

# OSAC 2022-N-0028 Human Abuse Recognition and Documentation by Dental Professionals

*Forensic Odontology Subcommittee  
Medicine Scientific Area Committee*

*Organization of Scientific Area Committees (OSAC) for Forensic Science*





## **Draft OSAC Proposed Standard**

# **OSAC 2022-N-0028 Human Abuse Recognition and Documentation by Dental Professionals**

Prepared by  
Forensic Odontology Subcommittee  
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1 **Human Abuse Recognition and Documentation by Dental Professionals**

2 This OSAC Proposed Standard was prepared by the Forensic Odontology Subcommittee, Medicine Scientific Area  
3 Committee, in the Organization of Scientific Area Committees (OSAC) for Forensic Science.

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32 **Human Abuse Recognition and Documentation by Dental Professionals**

33

34 **BACKGROUND**

35 Human abuse and neglect have been recorded in literature, art, and science throughout history and in many parts of the  
36 world. Reports of infanticide, mutilation, abandonment and other forms of violence against humans date back to ancient  
37 civilizations. Historical records are filled with stories of unkempt, weak, malnourished, and sexually abused children. The  
38 term "battered child syndrome" was coined to characterize the clinical manifestations of severe physical abuse in young  
39 children. Increasing recognition of elder abuse and intimate partner violence has occurred in recent years. Human abuse  
40 occurs in various forms and may be deeply rooted in cultural, economic, and social practices. The health consequences of  
41 human abuse include acute and chronic physical and psychological injuries, and can impact behavioral, sexual and  
42 reproductive health.

43 **RATIONALE**

44 Health care practitioners should realize the adverse effects of human abuse and neglect. The most tragic consequence  
45 could be a human fatality. In the U.S., there is an average of more than 5 children dying every day from abuse and neglect.

46 The level of reporting of abuses varies by state however, all the states require the reporting of child abuse. The practitioner  
47 should be aware of their state's regulation.

48 State regulations prescribe penalties for failure to report suspected cases. Early stages of domestic violence may be  
49 recognizable in persons who have disabilities, are elderly, or are victims of intimate partner abuse.

50 **1. SCOPE**

51 This technical report provides an overview of human abuse and neglect. Its purpose is to guide oral health care  
52 professionals to recognize and document suspected abuse and neglect and report to appropriate authorities for  
53 investigation and definitive diagnosis.

54 Note to Scope: Although this technical report provides possible signs for recognizing abuse, interpretation based on these  
55 signs alone may be misleading and multiple non-abuse factors should be considered as well.

56 **2. NORMATIVE REFERENCES**

57 The document contains no normative references. See Resources and References for additional information.

58

59 **3. TERMS AND DEFINITIONS**

60 **1.1. Abrasion** - wound caused by rubbing or scraping the skin or mucous membrane.

61 **1.2. Abandon** - cease to support or look after an individual.

62 **1.3. Abandonment** - leaving an *elderly* individual under the care of a health care provider without arranging for alternative  
63 care. The act of abandoning someone, through either physical, [financial] or emotional means. The act of leaving  
64 someone through physical, financial, or emotional means without arranging for alternative care.

65 **1.4. Abuse** - cruel or violent treatment of an individual or a group of people on a singular or repeated basis.

66 **1.5. Avulsion** - tearing away of a structure or part of a body.

67 **1.6. Bruise** - injury appearing as an area of discolored skin on the body, caused by / from ruptured underlying blood  
68 vessels.

69 **1.7. Dental Provider** - any licensed oral health care professional who can legally provide the services requested.

70 Note 1 to entry-whenver forensic odontological services are required, the dental professional should have additional  
71 forensic odontological training and skills to provide a legally recognized competent medical opinion concerning the  
72 evaluation of abuse and neglect

73 **1.8. Dental Neglect** - willful or persistent failure of a caretaker to meet the basic oral health needs of someone dependent  
74 upon them.

75 **1.9. Incision** - type of open wound caused by a sharp-edged object such as a knife, razor, or glass splinter.

76 **1.10. Laceration** - wound produced by the tearing or splitting of body tissue often from blunt impact.

77 **1.11. Mandated reporter** – Person / profession required by law to report suspicion of abuse and neglect to designated  
78 authorities.

79 **1.12. Neglect** - failure to provide a safe and healthy environment by a caregiver, to include nutrition, shelter, access to  
80 health care, protection from others, and maintaining an atmosphere of emotional support.

81 **1.13. Physical abuse** - any intentional act causing injury or trauma to another person by way of bodily contact.

82 **1.14. Psychological abuse** - any behavior which is degrading to a person or creates fear, humiliation, or coercion, often  
83 called emotional abuse.

84 **1.15. Sexual abuse** - abusive sexual behaviors by one person upon another, also referred to as molestation.

85 **1.16. Sexual abusive contact** - any unwanted sexual touching with an individual who cannot give consent.

86 **1.17. Sexual harassment** - behaviors characterized by the making of unwelcome and inappropriate sexual remarks or  
87 physical advances in a workplace or other professional or social situation.

88 **1.18. Victim** - the recipient of intent for harm.

89 **1.19. Vulnerable** - a person or population group susceptible to physical or emotional harm, including adults and children  
90 who cannot advocate for themselves.

#### 91 **4. ABUSE**

##### 92 **4.1. Introduction**

93 Abuse, the improper treatment of an individual, can come in many forms. It can affect individuals physically and  
94 emotionally and harms their quality of life. Because patients are in close proximity to the dental professional for an  
95 extended period, signs of abuse can be observed. These signs can range from subtle to significant, can present clinically  
96 or behaviorally, and provide the dental professional with indicators of potential adverse circumstances.

97

##### 98 **4.2. Forms of Abuse**

###### 99 **4.2.1. Child Abuse**

100 Abuse directed toward an individual under the age of 18 that results in harm.

###### 101 **4.2.2. Elder Abuse of Elders, Persons with Disabilities**

102 Knowing, intentional, or negligent act by a caregiver or other person that causes harm or serious risk of harm to a  
103 vulnerable adult. Elder abuse can take the form of physical, sexual, emotional abuse, financial exploitation, neglect,  
104 abandonment, or self-neglect.

###### 105 **4.2.3. Intimate Partner Abuse / Violence (IPV)**

106 Intimate partner violence (IPV) is a form of abuse that occurs in a romantic relationship. "Intimate partner" refers to

107 both current and former spouses and dating partners. IPV can vary in frequency or severity and range from a single  
108 episode of violence to chronic episodes over multiple years. Regardless of frequency and severity, it could have a  
109 lasting impact on the individual.

#### 110 **4.2.4. Non-Intimate Partner Abuse**

111 Non-intimate partner abuse is abuse between the victim and a stranger or by a person with whom the victim has only a  
112 superficial relationship. Typically, there are repetitive meetings between the abuser and the victim. The Americans with  
113 Disabilities Act (ADA), first adopted in 1990, provides specific legal requirements intended to benefit people with  
114 disabilities and defines disability as "a physical or mental impairment that substantially limits one or more of the major  
115 life activities."

116 Individuals with Disabilities abuse is a subcategory of those listed above. Like other abuse, persons with disabilities  
117 can be the victim of abuse by parents, caregivers, intimate and non-intimate partners. In addition, abuse by casual  
118 acquaintances can occur due to bullying, discrimination, or a simple lack of patience in dealing with an individual's  
119 disability. Studies show that people with disabilities are more likely to experience abuse than people without them.  
120 People with disabilities often face specific barriers to accessing the help needed to identify, report, and prevent

### 121 **4.3. Types of Abuse**

#### 122 **4.3.1. Physical**

123 An intentional act causing bodily injury or trauma to another person.

#### 124 **4.3.2. Emotional/Psychological**

125 Emotional/Psychological abuse is characterized by an individual being subjected to or exposed to behaviors that may  
126 result in psychological trauma, including anxiety, chronic depression, or post-traumatic stress disorder. It may include  
127 socially isolating an individual and preventing interaction with other friends or family members compromising the quality  
128 of life for the victim. It may also be a behavior pattern by caregiver that interferes with a person's well-being or  
129 psychological health.

#### 130 **4.3.3. Sexual**

131 Any unwanted sexual contact or behavior, such as molestation. Any unwanted sexual contact or sexual contact with a  
132 minor, an individual with a cognitive or physical disability, or is impaired by drugs or alcohol.

#### 133 **4.3.4. Financial**

134 The illegal, unauthorized, or improper use of a dependent victim's money, benefits, belongings, property, or assets by  
135 someone other than the victim.

#### 136 **4.3.5. Medical**

137 The failure to fulfill caregiver medical obligations (i.e., failure to schedule medical visits) for a dependent person

### 138 **4.4. Signs of Abuse**

139 Although mandatory reporting requires only a "suspicion of abuse," interpretation based on signs alone may be  
140 misleading since many of these signs have alternative causes which are not abuse. However, it is essential to realize  
141 that the presences of these signs are not pathognomonic for abuse nor is the list all inclusive. Therefore, a thorough  
142 history of the injury is essential to help differentiate accidental injuries from inflicted injuries. Clinical findings are best  
143 evaluated within the context of thorough patient history and potential systemic and accidental etiologies. Although dental  
144 professionals cannot thoroughly investigate suspected abuse or neglect, they are obligated to elucidate a patient's  
145 history and consider all possible causes.

#### 146 **4.4.1. Physical/Medical**

- 147 • bruising, welts, or burns that cannot be sufficiently explained, particularly bruises on the face, lips, and mouth
- 148 • of infants or several surface planes at the same time
- 149 • unusual bruising patterns that reflect the shape of the instrument used to cause injury (e.g., belt, wire hanger,
- 150 • hairbrush, hand, human bite marks)
- 151 • clusters of bruises, welts, or burns, indicating repeated contact with a hand or instrument
- 152 • injuries on the body where children usually do not get hurt (e.g., the torso, back, buttocks, thighs, neck)
- 153 • burns that are insufficiently explained, e.g., cigarette burns
- 154 • immersion burns including marks indicating dunking in a hot liquid, including "stocking" and "glove" burns on
- 155 • feet and hands
- 156 • rope or restraint burns on the arms, hands, neck, or legs
- 157 • dry burns caused by forced contact with a hot surface (e.g., a clothes iron, hair curler, heater, or stove)
- 158 • lacerations and abrasions of the lip, eye, or to any part of a child's face
- 159 • tears in the tissue of the gums, possibly because of force-feeding
- 160 • absence of hair or hemorrhaging beneath the scalp due to vigorous hair pulling
- 161 • withdrawn, fearful, or extreme behavior
- 162 • Unexplained exaggerated or inappropriate weight loss
- 163 • Cutaneous manifestations of systemic diseases (e.g., diabetes mellitus, lupus), dermatologic pathology
- 164 • Bruising consistent with accidental falls; dermatologic pathology; behaviors (hair pulling, self-harm)
- 165 • Adult / Elder: Ecchymosis from cutaneous vascular changes, hematologic pathology, secondary to age-
- 166 • related changes, or medications
- 167 • cautious of adult contact (children)
- 168 • exhibits extreme behavior
- 169 • displays the inappropriate level of maturity (children)
- 170 • anxious/uneasy when other children cry
- 171 • indiscriminate seeking of affection
- 172 • wears concealing clothing

#### **4.4.2. Sexual**

- 174 • While most signs are not observable in the dental practice setting, the following may be noted:
- 175 • difficulty walking or sitting
- 176 • Reported history of sexually transmitted infections, frequent urinary or yeast infections
- 177 • pregnancy
- 178 • frequent complaints of stomachaches or headaches
- 179 • withdrawal or chronic depression
- 180 • feeling threatened by physical contact, closeness

- 181 • the child is "parentified" or overly concerned for siblings
- 182 • Signs observable outside of the dental setting:
- 183 • pain or itching in the genital area
- 184 • torn, stained, or bloody underclothing
- 185 • laceration or abrasion to the external genitalia
- 186 • bruises or bleeding in the external genitalia

#### 187 **4.4.3. Behavioral**

188 While most signs are not observable in the dental practice setting, the following may be noted:

- 189 • running away from home
- 190 • low self-esteem, lack of confidence
- 191 • peer problems, lack of involvement with friends
- 192 • extreme weight change
- 193 • suicide attempts or threats; especially with adolescents
- 194 • hysteria, lack of emotional control
- 195 • sudden school difficulties
- 196 • unprovoked cruelty to animals
- 197 • observed aggressive behavior of caregiver towards patient
- 198 • observed inappropriate intimate behavior of caregiver towards patient
- 199 • observed depression can use genetic depression scale to help determine diagnosed depression
- 200 • withdrawal from social interaction
- 201 • apathy
- 202 • fear of caregiver
- 203 • exhibits extreme behavior
- 204 • developmentally delayed

#### 205 **4.4.4. Financial**

206 While most signs are not observable in the dental practice setting, the following may be noted:

- 207 • failure to make financial decisions (if responsible)
- 208 • failure to fulfill caregiver obligations (financial)
- 209 • inability to pay bills due to failure to utilize resource appropriately (if responsible)
- 210 • inability to renew prescriptive drugs or to pay for them

## 211 **5. NEGLECT**

### 212 **5.1. Introduction**

213 Unlike physical abuse, conditions of human neglect may not be as easy to observe. Health issues, money



214 mismanagement, alcohol and drug usage, inadequate clothing and food, lack of medical care, lack of adequate shelter,  
215 and insufficient employment are all frequent family unit situations.

216

217

## **5.2. Forms of Neglect**

218

### **5.2.1. Child Neglect**

219

This term refers to the mistreatment of children by their caregivers. Specific criteria have been established by a  
220 community's laws that provide for the child, at minimum, medical treatment, education, food, shelter, adequate  
221 hygiene, supervision, protection from alcohol, drugs, and environmental dangers. Caregivers should be aware of the  
222 necessity to provide the child with resources to meet those needs. Once educated and exposed to those resources,  
223 the caregiver's continual failure to provide the child with adequate care would constitute neglect.

224

### **5.2.2. Intimate Partner Neglect**

225

Intimate partner neglect occurs when there is a physical, psychological, or financial dependency on the intimate  
226 partner. The dominant partner often leverages this dependency to their advantage and may deprive the dependent  
227 individual of the resources necessary to maintain an adequate quality of life.

228

### **5.2.3. Elder Neglect**

229

Elder neglect is the failure to provide support services an elderly individual who is incapable of caring for themselves.

230

This type of neglect leads to a diminution of sustainable health and detrimental changes to the individual's well-being. It  
231 is sometimes referred to as elder abandonment.

232

### **5.2.4. Individuals with Disabilities (cognitive, physical, developmental) Neglect**

233

This is similar to intimate partner neglect but often involves failure to provide support services to individuals incapable  
234 of caring for themselves.

235

## **5.3. Types of Neglect**

236

### **5.3.1. Physical/Medical**

237

Medical neglect occurs when a caregiver fails to recognize or respond to the medical needs of an individual. This type  
238 of negligence can include not only a failure to recognize signs of serious illness but also the failure to follow instructions  
239 once medical advice is given

240

### **5.3.2. Dental**

241

Dental neglect will lead to a diminished oral health level and the individual's inability to have proper dental function and  
242 freedom from pain and infection. Unfortunately, this type of neglect may be due to inadequacy of funds; however,  
243 dental neglect can often be avoided by seeking open government social services. An additional contributing factor may  
244 be a dental phobia, which usually requires other therapeutic measures.

245

### **5.3.3. Psychological**

246

Psychological neglect sometimes refers to emotional neglect and occurs when a caregiver fails to provide the required  
247 emotional care, attention, and affection to an individual.

248

### **5.3.4. Financial**

249

Financial neglect is the improper, unauthorized, or illegal use of a dependent's assets, benefits, or property to benefit  
250 another individual.

251

## **5.4. Signs of Neglect:**

252 Although mandatory reporting requires only a “suspicion of neglect,” interpretation based on signs alone may be misleading  
253 since many of these signs have alternative causes which are not neglect. However, it is essential to realize that the  
254 presences of these signs are not pathognomonic for abuse nor is the list all inclusive. A thorough history of the injury is  
255 essential to help differentiate accidental injuries from inflicted injuries. Clinical findings are best evaluated within the context  
256 of thorough patient history and potential systemic and accidental etiologies. Although dental professionals cannot thoroughly  
257 investigate suspected neglect, they are obligated to elucidate a patient’s history and consider all possible causes.

258 **5.4.1. Physical/Medical**

- 259 • uncleanly overall appearance, which can include soiled or reused clothing, untrimmed hair, body odor, unshaven  
260 appearance (men), or elongated fingernails
- 261 • issues with temperature regulation
- 262 • poor oral hygiene
- 263 • malnutrition and dehydration
- 264 • untaken prescribed medications or unrenewed medications
- 265 • lack of routine visits to a physician or other healthcare providers
- 266 • decay teeth
- 267 • recurrent angular cheilitis
- 268 • herpetic lesions or mouth sores
- 269 • oral thrush
- 270 • compounding medical problems that go untreated
- 271 • evidence of confusion in comprehension or reasoning, unawareness of surroundings

272 **5.4.2. Emotional/Psychological**

- 273 • untreated delusional behavior or dementia
- 274 • depression, anxiety, or apathy
- 275 • failure to thrive
- 276 • hyperactivity or aggression
- 277 • developmental delays
- 278 • low self-esteem

279 **5.5. Financial**

- 280 • unpaid bills
- 281 • failure to pay dependent's bills

282 **6. HEAD AND NECK INJURIES**

283 **6.1. Introduction**

284 Although physical abuse can occur anywhere on the human body, a large percentage of physical abuse injuries occur in  
285 the head and neck region., Since the dentist is most familiar with the area, they are in a unique position to observe and  
286 document these types of injuries.

287 **6.2. Bruises**

288 **6.2.1. Characterization of Bruises**

289 Injuries can be bruises from blunt force trauma that result in a superficial discoloration secondary to bleeding into the  
290 tissue from ruptured blood vessels beneath the skin without the skin itself being broken. Bruises can also include  
291 swelling, tenderness, and discoloration of the tissue,

292 **6.2.2. Aging of a Bruises**

293 The aging of these bruises by the discoloration can help with an estimation of when the injury was inflicted and if the  
294 history reported by the caregiver is valid. Although, it is accepted that discoloration is not a reliable indicator of the  
295 exact temporal value of when a bruise occurs. However, a spectrum of colors on various injuries may suggest a  
296 continuum of ongoing abuse situation with recent, not so recent, and older.

297 **6.3. Possible Patterned Injuries of Dental Origin**

298 **6.3.1. Introduction**

299 Patterned dental origin injuries, commonly referred to as "bitemarks," are often associated with intentional infliction of  
300 potentially painful injuries utilizing the teeth. Individuals of any age group may present clinically with these injuries  
301 which may be self-inflicted or caused by other children or adults. Animal activity is also a possibility. When these  
302 injuries occur on the face, ears, or neck, they may be observable upon routine dental examination. However, clothing  
303 may conceal these types of injuries on extremities or other parts of the body.

304 **6.3.2. Characteristics**

305 Patterned dental origin injuries represent a spectrum of blunt force injuries: bruises, abrasions, lacerations, and  
306 avulsions. These injuries may reflect characteristics of the inflicting dentition. The injury typically reflects an ovoid or  
307 elliptical pattern representing primary or permanent dental arches' shape and dimensions. The damage may also  
308 reflect the shape, dimensions, arch position, and surface features of individual teeth. In addition, a central area of  
309 bruising may be present because of the compression of tissues between the two dental arches, which rupture capillary  
310 blood vessels.

311 **6.3.3. Opinions**

312 Conclusions drawn from these types of injuries can carry significant implications when associated with a pattern of  
313 abuse. Since the most common bite injuries originate from dogs, it is essential to differentiate these injuries from those  
314 of human origin and determine whether the injuries are consistent with the history reported by the victim and caregiver.

315 Multiple patterned injuries in various stages of healing can indicate repeated abuse over time. However, it is not  
316 uncommon for children to sustain injuries from other children, particularly siblings. The presence of multiple aged  
317 injuries from child-to-child biting suggests a responsible adult's failure to recognize and end the maltreatment.

318 Patterned dental origin injuries can be a painful form of physical abuse and may escalate to more serious, even fatal  
319 outcomes. In many jurisdictions, it is considered a significant crime.

320 As mandated reporters, dental professionals are trained to recognize and report indicators of suspected abuse.  
321 Formulating a determination of a patterned injury of dental origin may require that evidence documentation and  
322 analysis be carried out by experienced forensic odontologists.

323 **7. EXAMINATION**

324 The dental professional should perform an initial patient examination. Given the sensitive nature of an examination for  
325 possible abuse, the dental professional may not feel comfortable with completing a comprehensive exam with a potential  
326 diagnosis of human abuse or neglect. However, the diagnosis of suspicion of abuse is based on initial observations, which

327 only a physical examination can support. Although the dental professional is only obligated to report potential abuse and  
328 neglect, the more detailed an investigation, the more likely an accurate confirmation or refutation to such abuse or neglect is  
329 validated.

330 **7.1. Interview:**

331 The dental office interview should not be considered a sociological or psychological investigation. A detailed interview  
332 should be carried out by the appropriate child protective professionals as indicated. The sole purpose of this interview is  
333 to help the dental professional determine if child protective services should be further investigated suspicion of abuse  
334 and neglect.

335 The examination should always begin with an interview of the patient. If any of the physical or psychological signs are  
336 present, the interviewer should explain using the patient's words. It is typically wise to start with empathy or concern for  
337 patients to make them feel at ease at the beginning of the process. It is essential to review the medical and dental history  
338 of the patient for a possible explanation of the patient's narrative of subjective findings.

339 **7.2. Interview of patient**

340 Patients can often provide crucial historical context for clinical findings, such as timelines for injuries, whether the injuries  
341 are painful or tender or linked to repeated intentional or unintentional trauma. Following the patient's initial discussion, a  
342 preliminary determination should be made regarding whether a more detailed interview and examination are necessary.  
343 It is always better to err on the side of caution if there are any concerns about the patient narrative's accuracy.

344 Whenever possible, and if age-appropriate, additional biographic data should be collected. Although this should be as  
345 comprehensive as possible, consideration should be made about the psychological impact it may have on the individual.  
346 The biographical data includes information on an individual's sex and current and historical former information on health  
347 issues, nutritional status, medications (prescription and OTC) substances, dietary intake, exercise routine. Information  
348 concerning the home environment should be obtained if possible. This includes information on whom the individual lives  
349 with and the house's location (basement, attic, presence of stairs, privacy). Additional helpful information concerns  
350 information on caregivers and daily protocols dealing with bathing, toileting, daily, and special needs could also prove  
351 beneficial.

352  
353 **7.3. Interview of caretaker**

354 The caregiver can often provide critical supporting information to help to  
355 determine the origin of trauma. Especially in cases where the patient is non-communicative, an effort should be made to  
356 obtain needed information. It is vital that the interview be performed in a non-judgmental manner and only as a method to  
357 determine the required information.

358 The caregiver can represent a key resource for the dental team, particularly when the patient has limited ability to  
359 communicate. By providing insights into the health status, and support of daily activities of the dependent patient, the  
360 caregiver can partner with both the patient and dental provider in oral health care delivery, and maintenance.

361 When the dependent individual presents with apparent traumatic injuries, the caregiver can often provide critical  
362 supporting information as to the history, and potential etiology. When the injuries appear to be inconsistent with history,  
363 the dental provider needs to assess whether further interview with the caregiver may pose additional risk to the patient. If  
364 the dental provider is comfortable with discussion with the caretaker, a non-judgmental approach is key. Moreover, the  
365 interview should be conducted only to the extent needed to assess the need to report. The dental professional should  
366 contact the appropriate authorities for further investigation.

367 **7.4. Physical Examination by Dental Professional**

368 A physical examination, including photographs and radiographs, should be conducted by the dental provider when  
369 possible.

370 **7.4.1. Extraoral and Intraoral**

371 Evaluate the head and neck for any abnormalities or injuries that are not considered within normal limits. A systematic  
372 examination includes observations as well as palpation of regions to detect underlying abnormalities.

373 **7.4.2. Radiology**

374 Radiographs are an essential adjunct to the visual clinical examination and can accurately detect underlying  
375 abnormalities in oral-maxillofacial structures. Additionally, radiographs can serve as a historical record for previously  
376 healed injuries and prior surgical interventions.

377 **8. DOCUMENTATION**

378 Documentation of injuries potentially caused by physical abuse should be completed as soon as possible after the  
379 examination so that important details are not omitted

380 **8.1. Photography**

381 Photographs ensure the accuracy of evidence collection. Once consent has been obtained, it is essential to capture  
382 the crucial components of the injury. This includes orientation photographs to demonstrate the correct anatomical  
383 location of the damage and close-up photographs to highlight injury details. It is critical to photograph the wound with a  
384 ruler/scale (ex. ABFO Ruler #2) in place; preferably, both the ruler and injury are perpendicular to the camera lens to  
385 record injury metrics accurately. If a ruler/scale is not readily available, a periodontal probe, or a coin can be used.

386 **8.2. Findings**

- 387 • Record statements in the patient's own words, e.g., "Patient reports..."
- 388 • Record pertinent physical findings
- 389 • Create a body diagram highlighting injuries and photos (if available and with consent)
- 390 • Document an opinion as to the history given and the appearance of the injury

391 **9. REPORTING**

392 Dental Professionals are mandated to report suspected child abuse in all 50 states, the District of Columbia, and the five  
393 U.S. territories. These mandates provide varying immunity levels from prosecution for individuals who report in good faith  
394 suspected instances of child abuse or neglect. "Good faith" is defined as when the reporter, to the best of their knowledge,  
395 believes that the child in question is at risk or was subjected to abuse or neglect. These immunity statutes also protect  
396 reporters from civil or criminal liability. Mandatory reporters are required to report the facts and circumstances that led them  
397 to suspect that a child may have been abused or neglected and but are not required to provide proof. Note 1 to entry: The  
398 dental professional should have the phone numbers of their local Child Protective Services (CPS) and Police Department  
399 readily available in the event a patient presents with suspected abuse.

400 **10. CONCLUSIONS**

401 Violence is a global problem that does not discriminate on the basis of age, gender, or socioeconomic status. Signs of  
402 physical abuse can occur in the head and neck region. Dental providers need to be aware of this fact. With adequate  
403 education, training, and experience, dental professionals can recognize the signs and symptoms of abuse and neglect and  
404 be prepared with an established plan of action in place should such a case present.

405 **11. RESOURCES**

406 Childhelp® National Child Abuse Hotline:

407 Childhelp® is a national organization that provides crisis assistance and other counseling and referral services. It is staffed  
408 24 hours a day, 7 days a week, with professional crisis counselors who have access to a database of 55,000 emergency,

- 409 social service, and support resources. All calls are anonymous. Contact them at 1.800.4ACHILD (1.800.422.4453).
- 410 For a State-by-State summary of mandatory reporting laws, see Child Welfare Information Gateway's Mandatory Reporters  
411 of Child Abuse and Neglect at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/mandat/>
- 412 Domestic Violence Resource Network: [https://www.acf.hhs.gov/fysb/programs/family-violence-prevention-](https://www.acf.hhs.gov/fysb/programs/family-violence-prevention-services/programs/centers)  
413 [services/programs/centers](https://www.acf.hhs.gov/fysb/programs/family-violence-prevention-services/programs/centers)
- 414 Academy on Violence and Abuse, [https://www.avahealth.org/resources/resource\\_index/resource\\_material\\_index.html](https://www.avahealth.org/resources/resource_index/resource_material_index.html)
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