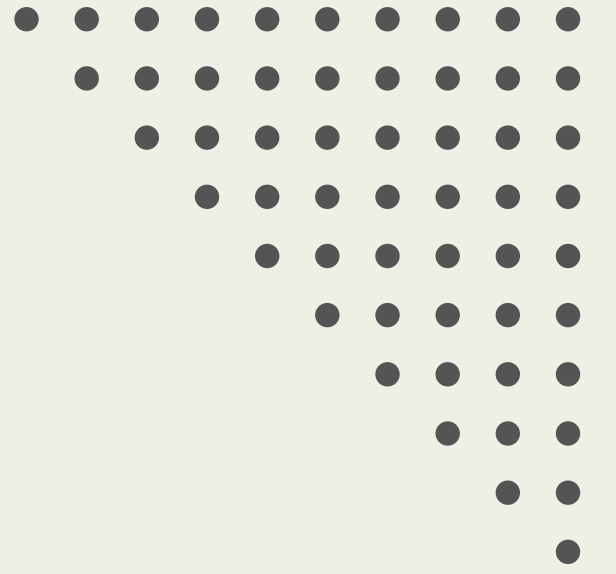


ELDERLY ABUSE

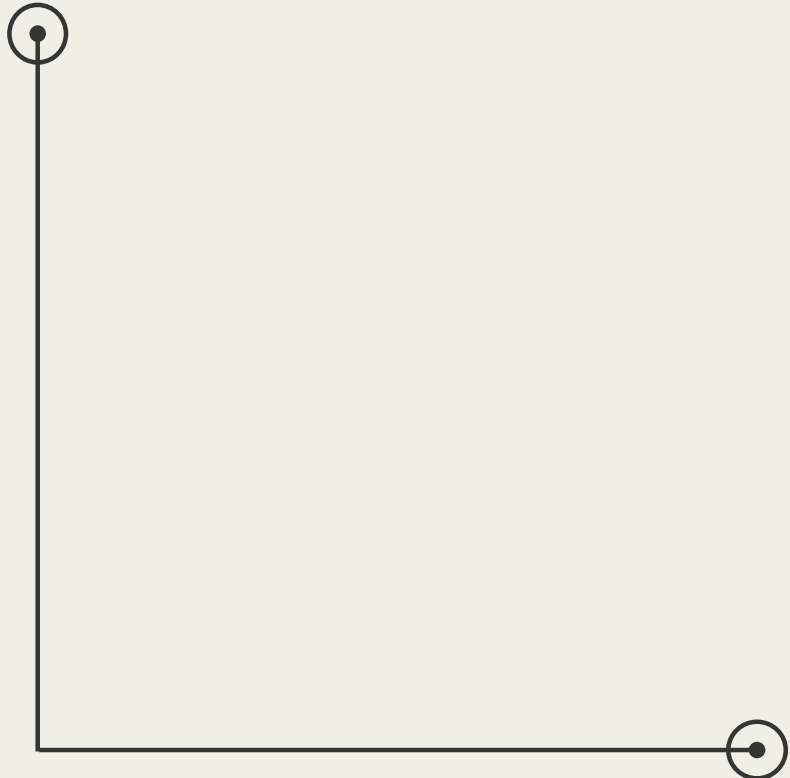
PHYSICAL & BEHAVIORAL INDICATORS

- Physical
 - Bruising
 - Lacerations
 - Extreme hair loss
 - Malnutrition
 - Lack of medication or over medication
- Behavioral
 - Fear of speaking or feeling embarrassed





ORAL SIGNS OF ABUSE



EXTRAORAL SIGNS OF ABUSE

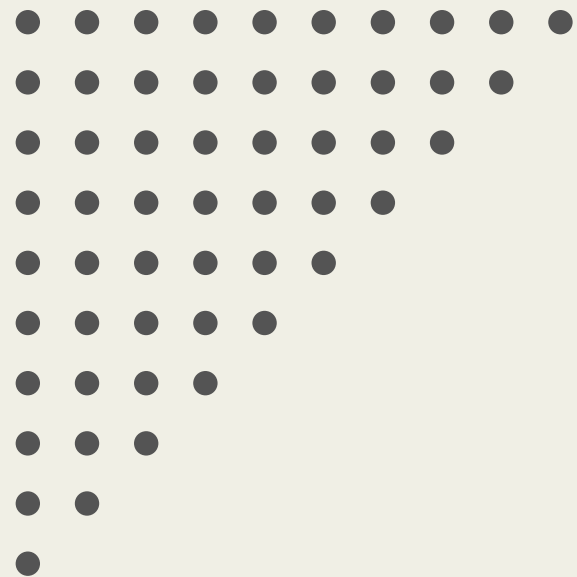
- Extraoral signs
 - Abrasive/ Lacerations
 - Varying degrees of healing
 - Skull injuries
 - Bald spots
 - Bruising or burns
 - Bite marks
- Extraoral signs of sexual abuse
 - Difficulty sitting or walking



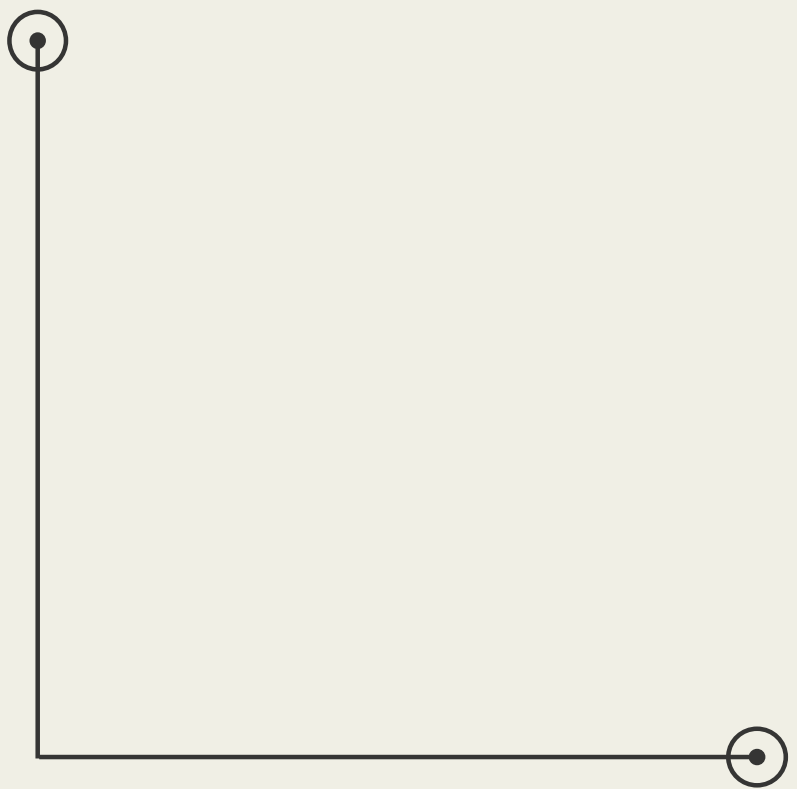
INTRAOURAL SIGNS OF ABUSE

- Lacerations
 - Tongue
 - Palate
 - Frenal tears
 - Fractured teeth
 - Non-vital teeth
- Intraoral signs of sexual abuse
 - Bruising or petechiae on palate
 - Sexually transmitted lesions intraorally





DOCUMENTATION



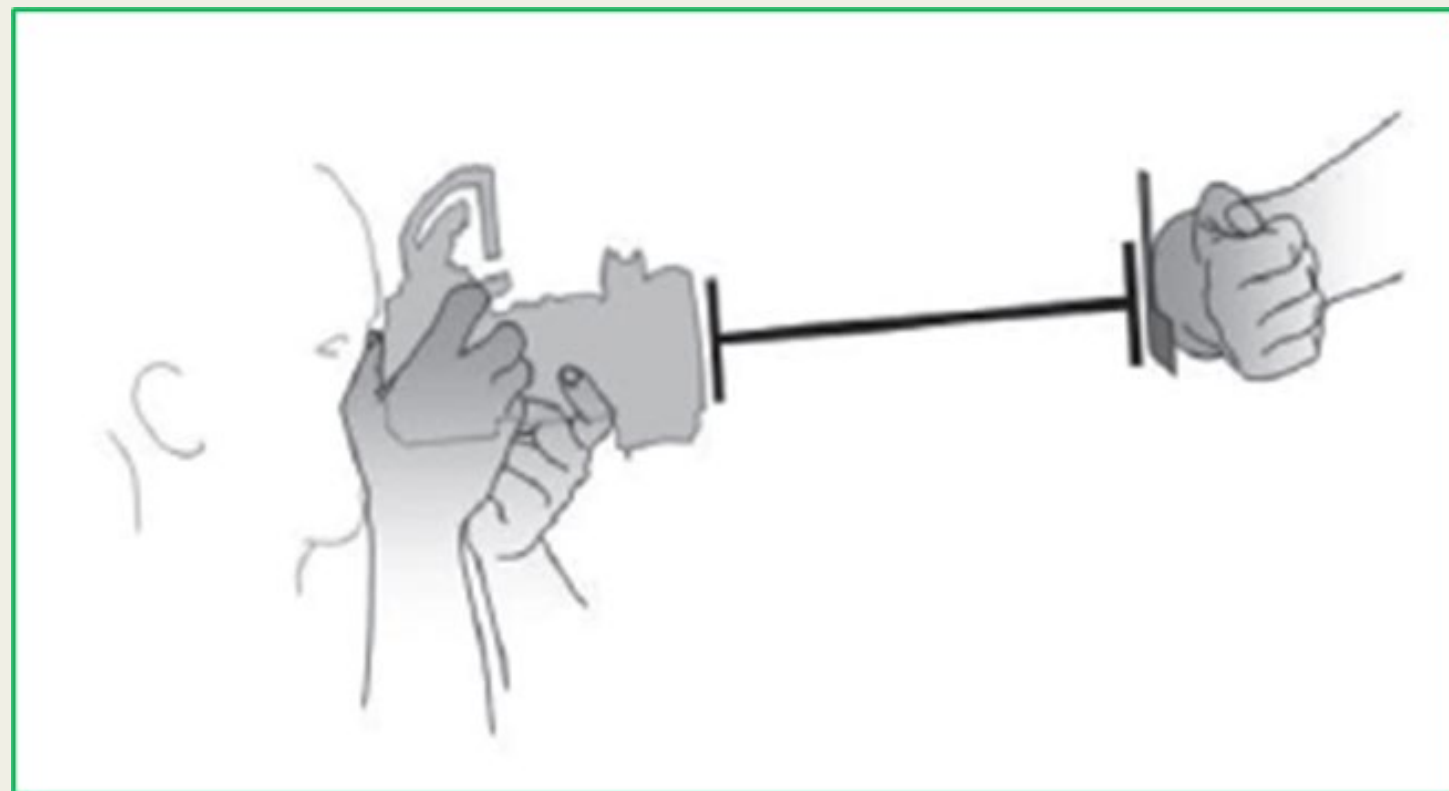
ELECTRONIC HEALTH RECORD

- Written documentation
 - Clinical and behavioral findings
 - Conversations
 - Use full names and quotes
- Obtain consent for clinical photographic and radiographic needs
- Document report made to CPS

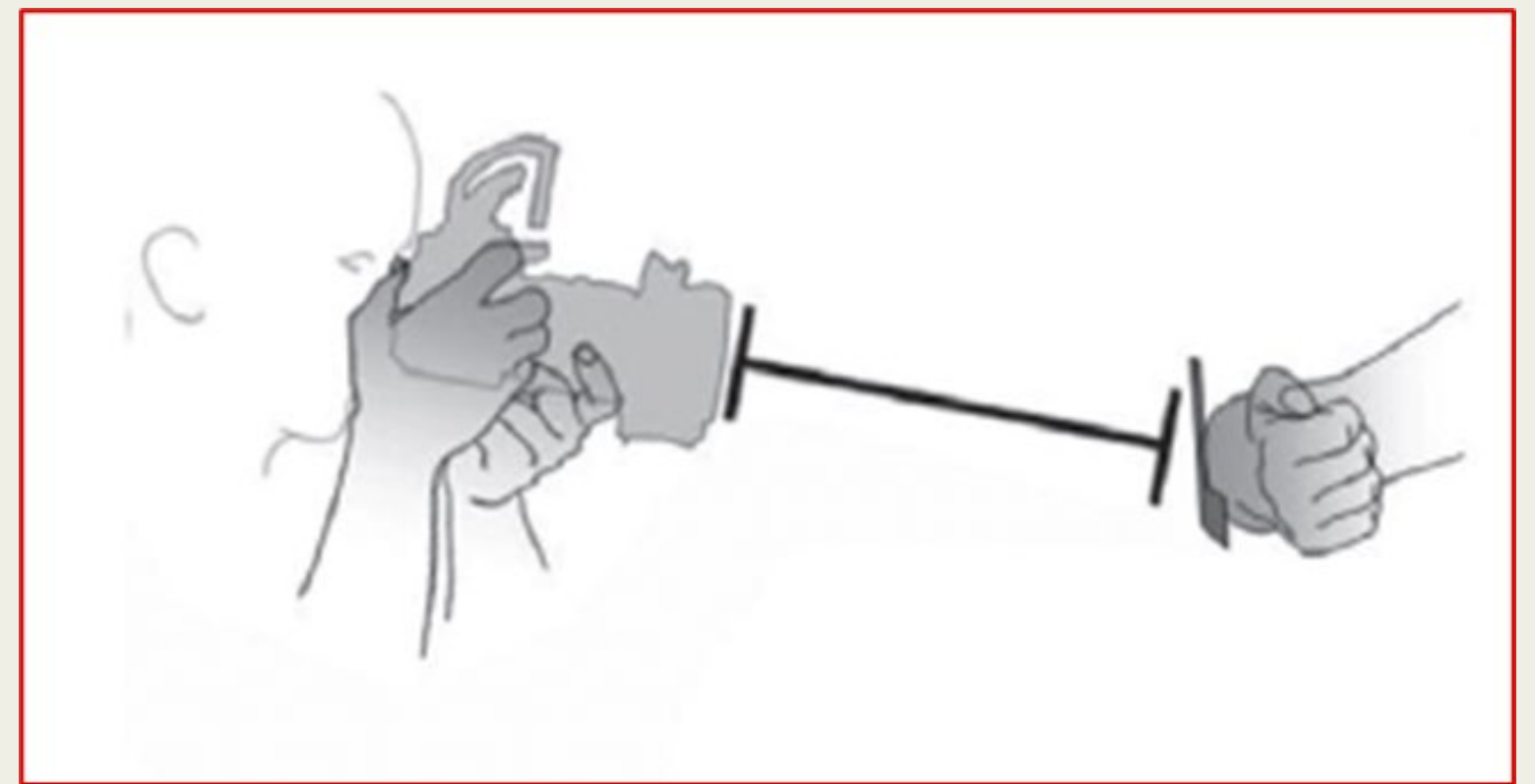


PHOTOGRAPHIC TECHNIQUE

BITEMARKS AND 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

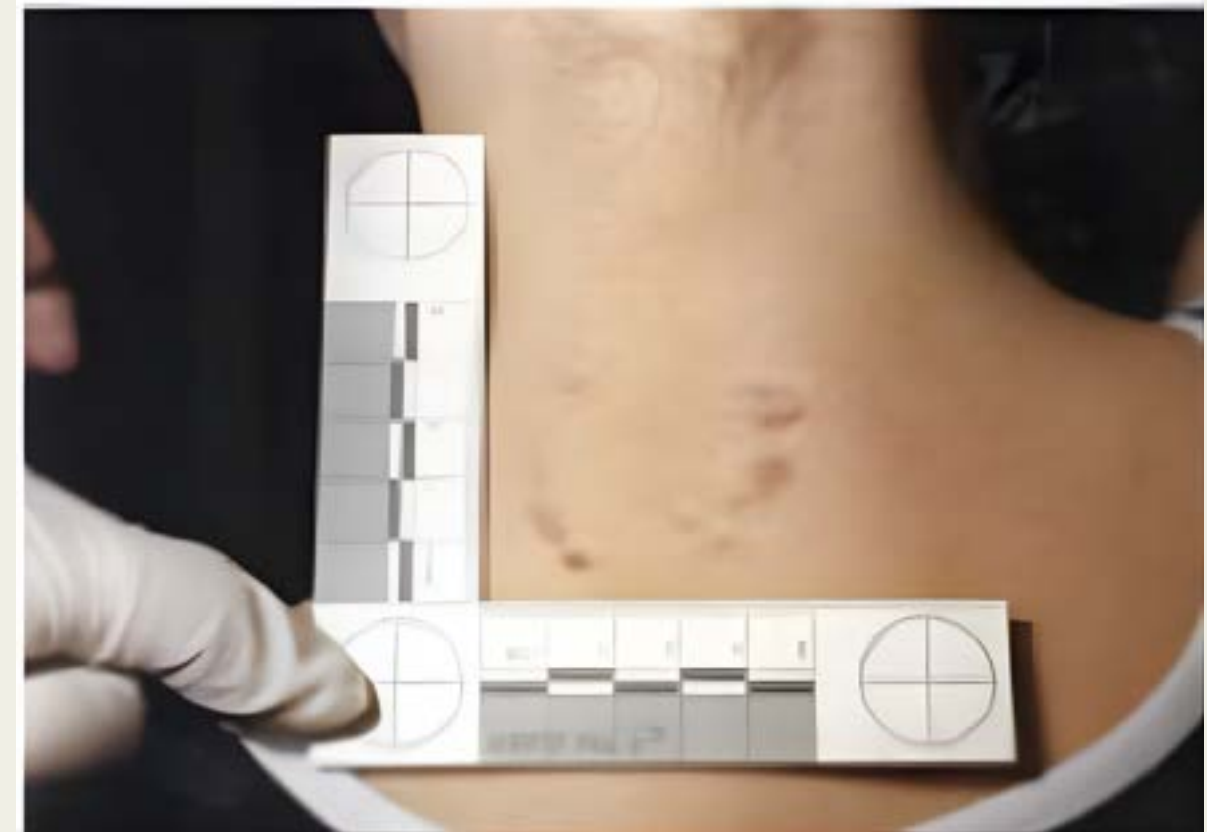
BITEMARKS AND BRUISES

1. American Board of Forensic Odontology (ABFO) #2 scale

- a. L-shaped standardized scale
recommended for producing
consistent measurements of bite
marks

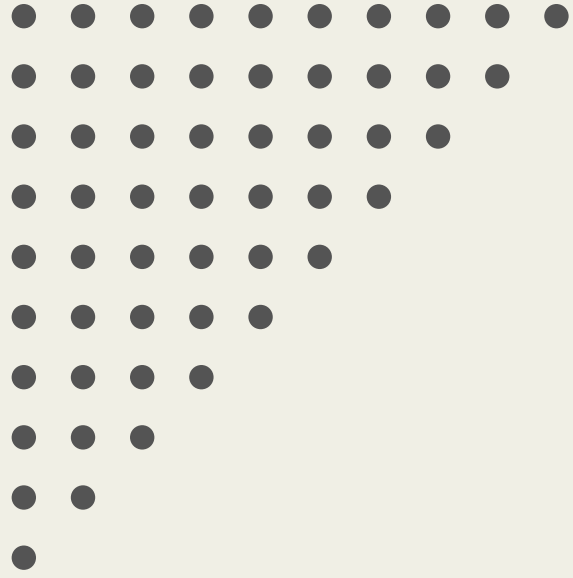
2. Standardized size object

- a. Probe
- b. Mirror

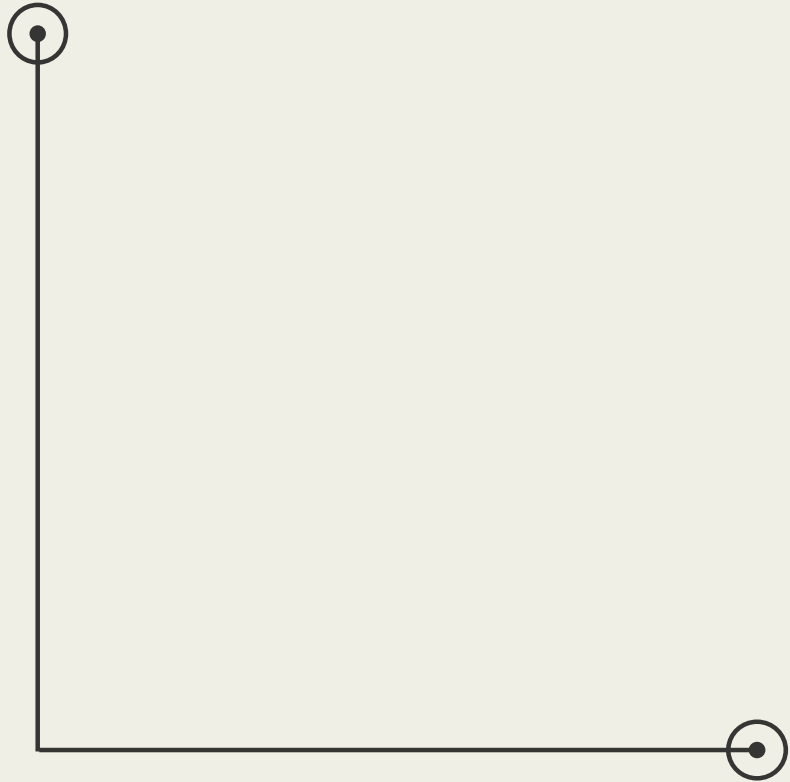


American Board of Forensic Odontology
(ABFO) #2 Scale properly placed by a
bitemark for photograph to show scale





REPORTING



MANDATED REPORTER

- **Definition:** A person who, because of their profession, is legally required to report any suspicion of child abuse or neglect to authorities



DENTAL HYGIENE

MANDATORY REPORTER

- Mandatory reporter by all 50 states
 - 12 hours to make oral report
 - Abuse, neglect, signs of fear, suspected abuse reporting
 - Record all reports
 - Timely and detailed reporting ensures accuracy





PENTIALIES

FOR DELAYED OR NOT REPORTING

MINIMAL FINE FOR NOT REPORTING

- \$500

FALSE REPORTING

- Class 1 Misdemeanor
- Penalties vary

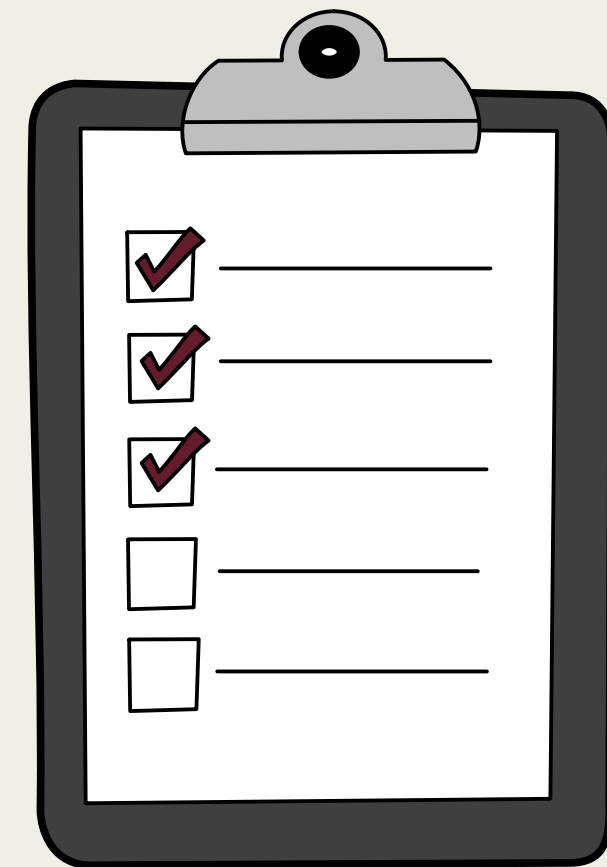
PENALTIES FOR DELAYED REPORTING

- 12 months in jail
- \$2,500 fine
- Licensed Professionals
 - \$5,000 fine
 - Additional education and training

NEEDED INFORMATION

WHEN REPORTING CHILD ABUSE

- Child's name, DOB, gender, address, parent or guardians' names
- Reason for the call
- Approximate date abuse occurred
- Who is suspected of doing the abuse
- Where on child's body abuse is located
- Child's general demeanor toward you





DENTAL HYGIENIST ROLE



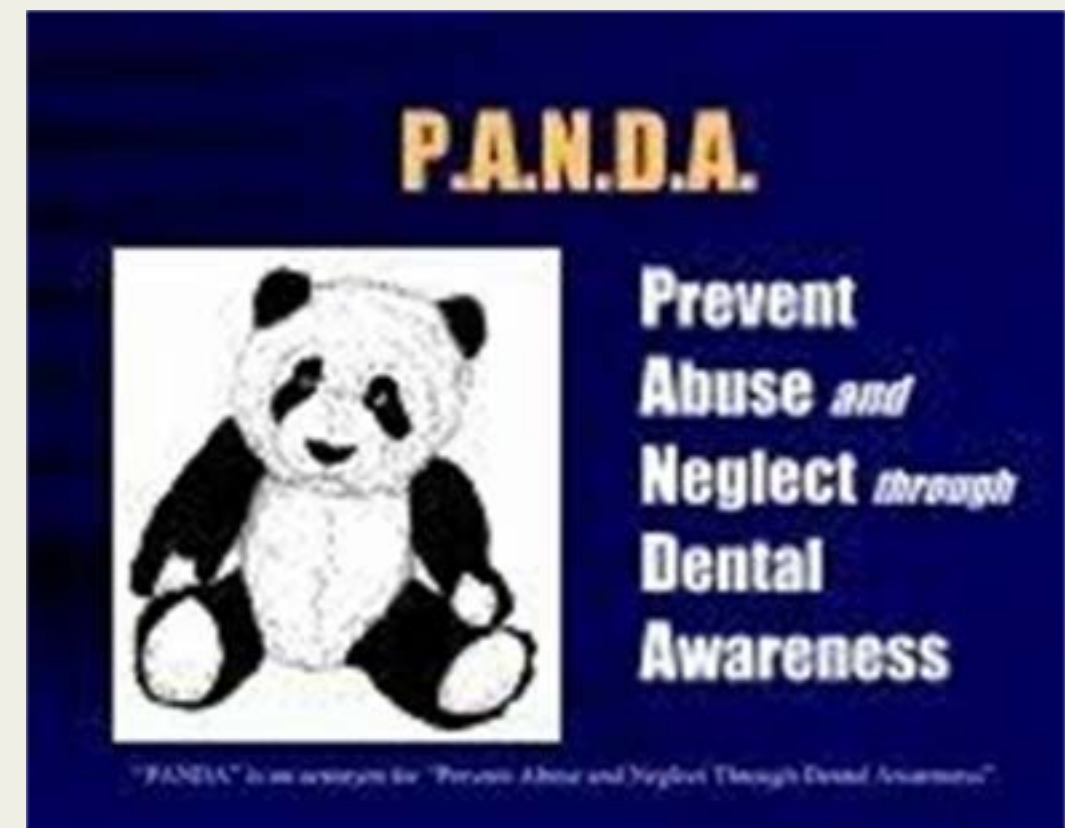
WHEN REPORTING CHILD ABUSE

- Document
 - Photos, notes, x-rays, patient behavior
- Witness
 - Doctor does exam and co-signs record
- Report
 - Report to police or protective services as soon as possible
- Provide
 - Child's and siblings' names, ages, address, and cause of abuse/neglect

P.A.N.D.A.

PREVENT ABUSE AND NEGLECT THROUGH DENTAL AWARENESS

- Educational program for dental professionals in warning signs of child abuse and neglect
- Created by Delta Dental of Missouri
- Prevent abuse and neglect through dental awareness
- <https://www.youtube.com/watch?v=cFcIqgoyqvI>



ADULT PROTECTIVE SERVICES

- Division of adult protective services
 - Receives and investigates reports of abuse, neglect, and exploitation in Virginia
 - Elderly 60 years and older
 - Incapacitated individuals 18 or older



A.V.D.R. APPROACH



Designed for health care workers to identify and support victims of domestic or intimate partner violence

ASK

- Non judgementally
- Open communication and trust
- Respect privacy

VALIDATE

- Acknowledge feelings and that abuse is wrong

DOCUMENT

- Signs, symptoms, and disclosure

REFER

- To specialist
- Outside community resources

A.V.D.R. APPROACH

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.

RESOURCES

National Domestic violence Hotline

- 800-799-7233

Virginia Child Protective Services

- 800-552-7096

National Adult Protective Services

- 1-888-832-3858

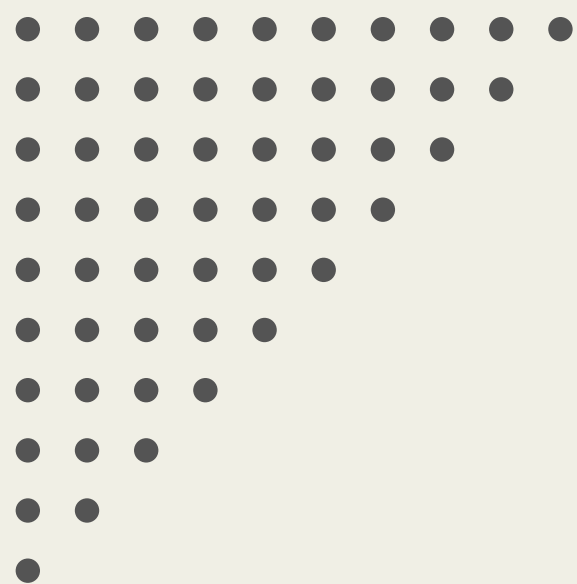
Emergency

- 911

Virginia Department of Social Services (for local phone numbers)

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



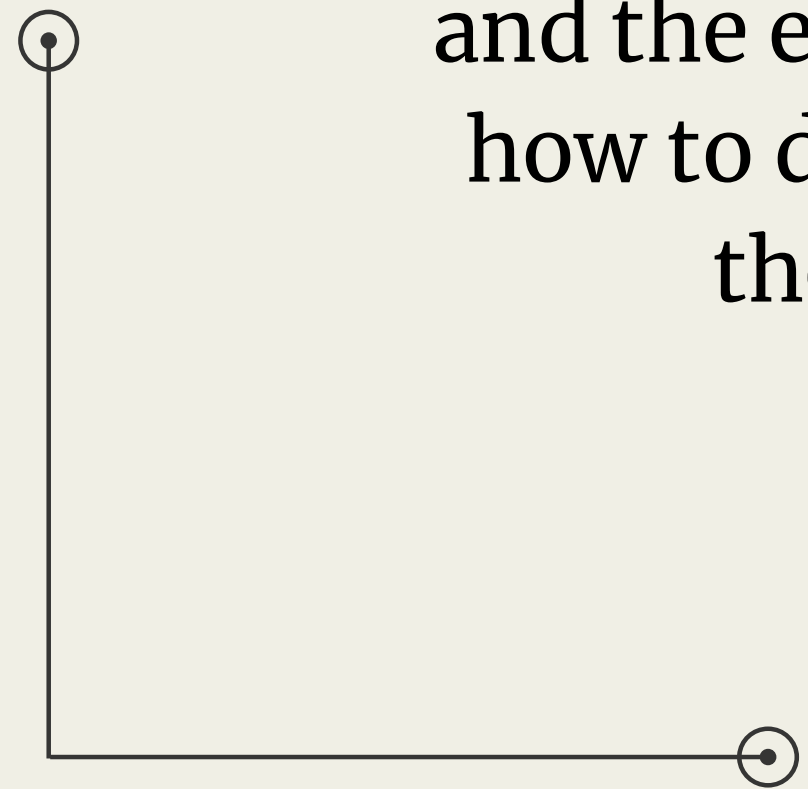


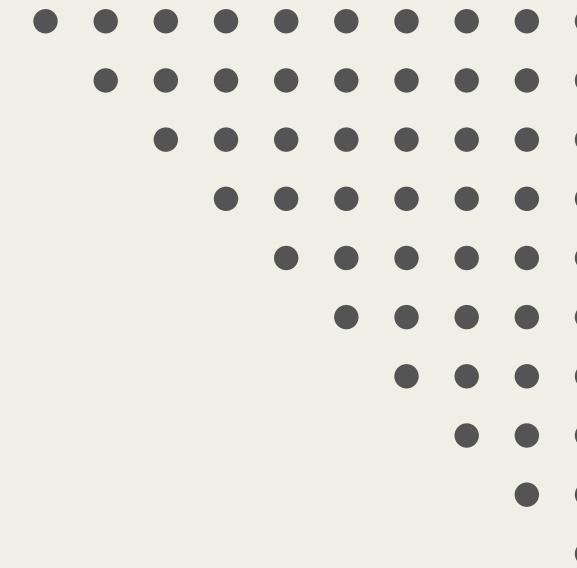
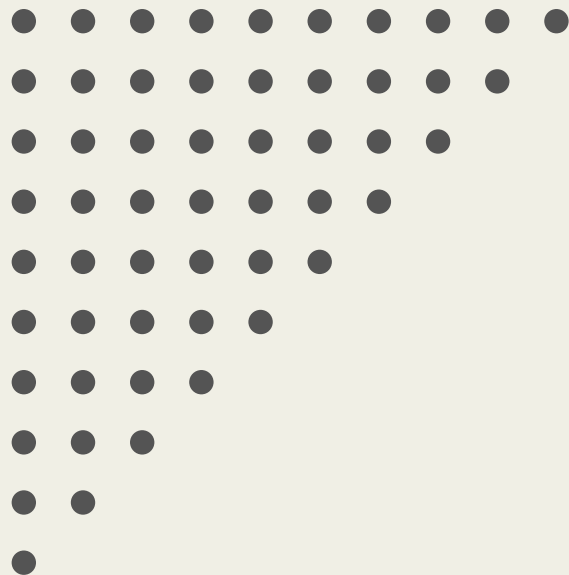
SUMMARY

Recognize signs of abuse and neglect in children, adults, and the elderly and how to document them.

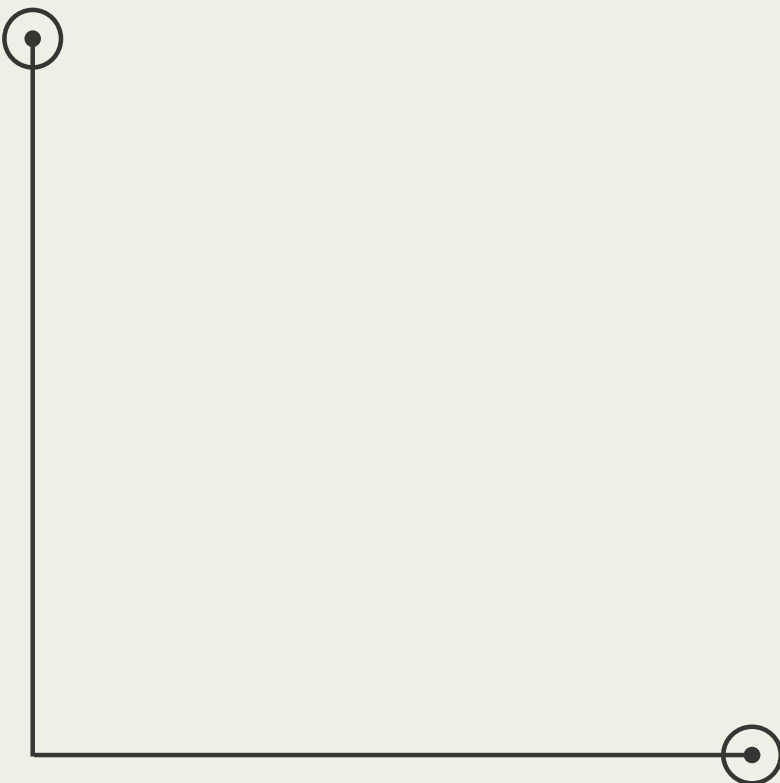
Advocate for your patients by taking action in reporting abuse, referring patients and connecting to them resources.

Continue your education and uphold your ethical and legal responsibilities as a dental hygienist.





CASE STUDY





CASE STUDY



An 8-year-old girl arrives for her first scheduled dental hygiene appointment accompanied by her mother. The mother stated to the front office desk that she just received her new dental insurance policy last month when she scheduled her daughter's appointment. As you, the dental hygienist, bring the pair back to your cubicle, you notice the child clinging to her mother while looking at the floor. When you're accomplishing the child's health history, the mother describes the child as shy in nature and is known to be clumsy. When you attempt to speak to the child, the mother often interrupts and answers for her. As you are about to start the extraoral exam, the child flinches away. The child seems nervous, avoids eye contact, and fidgets during the exam. While you accomplish your extraoral exam, you notice a bruise on either side of the child's neck. During your intraoral exam, you notice rampant dental caries on the occlusal surface of the child's teeth, despite the mother stating she assists her child in brushing twice a day. The child's front tooth, 8, is also chipped. Both the bruises on the neck and the chipped tooth, the mother equates them to being from the child's clumsiness.





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WHAT PHYSICAL AND BEHAVIORAL SIGNS IN THIS CHILD MAY INDICATE POTENTIAL ABUSE OR NEGLECT?



CASE STUDY



WHAT PHYSICAL AND BEHAVIORAL SIGNS IN THIS CHILD MAY INDICATE POTENTIAL ABUSE OR NEGLECT?

The physical signs include the bruises observed on either side of the child's neck, and the chipped front tooth. Behavioral signs include the child clinging to the mother, avoiding eye contact, fidgeting, appearing nervous, flinching during the exam.



CASE STUDY

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**IS RAMPANT DENTAL CARIES A SIGN OF DENTAL NEGLECT
IN THIS SCENARIO ? WHY OR WHY NOT?**



CASE STUDY

IS RAMPANT DENTAL CARIES A SIGN OF DENTAL NEGLECT IN THIS SCENARIO?

Rampant dental caries alone does not indicate dental neglect in this situation. The mother explained that she had only recently obtained dental insurance and may not have known that the child had decay. However, if she returns for the child's 6-month recall visit and still makes no effort to complete the recommended restorative treatment, this could raise concerns about possible dental neglect.



CASE STUDY

An 8-year-old girl arrives for her first scheduled dental hygiene appointment accompanied by her mother. The mother stated to the front office desk that she just received her new dental insurance policy last month when she scheduled her daughter's appointment. As you, the dental hygienist, bring the pair back to your cubicle, you notice the child clinging to her mother while looking at the floor. When you're accomplishing the child's health history, the mother describes the child as shy in nature and is known to be clumsy. When you attempt to speak to the child, the mother often interrupts and answers for her. As you are about to start the extraoral exam, the child flinches away. The child seems nervous, avoids eye contact, and fidgets during the exam. While you accomplish your extraoral exam, you notice a bruise on either side of the child's neck.

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**HOW CAN A DENTAL HYGIENIST OBTAIN THE PATIENT'S
CONSENT FOR INTRAORAL AND EXTRAORAL
PHOTOGRAPHS WITHOUT CONFRONTATION?**



CASE STUDY

HOW CAN A DENTAL HYGIENIST OBTAIN THE PATIENT'S CONSENT FOR INTRAORAL AND EXTRAORAL PHOTOGRAPHS WITHOUT CONFRONTATION?

Consent from the mother for photographs can be obtained by explaining the images will be used for accurate documentation of the child's dental condition prior to their dental cleaning. The consent form should be explained to the mother in a neutral, friendly way without mentioning suspected abuse. If the mother refuses, make appropriate documentation of that in the patient's chart.



CASE STUDY

An 8-year-old girl arrives for her first scheduled dental hygiene appointment accompanied by her mother. The mother stated to the front office desk that she just received her new dental insurance policy last month when she scheduled her daughter's appointment. As you, the dental hygienist, bring the pair back to your cubicle, you notice the child clinging to her mother while looking at the floor. When you're accomplishing the child's health history, the mother describes the child as shy in nature and is known to be clumsy. When you attempt to speak to the child, the mother often interrupts and answers for her. As you are about to start the extraoral exam, the child flinches away. The child seems nervous, avoids eye contact, and fidgets during the exam. While you accomplish your extraoral exam, you notice a bruise on either side of the child's neck.

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**WHEN REPORTING THE SUSPECTED ABUSE AND
NEGLECT TO CHILD PROTECTIVE SERVICES, WHAT
INFORMATION WOULD BE NEEDED?**



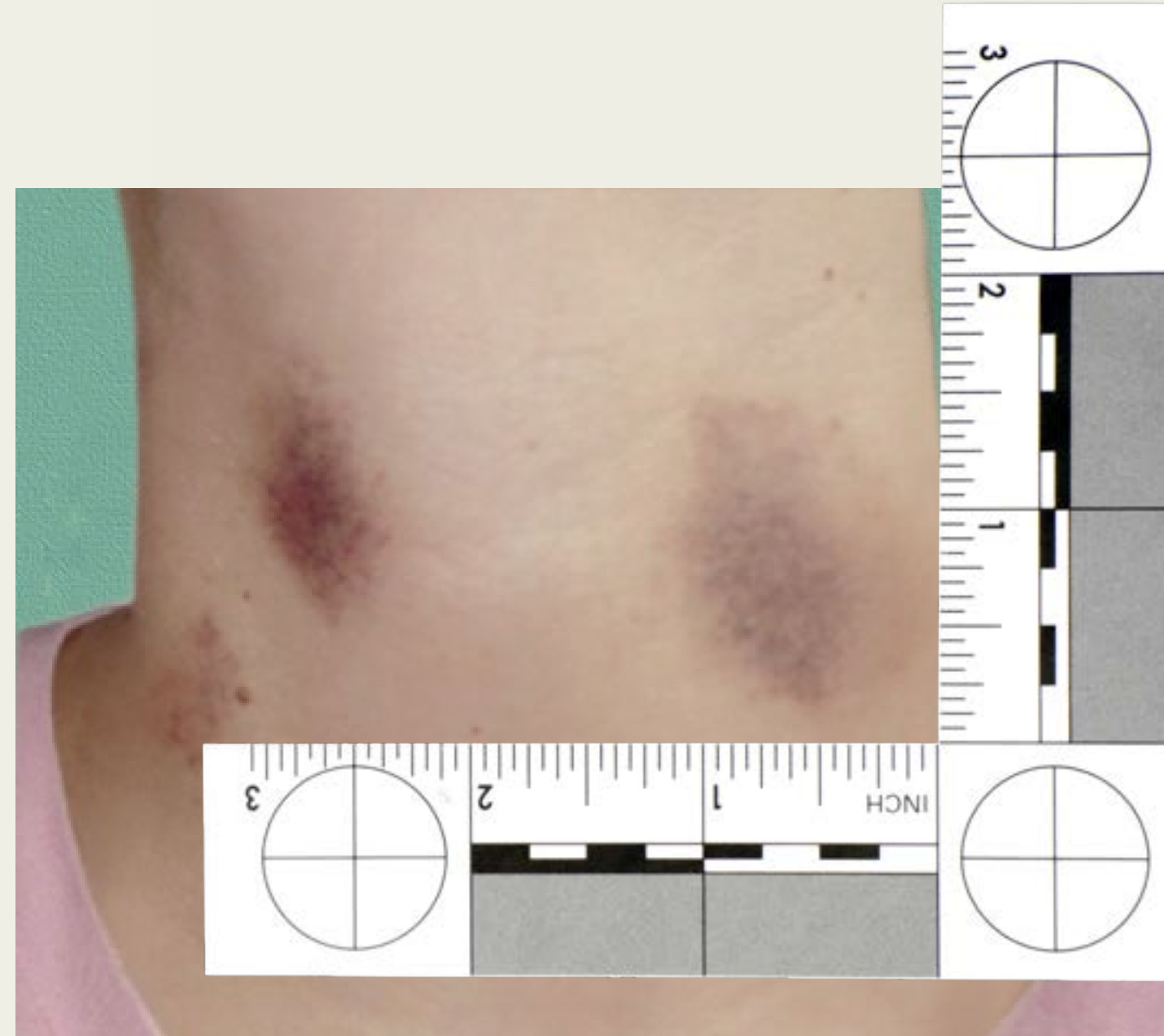
CASE STUDY



**WHEN REPORTING THE SUSPECTED ABUSE AND
NEGLECT TO CHILD PROTECTIVE SERVICES, WHAT
INFORMATION WOULD BE NEEDED?**

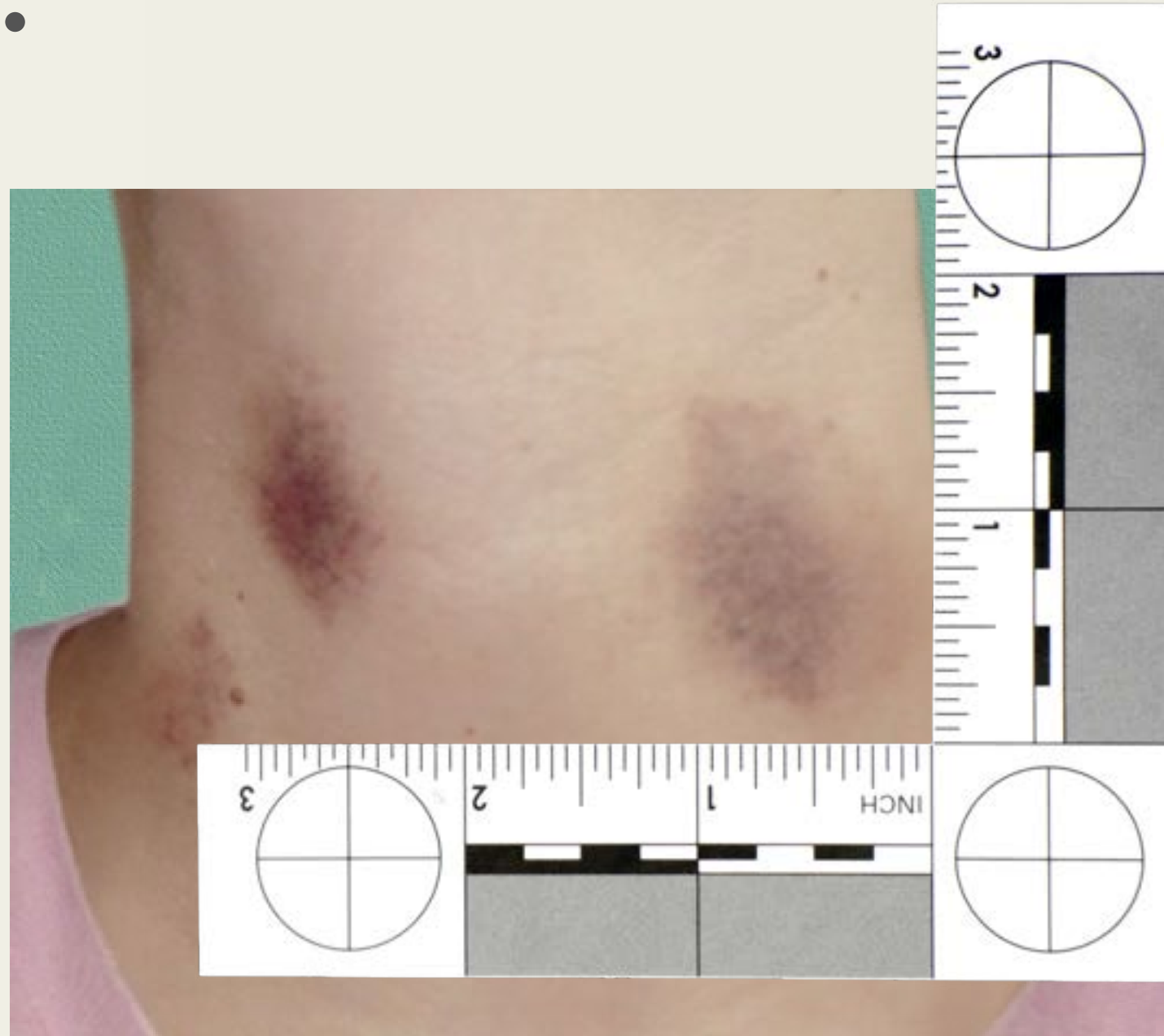
You would report the child's personal information, reason for the call, the date, who you suspect of doing the abuse, location of the abuse, and the child's demeanor.

CASE STUDY



HOW WOULD YOU DOCUMENT THIS BRUISE?

CASE STUDY



Anatomical Location: Right side of neck

Boarder: Poorly demarcated

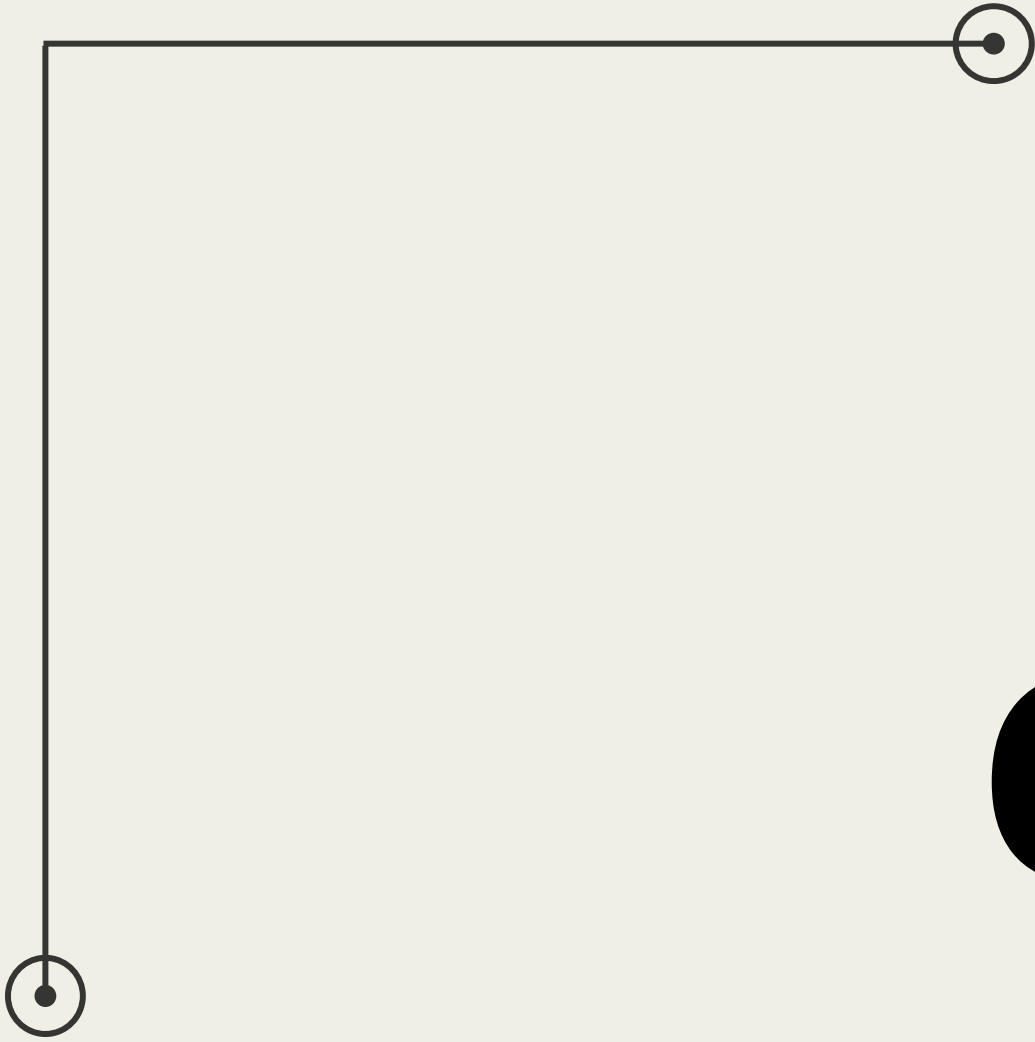
Color: Red, brown

Dimension: 1 in x 1.5 in

Texture: Smooth

Type: Bruise

HOW WOULD YOU DOCUMENT THIS BRUISE?



QUESTIONS

by Sadirah Beck RDH, BSDH

