

Family Violence: Implications for Patients and Practice

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Prevent Abuse and Neglect through Dental Awareness
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Physical and Behavioral Indicators of Child Abuse and Neglect

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Type of CA/N	Physical Indicators	Behavioral Indicators
<p style="text-align: center;">Physical Abuse</p>	<p>Unexplained Bruises and Welts:</p> <ul style="list-style-type: none"> • face, lips, mouth • torso, back, buttocks, thighs • various stages of healing • clustered, regular patterns • reflecting shape of article used to inflict (e.g. buckle) • on several different areas • regular appearance after absence, weekend, vacation <p>Unexplained Burns:</p> <ul style="list-style-type: none"> • cigarette, cigar burns, esp. on soles, palms, back, buttocks • immersion burns (sock or glove-like, circular, on buttocks or genitalia) • patterned: electric burner, iron • rope burns on arms, legs, or torso <p>Unexplained Fractures:</p> <ul style="list-style-type: none"> • skull, nose, facial structures • in various stages of healing • multiple or spiral fractures <p>Unexplained Laceration or Abrasion:</p> <ul style="list-style-type: none"> • to mouth, lips, gingiva, eyes • to external genitalia 	<ul style="list-style-type: none"> • Wary of adult contacts • Apprehensive when others cry • Behavioral extremes: <ul style="list-style-type: none"> • aggressive • withdrawn • Frightened of parents • Afraid to go home • Reports injury by parents
<p style="text-align: center;">Physical Neglect</p>	<ul style="list-style-type: none"> • Constant hunger, poor hygiene, inappropriate dress • Consistent lack of supervision, esp., in dangerous situations or for long periods • Unattended physical problems or medical/dental needs • Abandonment 	<ul style="list-style-type: none"> • Begging, stealing food • Extended stays at school, early arrival, late departure • Constant fatigue, falling asleep in class • Alcohol or drug abuse • Delinquency (e.g. thefts) • Says there is no caretaker
<p style="text-align: center;">Sexual Abuse</p>	<ul style="list-style-type: none"> • Difficulty in walking or sitting • Torn, stained, bloody underwear • Pain or itching in genital area • Bruises or bleeding or external genitalia, vaginal, or anal areas • Venereal disease, esp. in pre-teen • Pregnancy 	<ul style="list-style-type: none"> • Unwilling to change for PE • Withdrawal, fantasy or infantile behavior • Bizarre, sophisticated sexual knowledge or behavior • Poor peer relationship • Delinquency; runaways • reports sexual assault by caretaker
<p style="text-align: center;">Emotional Maltreatment</p>	<ul style="list-style-type: none"> • Speech disorders • Lags in physical development • Failure to thrive 	<ul style="list-style-type: none"> • Habit disorders (sucking, biting, rocking, etc.) • Conduct disorders (antisocial, destructive) • Neurotic traits (sleep disorders, inhibited play) • Psychoneurotic behaviors (hysteria, phobia, obsession, compulsion, hypochondria) • Behavior extremes: <ul style="list-style-type: none"> • Compliant, passive • Aggressive, demanding • Overly adaptive behavior: <ul style="list-style-type: none"> • Inappropriately adult • Inappropriately infantile • Developmental lags (physical or mental) • Attempted suicide

OFFICE PROTOCOL FOR IDENTIFYING AND REPORTING SUSPECTED ABUSE AND NEGLECT

Steps in Identification of Suspected Abuse or Neglect

1. **General physical assessment of the patient.** Although general physical examinations may not be appropriate in the dental setting, be aware of obvious physical traits that may indicate abuse or neglect (e.g. difficulty in walking or sitting, physical signs that may be consistent with the use of force)
2. **Behavior assessment.** Judge the patient's behavior against the demeanor of patients of similar maturity in similar situations.
3. **Health histories.** If you suspect child maltreatment, it can be useful to obtain more than one history, one from the child and one separately from the adult.
4. **Orofacial examination.** Look for signs of violence, such as multiple injuries or bruises, injuries in different stages of healing, or oral signs of sexually transmitted diseases.
5. **Consultation.** If indicated, consult with the patient's physician about the patient's needs or your suspicions.

Steps in Reporting Suspected Abuse or Neglect

1. **Documentation.** Carefully document any findings of suspected abuse or neglect in the patient's record.
2. **Witness.** Have another individual witness the examination, note and co-sign the records concerning suspected abuse or neglect.
3. **Report.** Call the appropriate protective services or law enforcement agency in your area, consistent with the law. Make the report as soon as possible without compromising the patient's dental care.

To report suspected child abuse or neglect _____

To report suspected elder abuse or neglect _____

4. **Necessary information.** Have the following information available when you make the report:
 - name and address of the child and parents or other persons having care and custody of the child;
 - child's age
 - name(s) of any siblings
 - nature of the child's condition, including any evidence of previous injuries or disabilities; and,
 - any other information that you believe might be helpful in establishing the cause of such abuse or neglect and the identity of the person believed to have caused such abuse or neglect.

Suggested Reading List

Healthcare's Role in Preventing Abuse and Neglect

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BE ON THE LOOKOUT FOR ABUSE AND NEGLECT

General Risk Factors for Abuse and Neglect

- History of drug or alcohol abuse within the family
- Severe stress - economic, lifestyle, or as a result of disasters
- Lack of a support network or isolation (e.g. single parent families; few close friends; no relatives nearby; geographic isolation; inability to, or fear of, interacting with neighbors)
- Other forms of family violence within the home (spousal or partner abuse, abuse or neglect of elders)
- History of a parent having been abused as a child

Warning Signs

- Repeated injuries, or injuries in various stages of healing
- Inappropriate behavior
- Neglected appearance or hygiene
- Parents that are extremely strict or super-critical of the child

Some Conditions That May Mimic Abuse

- Accidental injuries, typically in similar stages of healing
- Birthmarks: Do not heal and disappear, although they may fade after many years
- Bullous impetigo: Staph or strep infections that respond to antibiotic regimens
- Folk medicine remedies, such as cupping, coin rubbing, or moxibustion, most common in families of Southeast Asian or Central American heritage
- "Port-wine stains" typical of Sturge-Weber Syndrome: Do not change or disappear
- Slate-gray spots of infancy (formerly "Mongolian spots"): Fade gradually over several years
- Epidermolysis bullosa, an auto-immune disease
- Idiopathic thrombocytopenia purpura, may cause large contusions due to little or no injury
- Hemophilia - clotting disorders with possible subcutaneous hemorrhage, often around joints
- Ehlers-Danlos Syndrome - congenital disorder resulting in improper collagen formation
- Menke's Syndrome - genetic disorder of copper metabolism resulting in friable hair

This listing is not meant to be all-inclusive, but is designed as a general guideline to the proper identification of child abuse or neglect. Clinicians are encouraged to seek additional information that will lead to proper diagnosis of suspected abuse or neglect.

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The Rising Epidemic of Elder Abuse and Neglect

Elder Abuse

- ◇ Most commonly as a form of spousal abuse where now the victim is over age 60 or 65
- ◇ Many caregivers are unwilling or incapable of caring for the elderly, with little if any training or background.
- ◇ Often elder abuse is a form of retribution abuse, “pay back” for a life of abuse when the child was young and defenseless.

Contributing Factors to Elder Abuse

- ◆ Increasing elder population, especially those over 85.
- ◆ A lower birth rate means fewer children to assist the elderly.
- ◆ Increasing financial concerns for the family.
- ◆ Increasing family mobility can mean the potential for less family support for the elderly.
- ◆ Elder care can last many years longer than child rearing.
- ◆ The elderly become more dependent with age and their care can become more demanding over time.

Possible Signs of Elder Abuse and Neglect

- ⇒ Injuries not treated, or treatment is delayed.
- ⇒ Personal belongings or valuables are missing.
- ⇒ Confinement.
- ⇒ Malnourishment.
- ⇒ Property or savings that are mismanaged or stolen.
- ⇒ Inadequate clothing or personal items when the family’s resources seem adequate.

Dealing with Intimate Partner Violence in the Healthcare Setting

Essential Attitudes for Professionals

Concern for the abused

- “I am concerned about your situation.”
- “I don’t want you to be abused.”
- “I want to help you.”

Respect for the abused

- “I don’t blame you.”
- “You don’t deserved to be abused.”

First Essential Skill for Professionals

Practice Routine inquiry that is:

- Confidential
- Non-judgmental
- Compassionate

Examples: “Have you ever been hit, kicked, punched or threatened by someone important to you?”
or “How are things at home?” (HATAH)

Second Essential Skill for Professionals

AVOID questions that:

- Minimize the seriousness of the problem
- Increase the patient’s sense of shame and humiliation.

Help Victims Understand Themselves

- They do not deserve to be victimized.
- People do care about them.
- Health care professionals support their decisions.
- Patients can envision themselves in a non-violent environment.
- Resources and referrals are available.

Jobs for Professionals

- Engage in conversations with women.
- Know the available resources
- If you have a life of your own, realize that she can too!