

# Helping Hands

## The Dentist's Role in Identifying and Reporting Abuse

BY CLAIRE ALTSCHULER



"It's hard to fathom that people do this to one another," says Lawrence Dobrin, DMD, a child abuse expert and chief forensic dentist for the office of New York City's chief medical examiner. He remains shocked by the incidences of abuse and the resulting injuries that he and other dentists have witnessed in children and adults over the years.

Family violence can happen anywhere, anytime, and in every demographic. According to U.S. Department of Health and Human Services (HHS), nearly 680,000 victims of child abuse and neglect were reported to Child Protective Services (CPS) in 2013 alone. Safe Horizon, a nonprofit victim services agency, estimates that 1 in 10 children experience some form of child maltreatment in his or her lifetime, with the youngest (less than age 3) being the most vulnerable.

According to the Centers for Disease Control and Prevention (CDC), on average, 20 people per minute are victims of physical violence by an intimate partner in the United States. Over the course of a year, that equals more than 10 million women and men. And, as many as 1 to 2 million Americans ages 65 and older have been injured, exploited, neglected, or otherwise mistreated by a caregiver, according to the August 2006 report, "State-Level Adult Guardianship Data: An Exploratory Survey," from the National Center on Elder Abuse (NCEA).

While overall rates of intimate partner abuse appear to have declined in the past few decades—by more than 60 percent for both males and females from 1994 to 2010—the numbers have

not declined as rapidly among women ages 18 to 24, according to the Bureau of Justice's "Intimate Partner Violence, 1993–2010" report. Other forms of family violence, such as sexual and physical abuse of children, also have slightly decreased, according to a January 2015 Crimes Against Children Research Center report, "Updated Trends in Child Maltreatment, 2013."

Experts say that high-profile cases and the efforts of domestic abuse groups have increased awareness and response over the past decade, but "abuse and neglect are still a major problem," says Dr. Dobrin. Far too many are experiencing these awful crimes every day.

### Defining abuse

The U.S. Department of Justice (DOJ) defines domestic violence as "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner." Family violence extends this definition to include children and elderly family members. While control is typically at the center of all categories of abuse, it can take many forms. It may include physical, sexual, emotional, financial, and psychological harm.

All family members, even those who are spared the abuse itself, remain affected by it and suffer the consequences of it throughout their lives, says Mark Wolff, DDS, FAGD, PhD, professor and chair of the Department of Cariology and Comprehensive Care and associate dean for pre-doctoral clinical education at the New York University College of

Dentistry. Family abuse goes beyond the physical impact; it leaves social and emotional scars as well.

## Understanding the dentist's role

Family violence injuries can appear on or around the head, neck, and mouth. This means dentists and hygienists "are uniquely positioned to identify abuse," says Lisa James, director of health for Futures Without Violence, a nonprofit organization dedicated to ending violence against women and children globally. Dentists are more likely to spot "a lot of the injury-related clinical signs of family violence," she says.

Dentists also see patients more frequently than other health care providers, allowing them to spot any unusual or repeated injuries. According to the CDC, two out of three people see their dentist at least once a year.

Despite this, a report, "Connection Between Dentistry and Family Violence Intervention," published in December 2004 by the DOJ's Office for Victims of Crime, found that although dentists and dental hygienists occupy "a unique position to identify the signs of family violence," they "were the least likely of all clinicians surveyed to suspect child, spouse, or elder abuse." In the case of child abuse, dental professionals made less than 1 percent of all reports nationwide.

A study published in the January/February 2014 issue of *General Dentistry*, "The Dentist's Role In Identifying Child Abuse: An Evaluation About Experiences, Attitudes, and Knowledge," notes the most common reasons for dentists failing to report suspected child abuse include "fear of litigation and its impact on their practice, uncertainty concerning their diagnosis, and lack of knowledge about to whom abuse should be reported." The study also indicated that dentists had insufficient knowledge about the signs and symptoms of child abuse.

### Ethical obligations

Dr. Wolff says there are two things that should compel dentists to report abuse: first, the law; and second, "something higher"—a moral obligation to protect

Another injury that should raise suspicion is a patient presenting with two black eyes but no other marks on the forehead, chin, nose, or mouth.

the victim. Dentistry, he says, "is a privileged profession and, as part of that profession, we are obligated to protect the public and the public's best interest."

Under the American Dental Association's (ADA) "Principles of Ethics and Code of Professional Conduct," revised in April 2012, dentists have an obligation to learn how to recognize signs of domestic abuse and neglect, and they must report those signs to the appropriate authorities. The code states, "The public and the profession are best served by dentists who are familiar with identifying the signs of abuse and neglect and knowledgeable about the appropriate intervention resources for all populations."

It continues to note: "A dentist's ethical obligation to identify and report the signs of abuse and neglect is, at a minimum, to be consistent with a dentist's legal obligation in the jurisdiction where the dentist practices."

### Legal responsibilities

Laws vary by state and depend on the age and competency of the victim, but nearly all require health care professionals, including dentists, hygienists, and dental assistants, to report suspected abuse of a child or vulnerable adult (those over age 18 with an impairment, which may prevent them from seeking help for themselves). Depending on the state, professionals who bear that obligation but fail to report abuse may be subject to both criminal and civil charges, may have their professional license revoked, and may put their malpractice insurance coverage in jeopardy.

For dental professionals unsure of their state's laws, the HHS Children's Bureau provides a searchable database of relevant state laws ([www.childwelfare.gov/topics/systemwide/laws-policies/state](http://www.childwelfare.gov/topics/systemwide/laws-policies/state)). Additional information, including what protections may be available for those reporting suspected abuse, can be found

## ABUSE AND OVERALL HEALTH

Research has shown that abuse affects the overall health of both victims and their families, and the effects can last for years. According to the Centers for Disease Control and Prevention's (CDC) 2010 "National Intimate Partner and Sexual Violence Survey," 81 percent of women who experienced rape, stalking, or physical violence by an intimate partner reported significant short- or long-term impacts related to the violence experienced in the relationship, including post-traumatic stress disorder symptoms and injury.

The Adverse Childhood Experiences (ACE) Study by the CDC and Kaiser Permanente's Health Appraisal Clinic in San Diego reported that maltreatment in an individual's early years is associated with poorer health and well-being in adulthood. (Started in 1995, this ongoing study is currently in its prospective phase and continues to assess the relationship between child abuse, health care use, and causes of death.)

The effects of abuse often extend to the victim's family. According to a September 2014 *Journal of the American Dental Association* study, "Noxious Family Environments in Relation to Adult and Childhood Caries," noxious (physically harmful or destructive) family environments, such as those involving abuse, were implicated in compromised oral health. The study also demonstrated that abuse affected all family members, including children, even if they were not direct victims of the abuse. According to Mark Wolff, DDS, FAGD, PhD, professor and chair of the Department of Cariology and Comprehensive Care and associate dean for pre-doctoral clinical education at the New York University College of Dentistry, "Family violence hurts so much more than just the teeth."

in the bureau's report "Mandatory Reporters of Child Abuse and Neglect" ([www.childwelfare.gov/pubPDFs/mandapdf](http://www.childwelfare.gov/pubPDFs/mandapdf)). For a detailed compendium of all state statutes and policies on family violence, dental professionals also can visit the HHS' Family and Youth Services Bureau website ([www.acf.hhs.gov/programs/fysb](http://www.acf.hhs.gov/programs/fysb)) to download its "Compendium of State Statutes and Policies on Domestic Violence and Health Care." Dentists should visit their local dental society's website for more information about state requirements as well as any continuing education requirements for license renewal.

Knowing what is required legally is both clarifying and liberating. Once health professionals learn that they are mandated reporters, says Cheryl Mojta, director of operations of New Jersey Child Assault Prevention, there is no longer any confusion. "It is one of your responsibilities under the law," she says. This obligation also "gives the health care professional a position with the patient and the family. The health care professional can say, 'I don't have an option here. It has to be reported.'"

Dr. Dobrin notes that reporting a suspicion is not the same thing as accusing someone of abuse. He says, "If a health care provider reports a suspicion, he or she is not accusing anybody of a crime. Thus, the provider is protected from civil and criminal lawsuits."

### Spotting the signs

A few weeks after starting his practice, a mother brought her son to Dr. Dobrin's office to treat a toothache. The 8-year-old's painful cries had been keeping her up at night. Though the child presented with a toothache, Dr. Dobrin says, he could see that the boy also was dirty and underfed. He had lice, bruises, and several scars from wounds that were in various stages of healing. "As I looked at the child," Dobrin says, "I thought, 'I do not want to be in that child's shoes.' It was a horrible situation."

Signs of domestic abuse and neglect in any age group include fractured or avulsed teeth, bruising on the face, neck, arms, or legs, bite marks, a broken nose or cheekbones, black eyes, injured ears,

and scratches or bruising on the neck. The key, says Dr. Dobrin, is distinguishing between accidental and intentional injuries. He says dentists need to be aware of any "pattern" injuries—marks such as bruises on the face or body that resemble an object, like a hand or a belt. Also, seeing multiple wounds that appear to be in different states of healing can indicate ongoing abuse.

Bald spots where the hair may have been pulled out or lost due to malnutrition and marks on the scalp from burns also are common signs of abuse. Poor oral health or personal hygiene also can signal neglect. Another injury that should raise suspicion is a patient presenting with two black eyes but no other marks on her forehead, chin, nose, or mouth. If the black eyes were caused by an accident or fall, says Dr. Dobrin, the patient would likely also have marks on his or her forehead, chin, nose, or mouth as well. The absence of those marks "shows that something's wrong."

Inside the mouth, injuries that indicate possible abuse include bruising on the roof of the mouth, burns, and wounds inside the lips, including tears to the labial frenum or tears to the lingual frenum. Such injuries rarely happen accidentally. "It's not as normal so it needs to be explored further," says Dr. Dobrin.

Victims of elder abuse may have bruising or welts on their arms and legs, as well as on the face. They may suffer fractures, have pressure sores, or present with broken dentures, avulsed teeth, and burns inside the mouth (from overheated food or drinks). Neglect of oral or physical hygiene and malnutrition also are common and should be investigated in patients of any age.

A patient's demeanor also can yield important clues. Patients who appear fearful and withdrawn, avoid eye contact, or look vacant and lifeless may be experiencing abuse. "You can tell," says Suzanne Kim, DDS, a general dentist and board member of Mid-Atlantic Prevent Abuse and Neglect Through Dental Awareness (P.A.N.D.A.), the nonprofit organization that provides education to dentists, dental hygienists, and dental assistants. Abuse shows in "how they react to you, how they are with their

spouse or parent. They may be wary, or sort of shy." Children who are afraid to have their faces touched, who wince, or who are overly afraid to open their mouths also should raise concern to the health care professional, says Dr. Wolff.

### Reporting child abuse

So what do you do if you suspect abuse? At the beginning of his career, Dr. Dobrin says, "I knew what to do if a child had a toothache or needed a root canal, but I did not know what to do if I suspected a child was being abused." Not knowing how to report domestic abuse is a common impediment for health care professionals.

If the health care provider suspects someone may be in immediate, life-threatening danger, he or she should call 911 immediately. Otherwise, suspected abuse of a child should be reported to the local CPS or a similar agency. The abuse should be reported in the jurisdiction in which it occurred.

Once CPS has been notified, the agency's first priority is to determine whether the child is safe at home. If abuse at home is confirmed, CPS will work with the family to get help for the abuser and for the family. According to Charles Doring, DDS, FAGD, a lecturer with Mid-Atlantic P.A.N.D.A., CPS will rarely remove a child from the home. This is only as a "last resort," he says. The reporter of the abuse remains anonymous unless the case goes to court (and even then, in some instances, anonymity may be maintained).

### Reporting intimate partner abuse

Health care providers must report abuse and neglect of children and vulnerable adults in most states, but experts urge caution when it comes to reporting intimate partner abuse. The majority of states do not require health care providers to report this type of violence unless the victim is in imminent danger. And, if the victim is not ready to ask for help, offering it may backfire.

Says James, "It's certainly crucial for a health care provider to connect with a law enforcement officer if that is what the victim requests, but sometimes reporting suspected abuse can put the

reporter at risk for retaliation by the victim, especially if that person wasn't ready to report the abuse."

Marylouise Kelley, PhD, director of HHS' Family Violence Prevention & Services Program, agrees. She says a victim may not be ready to ask for help and should remain in control of making the decision. "Being ready to report abuse often means having to change everything in your life," she says. Victims often need to first prepare their children, arrange for a new place to live, and get their finances in order before reporting abuse.

If the victim decides against reporting abuse, health care providers can still help. The dentist may ask some questions that could reveal abuse—or clear up any misperceptions. Before asking, it is essential that the dentist or hygienist disclose any limits of confidentiality. Dr. Doring says that a dentist can begin by letting the patient know that he or she is concerned. He suggests taking a gentle, nonjudgmental approach to the conversations, such as, "We all have issues in our personal lives. If you need support, I can give you some information."

Joanne Klevens, MD, PhD, MPH, an epidemiologist with the Division of Violence Prevention in the CDC's National Center for Injury Prevention and Control, urges providers to also "be prepared to listen actively and empathetically, expressing support and concern."

Experts caution that any conversations should be held without the suspected abuser in the room or within earshot. If it is difficult to talk with the victim separately, some dentists suggest finding an opportunity, such as taking the patient for X-rays, which require him or her to be away from the suspected abuser.

Scheduling a follow-up appointment is another way in which dentists can monitor any suspected abuse. Asking the patient to return in a week or two to check any dental work that has been performed will allow the dentist to see if the patient is healing or has incurred additional abuse. It also may provide another opportunity for the victim to open up and ask for help.

As with any case of suspected abuse, it's important to document any repeat injuries and other signs of abuse in the patient's health record. Other tools, such as digital photography, which are readily available in most dental offices, can be used to document suspected injuries.

In cases of intimate partner abuse, another helpful tool is the "shoe card," a small, plastic business card-like document that provides victims with information about abuse and contact numbers for local resources and hotlines. Unlike flyers and brochures, the victim can easily slip the card inside a shoe where the abuser is unlikely to see it. Many dentists leave shoe cards in their office restrooms where family violence victims can access them in private. Local family violence groups often provide these cards to dentists upon request.

If the victim asks for help, the dentist and dental staff should know how to respond. The first step, experts say, is to disclose any limits of confidentiality

and then assess the patient's safety. An important set of questions includes: Do you feel safe in your current relationship? Are there weapons at home? Has the violence recently escalated? Such questions help to determine if greater threats are imminent.

The key, says Kelley, is planning. Being prepared for an encounter with a victim of family violence enables health care providers to respond appropriately. "Have a conversation with partners and office staff about what materials to have in place, and make decisions on who is going to talk with the victim and how you will respond," she advises.

Dentists should familiarize themselves with their local family violence programs and resources, including contact information. This knowledge, says Kelley, enables dentists to provide what's known as a warm referral. Saying, "I know this resource is available in our community. Would you like to talk to them?" can facilitate the

## **VOLUNTEER OPPORTUNITIES FOR DENTISTS**

Witnessing an incident of family violence was life-changing for Wynn Okuda, DMD. When he was 12 years old, he saw a female family member being punched in the face. Her teeth, a partial denture, flew out of her mouth and hit the wall, breaking into pieces. When she put the broken denture back in her mouth, Dr. Okuda saw how it negatively affected her appearance. "It was so shocking," he says. "The incident and aftermath have stayed with me through the years."

This traumatic event became the catalyst for Dr. Okuda's career choice in cosmetic dentistry. In 1999, Dr. Okuda cofounded the American Academy of Cosmetic Dentistry Charitable Foundation's Give Back a Smile (GBAS) program, which provides cosmetic dental services at no charge to men and women who have experienced domestic or sexual violence, restoring confidence and improving lives. Since its inception, GBAS has restored more than 1,500 smiles, valued at more than \$15 million in donated dental services.

Restoring smiles, says Dr. Okuda, allows victims to find work and re-engage in society. Removing this obvious reminder of their abuse is liberating. Damaged teeth "are like the scars that are left from the attack," he says. "It's hard to heal when you are constantly reminded of that."

GBAS also helped one of Dr. Okuda's patients pursue her dream. The patient's front teeth had been broken by her husband's punches and made her feel ugly and self-conscious. Although she was a talented cook, she couldn't afford to fix her teeth and worked as a janitor instead. This allowed her to avoid interacting with others or subjecting herself to questions about her appearance. Once Dr. Okuda repaired her smile, the patient enrolled in culinary school and pursued a career as a chef.

To participate in the GBAS program, victims must have removed themselves from the abusive relationship for at least a year and have an established relationship with an advocate. Dentists who volunteer for GBAS donate their skills and time only. They are not required to do any paperwork or other administrative tasks. For more information about GBAS or to volunteer, visit [www.aacd.com/aboutGBAS](http://www.aacd.com/aboutGBAS).

reporting process for victims of intimate partner abuse.

A hotline, the National Domestic Violence Hotline, also is available for victims of intimate partner abuse. Victims can call 1.800.799.SAFE (7233) or visit [www.thehotline.org](http://www.thehotline.org) for more information.

Though the hotline's main goal is to provide a point of contact for actual victims of violence, health care providers, including dentists and dental professionals, are encouraged to visit its website for resources that they can provide to their patients, as well as to connect with other family violence services. Dental professionals also can visit the HHS' Family & Youth Services Bureau ([www.acf.hhs.gov](http://www.acf.hhs.gov)) for a list of organizations that provide more information on helping victims of abuse.

## Reporting elder abuse

If elder abuse or neglect is suspected, dentists should call their state's elder abuse hotline. A list of national elder abuse hotlines by state is available at the National Council on Child Abuse & Family Violence's "State Elder Abuse Hotlines" Web page, [www.nccafv.org/state\\_elder\\_abuse\\_hotlines.htm](http://www.nccafv.org/state_elder_abuse_hotlines.htm).

If the elderly person lives in another state, health care providers or family members should call the adult protective services agency where the suspected victim lives. A list of numbers, along with additional resources for those trying to help seniors, can be found at the NCEA's "State Resources" Web page, [www.ncea.aoa.gov/Stop\\_Abuse/Get\\_Help/State/index.aspx](http://www.ncea.aoa.gov/Stop_Abuse/Get_Help/State/index.aspx).

Before reporting elder abuse, experts say other possible causes of injuries should be considered. For example, some medications can cause bleeding or affect balance and cognition. Conditions, such as osteoporosis, can result in fractures, and organ failure can cause patients to bruise more easily. "Injuries and bruising do not necessarily reflect abuse," says Larry Williams, DDS, assistant professor at Midwestern University College of Dental Medicine-Illinois. He urges dentists to take a thorough history that includes a list of medications and any existing medical conditions. "A careful patient history is important to providing

any level of care," he says. A thorough one should be taken for every patient.

"The real key to identifying abuse is knowing your patient," says Dr. Williams. "When you have a long-standing patient of record, you and your staff should be able to ascertain if something significant has changed in their behavior or appearance."

## Educating yourself and your practice

Dentists cite lack of knowledge about the signs of abuse and how to report it as obstacles to helping victims.

According to the ADA, studies show that dental professionals who have been professionally trained in abuse prevention are five times more likely to report it.

Most dental schools now offer classes on family violence. P.A.N.D.A. provides one of the most effective educational efforts for dentists and dental teams. P.A.N.D.A. courses address legal and ethical requirements and teach mandated reporters how to spot and report suspected child abuse.

According to Susan Camardese, RDH, MS, president of the Mid-Atlantic P.A.N.D.A., education is the key. "Teaching the younger generation of patients that this is all part of your responsibility as a health care provider hopefully will improve reporting and help halt all forms of abuse," she says.

Abuse can be noticed by almost anyone in the dental office. Receptionists and billing staff may observe a patient's withdrawn behavior or multiple bruises on his or her arms or legs when he or she arrives or leaves the office. Staff members also may notice that a patient is wearing unusually thick makeup, or a turtleneck or other heavy clothing in hot weather, which can be an attempt to conceal injuries.

Dental hygienists usually see patients first and often spend the most time with them, providing an especially good opportunity to notice signs of abuse. "Many times, the hygienist is the staff member who comes to the dentist and says, 'I think something's not right with this patient,'" says Dr. Doring.

Educating and enlisting your team can result in a better response to suspected abuse and also provide useful record

keeping and documentation. Dr. Doring suggests that dentists invite their entire office staff to attend an educational seminar, such as the P.A.N.D.A. course. If this is inconvenient, he says, they also can bring lunch into the office and together the team can watch an educational video on family violence. "Your entire team needs to be educated and prepared," says Dr. Doring. "Whether it's the dentist, front office staff, dental hygienists, or dental assistants, everyone on your team should know how to recognize and react to suspected abuse."

Mojta also recommends that dentists "make the reporting process part of the office's standard operations manual," so everyone is informed and ready to respond appropriately should they spot signs of abuse. Once clear policies and procedures are established, she says, "There shouldn't be any gray areas or confusion about what to do."

## Making a difference

Though millions of Americans suffer abuse every year, experts are increasingly optimistic that incidences of abuse will decline. Recent statistics show significant decreases in some forms of violence and suggest that increased awareness and improved education are beginning to yield results. "We definitely have our work cut out for us, but we are seeing some positive shifts," says Kelley.

Dentists and other health care providers, she says, play an important role in improving the outlook. "When each of us plays a role in speaking out against violence, and does his or her part to support victim, progress is made."

Dr. Wolff agrees. He says, "It's one of our obligations as primary health care providers to step up and help protect our patients, whether they're young, old, or in between." ♦

---

Claire Altschuler is an award-winning health care journalist and medical writer. Her stories have appeared in the *Chicago Tribune* and *Satisfaction* magazine and several have been nationally syndicated. She also works as a communications consultant to many of the nation's top health care organizations and nonprofits. She lives in New York City. To comment on this article, email [impact@agd.org](mailto:impact@agd.org).