

# A Guide to Family Violence

FOR THE DENTAL TEAM



CHILD ABUSE



ELDER ABUSE



DOMESTIC VIOLENCE



DEVELOPMENTALLY  
AND PHYSICALLY  
CHALLENGED



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Sponsored by the Massachusetts Dental Society  
Standing Committee to Prevent Abuse and Neglect

**Family violence** occurs in every community and in every neighborhood regardless of age, education, or financial well-being. For the most part, it is a silent cycle of physical and emotional abuse that leaves victims feeling helpless and hopeless.

With 75 percent of physical abuse cases resulting in injuries to the head, neck, and/or mouth, the dental community is in a fundamental position to be the first advocates for victims of abuse and neglect. The Massachusetts Dental Society Standing Committee to Prevent Abuse and Neglect has created "A Guide to Family Violence for the Dental Team" to assist the dental community in recognizing and reporting suspected cases of abuse and neglect among children, the elderly, victims of domestic violence, and the developmentally disabled and physically challenged.

According to Massachusetts law, abuse is defined as the non-accidental act by a caretaker which causes a substantial risk of physical or emotional injury; or constitutes a sexual offense under the laws of the Commonwealth. Neglect is defined as failure by a caretaker, either deliberately or through negligence, or an inability to take actions necessary to provide an individual with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care.

**Dentists and their staffs are mandated reporters.** However, it's important to remember that under Massachusetts law, mandated reporters are protected from liability in any civil or criminal action and from any discriminatory or retaliatory actions by an employer.

### Overall Assessment

Prior to any dental treatment or exam, a member of the dental team can subtly perform an overall assessment of the child, adult, or senior to determine if the patient is a possible victim of abuse. Here are some guidelines to follow:

- If possible, observe patients walking into your office and how they behave in the waiting area.
- Does the patient appear to be in pain as he or she walks into the operator or sits in the dental chair? A victim who has fractured bones or ribs may have hindered movement.
- Does the patient seem uncomfortable as he or she sits down? This may indicate sexual abuse.
- Is there swelling or bruises around the face?
- Do hands reveal any type of trauma such as burns from cigarettes, lighters, or "glove-like" burns from scalding water?
- When the patient is in the chair, observe his or her head to detect if there's any swelling of the scalp from trauma or fracture. Are there bald spots where hair was traumatically removed or pulled?
- Are there oval-shaped abrasions or lacerations that indicate bite marks?
- Does the patient appear to be overdressed for the current weather? For example, is he or she wearing long sleeves, long pants, and other heavy clothing during hot summer months? This may be an attempt to cover bruises or injuries to the arms and legs.
- Is the patient dirty, disheveled, or appears malnourished?
- Was there an obvious delay in seeking dental treatment?



## Child Abuse

Child abuse crosses all ethnic, cultural, and socio-economic lines. According to the latest information provided by the United States Department of Health and Human Services, Massachusetts has the third highest rate of confirmed cases of child abuse. In 2005 alone, 35,214 children in Massachusetts (think of the number of seats at Fenway Park) were confirmed as abused or neglected. Half were younger than eight years old.



As mandated reporters, every dental team member plays a critical role in protecting children from suspected cases of abuse and neglect. Learning to recognize the signs and document and report them to the appropriate authorities are crucial steps to preventing more serious, permanent injuries, or even fatalities, from occurring.

## Signs of Child Abuse

- Are there lacerations or scars from trauma or rope marks in the corners of the mouth from a gag being forced into the mouth?
- View the palate for unexplained bruises that may suggest forced oral sex. Contusions on the floor of the mouth may be indicative of sexual abuse, too. (Nearly 80 percent of sexually abused children know their abuser.)
- Are there any teeth missing for no apparent reason? Is the labial frenum lacerated from forced feeding or as a result of blunt trauma from a hand or instrument?
- Are there burns in the mouth from scalding liquids or chemicals? Does the child have difficulty swallowing or salivates excessively?
- Do X rays show a healed or a recent fractured tooth?

Another important step in identifying and reporting abuse and neglect is conducting and documenting interviews with suspected victims.



## Interviewing a Suspected Victim of Child Abuse

- If you suspect abuse, try to speak to the child with a member of your staff present, but without the child's family member(s) or guardian in the room. This way, the child is more likely to speak freely without fear.
- Ask the child non-threatening questions that require a descriptive answer rather than just a "yes" or "no" answer. For example, "How did you knock your tooth out?" Do not suggest answers or pressure the child for answers to questions he or she is unwilling to answer.
- Establish a trusting environment for the child and try to use his or her own words and terms while discussing the situation. Young children do not typically make up stories of abuse. However, they may not volunteer information, fearing they will be separated from the parent or that there will be retaliation from the parent or guardian.
- Is the child's explanation consistent with the parent's explanation?

## Interviewing the Parent or Guardian

- Interview the parent separately from the child with a witness present.
- Tell the parent the reason for the interview, attempt to be objective, discuss your concerns regarding the child's injury, and reassure the parent of your support.
- Do not attempt to prove abuse or neglect. A non-abusive parent is usually willing to openly discuss the child's injury and provide all details when questioned.
- Determine if the parent's story conflicts with the child's story before making your determination to report the case to the appropriate authorities.

To report suspected child abuse or neglect in Massachusetts, you must first file an oral report by calling the **Child-at-Risk Hotline at (800) 792-5200** to notify the appropriate personnel of the Massachusetts Department of Social Services (DSS).

In addition, a written report must be submitted to DSS within 48 hours after the oral report has been filed. You may access the mandated reporter's form by clicking on the **For Professionals section at [www.massdental.org](http://www.massdental.org)**. If you suspect a child is in immediate danger, call 911.

**Child-at-Risk Hotline (800) 792-5200**

## Elder Abuse

With our aging population increasing, the problem of elder abuse has become more widespread. Every year, more than one million older Americans are the victims of elder abuse. In 2005, the Massachusetts Department of Elder Affairs received more than 11,500 reports of elder abuse.

Elder abuse and neglect refers to any act that threatens the safety and well-being of an older person. This may include physical, emotional, sexual, or financial abuse, as well as neglect. In a number of these cases, dentists can serve as a senior's first line of defense.

## Signs of Elder Abuse

- Lip trauma
- Fractured, loose, or missing teeth
- Injuries, such as bruising to the eye and surrounding soft and hard tissues
- Ill fitting dentures, lack of dental care, or lack of physical hygiene

## Other Signs of Elder Abuse May Include

- Confinement or isolation of the individual
- Being withdrawn or passive
- Depression, agitation, or anxiety
- Unexpected large withdrawals from financial accounts or abrupt changes in the elder's Last Will and Testament or unpaid dental bills

## Interviewing a Suspected Victim of Elder Abuse

- As in the other forms of abuse and neglect, it is important to remain objective, non-judgmental, and supportive.
- If possible, discuss the situation with the patient alone, without the presence of a family member or caregiver.
- Discuss your concerns about the suspected abuse with the patient affirming that you understand. Offer him or her advice with information on resources and support services.

The following are examples of how the dental team can begin a discussion with a suspected victim of elder abuse:

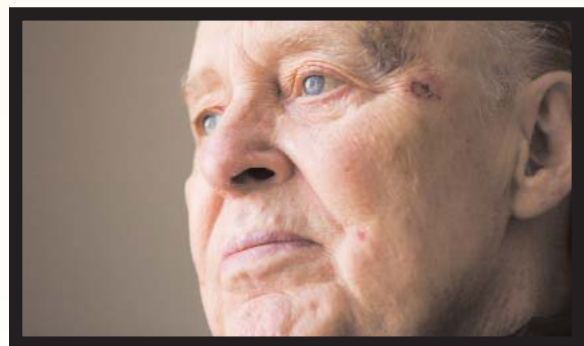
"I'm concerned about you. The last few times you visited the office, you have seemed very unhappy. Is there anything going on at home that you'd like to talk about?"

"I've noticed that you have some bruises on your face. Sometimes, this is a sign that a person is not being treated properly at home (or a nursing home). If this is happening to you, I'd like to help."

"I noticed that your son seems to shout at you a great deal. Does this happen at home, too? Would you like to talk about it?"

Under Massachusetts law, dental professionals are mandated reporters of any suspected abuse, neglect, or mistreatment of an elder and must make a verbal report to the **Elder Abuse Hotline at (800) 922-2275**. A written report is required within 48 hours of a verbal report. You may access the mandated reporter's form by clicking on the **For Professionals section at [www.massdental.org](http://www.massdental.org)**. If you feel an elderly patient is in immediate danger, call 911.

**Elder Abuse Hotline (800) 922-2275**



### Domestic Violence

Domestic violence includes physical violence, intimidation, threats, isolation, and emotional, sexual, or economic abuse. According to the Massachusetts Coalition Against Sexual Assault and Domestic Violence, in 2006, the statewide Domestic Violence Hotline SafeLink answered nearly 22,000 domestic violence calls. In addition, during 2005, approximately 28,500 restraining orders were issued, with 82 percent of the defendants identified as men.

The first step in helping victims of domestic violence is to empathize with them and their needs. Victims do not stay in violent relationships because they want to or are able to tolerate them. Survivors talk about helplessness and fear as they try to endure the violence. Fear of losing their children, fear of physically being hurt, fear of being killed, financial instability, and rejection by their friends and family are the most common reasons that prevent victims from leaving an abusive partner. The most dangerous time for a woman suffering from domestic violence is when she actually decides to leave her abusive relationship.

### Signs of Domestic Violence

- Unexplained bruises, lacerations, burns, fractures, a torn frenum, or several injuries in different stages of healing. For example, bruises that are black and blue or yellow.
- Victims appear embarrassed, vague, anxious, or depressed.
- Has a partner who's reluctant to leave her or him alone during the interview, is domineering, or who answers all questions for the patient.
- Changes in the patient's routine. For example, a patient who used to come in for regular checkups and who now suddenly stops or who frequently comes late for appointments.



### Interviewing a Suspected Victim of Domestic Violence

- Begin by sitting next to your patient to demonstrate that you want to spend time with him or her.
- Reassure patients that what they tell you is confidential. You can ease into the conversation by stating, "Abuse in the home is very common. As a result, our office now asks all patients 'Are you in a relationship where you're being threatened or hurt?'" You can also ask, "Do you feel safe at home?" Listen to what the victim is trying to convey verbally and nonverbally.
- Respect silence. Do not rush the victim or put words in her or his mouth.
- Keep any questions you may have short and avoid asking leading questions that may suggest how the person should answer.
- Give immediate reassurance and support, indicating that you believe the victim and that you do not believe that he or she "provoked" the abuser. And never discuss the abuse in front of the suspected perpetrator.
- Lastly, be certain to document the information in the patient's record and provide her or him with a resource list of phone numbers and contact persons who will assist her or him. (See below). It's important to remember that victims are at their most vulnerable psychologically and physically at the time when they first come forward with stories of abuse, so it's important to be prepared.

When a victim reveals information about being abused, report it immediately to the appropriate local social service agency, which is equipped to investigate and handle such cases. Intervention should be handled by professionally-trained counselors with knowledge in support and guidance techniques. However, if you feel your patient is in immediate danger, call 911.

**Casa Myrna Vasquez Battered Women's  
24-hour hotline (877) 785-2020**

**The National Domestic Violence  
Hotline (800) 799-SAFE (7233)**

### Developmentally and Physically Challenged

Advocates for developmentally and physically challenged people estimate that individuals with disabilities are four to ten times more likely to be the victims of abuse and neglect than people without disabilities.

Victims include men, women, and children of all ages who suffer from various types of disabilities including Down's Syndrome, autism, Alzheimer's, cerebral palsy, and paraplegia. The abuse and neglect can take all forms, including sexual and physical abuse and financial exploitation. Often, a person the individual knows and trusts commits the abuse such as a relative, a caregiver, or staff person where the victim resides. Most cases of physical and sexual abuse against challenged individuals happen to those who are mentally retarded, with women being particularly vulnerable to sexual abuse.

Sadly, many abuse and neglect victims with disabilities continually suffer in silence because they are unable to communicate their abuse. As a result, dental health professionals are in an advantageous position to identify the signs of abuse and neglect by reviewing the information on Child Abuse, Elder Abuse, and Domestic Violence in this brochure. However, some additional signs of abuse and neglect among the disabled may include:

- Patient lacks needed dentures, eyeglasses, hearing aid, walker, or wheelchair.
- There is evidence of dehydration indicated by dry, fragile skin or dry, sore mouth or apathy or lack of energy and mental confusion.
- Patient has bedsores or skin rashes related to an unchanged bed.
- Caregiver refuses to apply for economic aid or services and resists outside help.
- Caregiver is unreasonably dissatisfied with patient's treatment and frequently changes dentists and/or other service providers.

If you suspect a developmentally or physically challenged patient may be a victim of abuse and neglect, you are mandated to report it by calling the **Disabled Persons Protection Commission hotline at (800) 426-9009** to file a report. You may access the mandated reporter's form by clicking on the **For Professionals section at [www.massdental.org](http://www.massdental.org)**. However, if you feel a developmentally or physically challenged patient is in immediate danger, call 911.

**Disabled Persons Protection  
Hotline (800) 426-9009**



### YOU CAN HELP

Studies conclusively state that health care professionals who acknowledge that abuse has occurred have a positive impact on their patients. Validating the seriousness of the abuse helps victims move toward safety. The dental team's role in combating abuse and neglect includes recognition and referral. By being observant and reporting suspected cases, you can help shield your patients, both young and old, from violence and neglect.

**The Massachusetts Dental Society Standing Committee to Prevent Abuse and Neglect** was formed in order to develop information regarding the dental community's obligation as mandated reporters to report abuse and neglect and to develop educational and informational materials to address this growing problem.

