

LESSON PLAN

Course: Dental Hygiene Theory II, DNTH 305

Topic: Domestic Violence, Abuse, & Neglect

Audience: Adult Learners (Junior Level Dental Hygiene Students)

Time: 80 minutes total

- Anticipatory set= 10 minutes
- Lesson content= 60 minutes
- Summary= 10 minutes

Materials: Computer, PowerPoint slides

Instructional Objectives:

Upon completion of the lecture, the student should be able to:

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 the dental hygienist in reporting suspected abuse.
5. Advocate the need for dental hygienists to be trained in determining suspected abuse and neglect.

References:

Boyd, L. D., Mallonee, L. F., Wyche, C. J., & Halaris, J. F. (2023). Family violence. In L. D. Boyd, L. F. Mallonee, C. J. Wyche, & J. F. Halaris (Eds.), *Wilkins' clinical practice of the dental hygienist* (14th ed., pp. 225–249). Jones & Bartlett Learning.

Evans, S., Baylis, S., Carabott, R., et al. (2014). Guidelines for photography of cutaneous marks and injuries: A multi-professional perspective. *Journal of Visual Communication in Medicine*, 37(2), 3–12. <https://doi.org/10.3109/17453054.2014.911152>

Lewey, E. (2019). *Proper use of Abfo Scales*. Arrowhead Forensics. <https://arrowheadforensics.com/blog/proper-use-of-abfo-scales/>

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LESSON CONTENT	NOTES – MEDIA – Q/A
<p>I. ANTICIPATORY SET</p> <p>A. <u>Introduction</u> "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</p> <p>Domestic violence, abuse, and neglect are widespread public health issues that affect individuals of all ages and backgrounds. Without proper knowledge and advocacy, many cases may go unreported, allowing the harm to continue. As dental hygienists, we play a crucial role in identifying clinical signs and symptoms of abuse and understanding the proper procedures of reporting it.</p> <p>B. <u>Gain Attention/Motivate</u> Is anyone familiar with the Gabriel Fernandez case, which highlights the tragic impact of abuse and the failure of people, and the system meant to protect him, ultimately leading to his death?</p> <p>C. <u>Activate Prior Knowledge</u> Why might dental hygienists be in a unique position to identify abuse?</p> <p>D. <u>Establish Rationale</u> Educating yourself on domestic violence, abuse, and neglect equips you to identify potential signs and symptoms, respond with professionalism and sensitivity, and uphold your legal and ethical responsibilities in safeguarding patients.</p> <p>E. <u>Present Instructional Objectives</u> After today's lecture, you should be able to:</p> <ol style="list-style-type: none"> 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. 	<p>PP Slide #1: Title slide: Domestic Violence, Abuse, & Neglect</p> <p>PP Slide #2: Quote</p> <p>Note: This quote is from an advocate against domestic violence.</p> <p>PP Slide #3: Gabriel Fernandez</p> <p>PP Slide #4: Activate prior knowledge</p> <p>Q: What signs might a dental hygienist notice that others might miss when it comes to abuse?</p> <p>A: Responses may vary; Bruises or injuries in the mouth, head, or neck, signs of fear or repeated trauma</p> <p>PP Slide #5: Objectives</p>

LESSON CONTENT	NOTES – MEDIA – Q/A
<p>I. Abuse, Neglect, and Domestic Violence</p> <p>A. Abuse definition: Non-accidental harm committed against human victims</p> <ol style="list-style-type: none"> 1. Types of abuse: <ol style="list-style-type: none"> a. physical b. emotional c. sexual acts <p>B. Neglect definition: Intentional or unintentional failure to provide for a child</p> <ol style="list-style-type: none"> 1. Failure to provide: <ol style="list-style-type: none"> a. Adequate care b. Support c. Nutrition d. Medical e. Hygiene f. Supervision g. Safe environment <p>C. Dental neglect Definition: Parent or guardian not following through with necessary treatment to ensure adequate function and freedom from pain and infection</p> <p>D. Domestic Violence Definition: International physical, emotional, or sexual acts amongst a spouse or partner</p> <ol style="list-style-type: none"> 1. IPV- Intimate Partner Violence <p>E. Most vulnerable populations:</p> <ol style="list-style-type: none"> 1. Children aged 4 years and younger 2. 1 in 5 females, 1 in 13 males report sexual abuse 3. Woman 4. Elderly 5. Special needs 	<p>PP Slide #6: Abuse</p> <p>PP Slide #7: Neglect</p> <p>PP Slide #8: Dental Neglect</p> <p>PP Slide #9: Domestic Violence</p> <p>PP Slide #10: Most vulnerable populations</p> <p>PP Slide #11: Physical Indicators of abuse: Children</p> <p>Note: Patterns of injury in various stages of healing may indicate repeated trauma rather than accidental injury.</p>
<p>II. Indicators of abuse:</p> <p>A. Children</p> <ol style="list-style-type: none"> 1. Physical <ol style="list-style-type: none"> a. Bruises and welts b. Burns c. Bite marks d. Laceration or abrasions <ol style="list-style-type: none"> i. Face, back, bottom, genital, arms e. Malnutrition/ Underweight 2. Behavioral <ol style="list-style-type: none"> a. Apprehensiveness of adults b. Aggressive or withdrawn c. Afraid to go home; extend stays at school d. Unwilling to open mouth 	<p>Q: How can you differentiate between accidental trauma and suspicious injury patterns?</p> <p>A: Location of injury.</p> <p>PP Slide #12: Image of common sites of abuse</p> <p>PP Slide #13: Behavioral indicators of abuse: Children</p>

<ul style="list-style-type: none"> e. Report injury by parents f. Frightened of parents or caregivers 3. Abuser <ul style="list-style-type: none"> a. Missed or in frequent appointments b. Agitated or trying to hurry the dental team c. Wants to go back with child and stay in the room d. Overly strict guardian <p>B. Adults</p> <ul style="list-style-type: none"> 1. Physical <ul style="list-style-type: none"> a. Abuse seen on face and neck 2. Behavioral <ul style="list-style-type: none"> a. Denying abuse is happening/defending b. Hesitant to discuss abuse is occurring c. Unseasonal clothing, heavy makeup 3. Abuser <ul style="list-style-type: none"> a. Does not leave partner's side b. Like power and control c. Doesn't allow partners to talk or go places d. Physical, sexual, emotional, financial 4. Dynamics <ul style="list-style-type: none"> a. Power and control <ul style="list-style-type: none"> i. Violence/fear b. Using children <ul style="list-style-type: none"> i. Threatening to take away children ii. Using them to relay message iii. Using visitation to harass victim c. Economic abuse <ul style="list-style-type: none"> i. Preventing victim from obtaining job ii. Making victim ask for money iii. Eliminating access to family income iv. Taking victim's money d. Coercion and threats <ul style="list-style-type: none"> i. To leave ii. Commit suicide iii. Hurt the victim e. Emotional Abuse <ul style="list-style-type: none"> i. Gaslighting ii. Guilting iii. Humiliating 	<p>PP Slide #14: Indicators of an abuser: Children</p> <p>PP Slide #15: Adult physical and behavioral indicators</p> <p>PP Slide #16: Indicators of an abuser: Adult</p> <p>Q: How may a dental hygienist discreetly separate a patient from a suspected abuser to assess their safety?</p> <p>A: Ask them to leave the room for the radiographs</p> <p>PP Slide #17: Dynamics of Abuse</p> <p>Note: Abuse often follows patterns. Recognizing these dynamics helps professionals respond appropriately.</p> <p>PP Slide #18: Indicators of an abuser: Elderly</p> <p>Q: Why would someone want to overmedicate an elderly person?</p> <p>A: Answers may vary; Caregiver convenience, control, intentional harm</p>
<p>C. Elderly</p> <ul style="list-style-type: none"> 1. Physical <ul style="list-style-type: none"> a. Bruising 	

<ul style="list-style-type: none"> b. Lacerations c. Extreme hair loss d. Malnutrition e. Lack of medication or over-medication 2. Behavioral <ul style="list-style-type: none"> a. Fear of speaking or feeling embarrassed <p>III. Signs of Abuse:</p> <p>A. Extraoral</p> <ul style="list-style-type: none"> 1. Abrasion/Lacerations 2. Varying degrees of healing 3. Skull injuries 4. Bald spots 5. Bruising or burns 6. Bite marks <p>B. Extraoral signs of Sexual abuse</p> <ul style="list-style-type: none"> 1. Difficulty sitting or walking <p>B. Intraoral</p> <ul style="list-style-type: none"> 1. Lacerations <ul style="list-style-type: none"> a. Tongue b. Palate c. Frenal tears d. Fractured teeth e. non-vital teeth 2. Sexual signs <ul style="list-style-type: none"> a. Bruising or petechiae on palate b. Sexually transmitted lesions intraorally <p>IV. Documentation:</p> <p>A. Electronic health Record</p> <ul style="list-style-type: none"> 1. Written documentation <ul style="list-style-type: none"> a. Clinical and behavioral findings b. Conversations <ul style="list-style-type: none"> i. Use full names ii. Quotes c. Obtain consent for clinical photographic & radiographic needs d. Document report made to CPS <p>A. Photographic Technique for bitemarks and bruises</p> <ul style="list-style-type: none"> 1. Photographic documentation <ul style="list-style-type: none"> a. Correct angle <ul style="list-style-type: none"> i. Perpendicular with less than 15 degrees of angulation b. Incorrect angle <ul style="list-style-type: none"> i. Not perpendicular with greater than 15 degrees of angulation <p>B. Measurement documentation</p>	<p>PP Slide #19: Extraoral signs of abuse</p> <p>PP Slide #20: Intraoral signs of abuse</p> <p>PP Slide #21: Electronic Health Record</p> <p>Note: A patient chart is a legal record that may be used in court to document evidence of abuse, so accurate and thorough documentation is key.</p> <p>PP Slide #22: Photographic documentation technique</p> <p>PP Slide #23: Measurement documentation tools</p> <p>Note: A ruler may not be readily available, using standardized objects as measurement references can help investigators accurately assess size.</p>
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1. American Board of Forensic Odontology (ABFO) #2 scale

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

2. Standardized sized object

- a. Probe
- b. Mirror

V. Professional awareness & commitment:

A. Mandated reported definition: A person who, because of his or her profession, is legally required to report any suspension of child abuse or neglect to authorities

B. Dental Hygienists

1. Mandated by all 50 states

- a. 12 hours to make oral report
 - i. Abuse
 - ii. Neglect
 - iii. Signs of fear
 - iv. suspected abuse reporting
- b. Record all reports
- c. Timely and detailed reporting ensures
 - i. Accuracy

2. Penalties for not reporting

- a. Varies by state and severity of case
 - i. \$500
- b. Not reporting in required time limit
 - i. \$500-\$2500
 - ii. Additional education or training

3. False claims

- a. Class 1 Misdemeanor, penalties vary

C. Reporting Child Abuse

1. Needed information when reporting

- a. Child's name, DOB, gender, address, Parent or guardians' names
- b. Reason for the call
- c. Approximate date abuse occurred
- d. Who is suspected of doing the abuse
- e. Where on child's body abuse is located
- f. Child's general demeanor toward you

2. Dental hygienist roles in reporting child abuse

- a. Document
 - i. Photos, notes, x-rays, patient behavior
- b. Witness
 - i. Doctor does and exam and cosigns record
- c. Report

Q: During which part of the process of care should signs of abuse be documented?

A: EOE/IOE

PP Slide #24: Mandatory reporters

Q: Are dental hygienists mandatory reporters?

A: Yes.

PP Slide #25: Dental Hygienists as mandatory reporters

PP Slide #26: Penalties for not reporting

PP Slide #27: Information needed when reporting

PP Slide #28: Dental hygienist roles when reporting child abuse

Note: Effective reporting assists authorities' investigation allowing them to intervene effectively for the child.

<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> i. Report to police or protective services as soon as possible c. Provide <ul style="list-style-type: none"> i. Child's and siblings' names, ages, address, and cause of abuse/neglect D. P.A.N.D.A. <ul style="list-style-type: none"> 1. Prevent Abuse and Neglect through Dental Awareness <ul style="list-style-type: none"> a. educational program for dental professionals in warning signs of child abuse and neglect <ul style="list-style-type: none"> i. dentists ii. dental hygienists iii. dental assistants 2. Created by Delta Dental of Missouri 3. Prevent abuse and neglect through dental awareness E. Adult protective services <ul style="list-style-type: none"> 1. Division of adult protective services <ul style="list-style-type: none"> a. Receives and investigates reports of abuse, neglect, and exploitation in Virginia <ul style="list-style-type: none"> i. Elderly 60 years and older ii. Incapacitated individuals 18 or older F. A.V.D.R Approach <ul style="list-style-type: none"> 1. Designed for health care workers to identify and support victims of domestic or intimate partner violence <ul style="list-style-type: none"> a. Ask <ul style="list-style-type: none"> i. non-judgmentally ii. Open communication and trust iii. Respect privacy b. Validate <ul style="list-style-type: none"> i. Acknowledge feelings and that Is wrong c. Document <ul style="list-style-type: none"> i. The signs, symptoms, and disclosure d. Refer <ul style="list-style-type: none"> i. To specialist ii. Outside community resources G. Resources <ul style="list-style-type: none"> 1. Phone numbers & websites <ul style="list-style-type: none"> a. National Domestic violence Hotline <ul style="list-style-type: none"> i. 800-799-7233 b. Virginia Child Protective Services 	<p>PP Slide #29: P.A.N.D.A.</p> <p>Note: Continuing education strengthens confidence in identifying and responding to suspected abuse.</p> <p>PP Slide #30: Division of adult protective services</p> <p>PP Slide #31: Steps in AVDR approach</p> <p>PP Slide #32: Using the AVDR approach</p> <p>Note: The goal of the A.V.D.R. approach is to create a safe environment that encourages future help-seeking.</p> <p>PP Slide #33: Resources</p>
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<ul style="list-style-type: none">i. 800-552-7096c. National Adult Protective Services<ul style="list-style-type: none">i. 1-888-832-3858d. Emergency<ul style="list-style-type: none">i. 911e. Virginia Department of Social Services	
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LESSON CONTENT	NOTES – MEDIA – Q/A
<p>SUMMARY: Following this presentation, I hope you have gained a deeper understanding of domestic violence, abuse, and neglect, and how you, as a dental hygienist, can advocate for your patients. Apply this knowledge to recognize signs and symptoms of abuse in children, adults, and the elderly. As well as the potential indicators in victims and abusers. Please ensure to take proper action by reporting suspected cases, connect patients to resources when needed, and make necessary referrals. It is essential to continue your education in this matter and commit to your ethical and legal responsibility to protect all patients.</p>	<p>PP Slide #34: Summary</p> <p>Q: What impacted you the most about today's lecture?</p> <p>A: Will Vary</p> <p>Note: Thank the learners for their attention and participation.</p>

LESSON CONTENT	NOTES – MEDIA – Q/A
<p>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.</p> <p>1. What physical and behavioral signs may indicate potential abuse of the child?</p> <p>A: The physical signs include the bruises observed on either side of the child’s neck, the chipped front tooth, and the presence of rampant dental caries. Behavioral signs include the child clinging to the mother, avoiding eye contact, fidgeting, appearing nervous, flinching during the exam.</p> <p>2. Is rampant dental caries a sign of dental neglect in this scenario? Why or why not?</p> <p>A: 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.</p>	<p>PP Slide #35: Case study</p> <p>PP Slide #36: Case study question 1</p> <p>PP Slide #37: Case study question 2</p>

3. How can a dental hygienist obtain the patient's consent for intraoral and extraoral photographs without confrontation?

A: 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.

4. When reporting the suspected abuse and neglect to child protective services, what information would be needed?

A: 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.

5. How would you document this bruise in the patient's electronic health record? (Image)

A:

Anatomical Location: Right side of neck

Border: Poorly demarcated

Color: Red, brown

Dimension: 1in x 1.5in

Texture: Smooth

Type: Bruise

PP Slide #38: Case study question 3

PP Slide #39: Case study question 4

PP Slide #40: Case study question 5

PP Slide #41: Questions

Test Items

Objective #1: Define abuse, neglect, dental neglect, and domestic violence.

Test Item #1: A parent is informed that their child has severe untreated dental decay causing pain and infection but fails to seek treatment despite having access to care. This is an example of:

- A. Abuse
- B. Neglect
- C. Domestic violence
- D. Dental Neglect

Objective #2: Describe extraoral and intraoral signs of child abuse and neglect.

Test Item #2: Which of the following is a possible intraoral sign of sexual abuse in a child?

- A. Non-vital teeth
- B. Tongue lacerations
- C. Petechiae or palatal bruising
- D. Aphthous ulcers

Objective #3: Explain the attitudes and behaviors of abusers.

Test Item #3: Which of the following statements is NOT a common attitude or behavior exhibited by abusers?

- A. Power and control
- B. Respect for boundaries
- C. Coercion and threats
- D. Does not leave partner's side

Objective #4: Discuss the role of the dental hygienist in reporting suspected abuse.

Test Item #4: In 3-4 sentences, explain why mandated reporting of suspected abuse is an important component of a dental hygienist's role. Include the mandated time frame for reporting and the consequences of failing to report.

Objective #5: Advocate the need for dental hygienists to be trained in determining suspected abuse and neglect.

Test Item #5: During an office meeting, a dental hygienist reports uncertainty about how to appropriately respond to a patient she suspects may be experiencing intimate partner violence. She observed that the patient's partner appeared controlling, refused to allow the patient to speak independently or be seen alone, and that the patient presented with bruising on the cheek and collarbone. Using the A.V.D.R. (Ask, Validate, Document, Refer) approach, describe in one paragraph (4-5 sentences) how the dental hygienist should tell their coworker how to respond.

Correct Answer Key:

1. D
2. C
3. B
4. Mandatory reporting of suspected abuse is an important component of a dental hygienist's role because it supports the protection and advocacy of vulnerable patients. By recognizing and reporting concerns, dental hygienists contribute to intervention strategies and help prevent further harm. Dental hygienists are required to make an oral report within 12 hours. Failure to report can result in criminal charges, fines or professional consequences.
5. Using the A.V.D.R approach, the dental hygienist should first ask the patient privately using open communication, and in a non-judgmental manner, questions about the bruising and if they feel safe at home. Next, the dental hygienist should validate the patient by acknowledging their feelings and the wrongfulness of the abuse. The dental hygienist should obtain consent and then document the findings and the patient's statement in an electronic health record. Finally, the dental hygienist should refer the patient to a specialist and provide information about outside community resources.