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Abuse

Abuse: Mandated Reporting for Dental Professionals

A Peer-Reviewed Publication

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Educational Objectives

The overall goal of this article is to familiarize dental healthcare professionals with the mandated reporting requirements related to abuse. Upon completion of this course, the dental healthcare professional will be able to do the following:

1. Understand the requirements for mandated reporting of abuse
2. Understand and describe the categories of abuse that require reporting (depending on the state)
3. Know the signs and symptoms of intraoral and head and neck injuries that may be indicative of abuse
4. Understand the documentation requirements for reporting suspected abuse.

Abstract

Dentists are obligated to document and report suspected cases of abuse in all states, and dental hygienists are similarly obligated in some, but not all, states. The obligation is not to prove abuse or neglect, just to report what is suspected. Each state has different regulations on mandatory reporting for healthcare and other professionals, as well as specific reporting requirements for private citizens. It is essential that dental professionals know the potential signs and symptoms of the various types of abuse, are able to identify these, and understand the mandatory requirements for reporting in the state(s) in which they live and practice. It is by identifying, documenting and reporting abuse that victims can be protected and perpetrators prevented from continuing abusive practices and patterns.

Introduction

Dental professionals play an important role in the identification of abuse or suspected abuse and have an obligation to report it to the authorities. Mandatory reporting requires that dental professionals be cognizant of the reporting regulations in the state(s) in which they practice and the mechanisms available for reporting suspected or actual abuse in those states. Surveys have indicated the need for abuse recognition by dental professionals and the need for mandated reporting education. In one survey of Californian dentists only 28 percent indicated they had received formal training in child abuse while in dental school; in addition, 84% responded that they had never seen an abuse or neglect case in the prior five years.¹ A small survey of 60 dentists in the Northern Virginia area and a follow-up survey of approximately 30 dental hygienists at a conference in Virginia by the author of this course made it apparent that licensed dental professionals in the area were not adequately trained in or well-informed regarding mandated reporting.² In order to investigate a larger geographic area, a web-based survey was posted in July 2008 to gather data from dental professionals. Although the majority of respondents were dental hygienists, the questions included information gathering on the perceptions of the level of knowledge of the entire dental team. This survey revealed that there was a valid need for an overview of what to report and how to report, as well as an overwhelming desire to learn more about mandated reporting.³

Mandatory reporting requires that dental professionals be cognizant of the reporting regulations in the state(s) in which they live and practice.

Dentists are obligated to document and report suspected cases of abuse in all states. They are not obligated to prove abuse or neglect, just to report what is suspected. Dental hygienists may be similarly obligated, depending on the state(s) in which they live and work. This article is intended to familiarize the dental professional with legal and ethical obligations regarding mandated reporting for various types of abuse, to explore the more common situations of abuse that a dental professional might encounter and to inform the dental professional on where to access related information. Ultimately, it is the dental professional who will be responsible for his or her own decisions and actions, or lack thereof, where they apply to documenting suspicious observations or discussions and reporting them.

The Role of Dental Professionals in Identifying Suspected Abuse

In 1998 the American Dental Association sponsored a conference called Dentists C.A.R.E., which stands for Child Abuse Recognition and Education. This conference addressed the signs of abuse, ethical issues and reporting procedures as they relate to dentistry. The report estimated that injuries to the head, neck and mouth occur in 65 percent of abuse cases, that the cost of responding to child abuse has been estimated of \$2 billion each year and the cost of healthcare resulting from such child abuse at \$10-12 billion each year.⁴ Dental professionals may be the first line of defense for the patient by identifying specific head and neck injuries that may be due to abuse. One retrospective study conducted between 1998 and 2003 using clinical case records of children found that 59% of these suspected abuse patients had signs of head, face and neck injuries. Bruises and abrasions were the most common injuries seen. 53% of all suspected cases were alleged to have been the result of domestic violence in the home.⁵ With suspect or questionable signs and injuries observed during a routine appointment, it is imperative to question the caregiver or patient regarding the nature of the injury. Of course, not all instances of abuse are identifiable in the dental chair, but dental professionals do gather much information that can be used to help patients if signs of violence or abuse are suspected. Suspect injuries should be documented in the dental (medical) record, and a report forwarded to the appropriate authorities.

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Abuse and Neglect

Suspected abuse and neglect come in many forms. Abuse encompasses acts against oneself or others of all ages, including

infants and the elderly. It can be a purposeful or involuntary act. It includes physical, emotional, sexual, medical or dental neglect; drug and alcohol abuse. Abuse may be partner-related, such as domestic violence or abuse of a helpless individual. Abuse and neglect are reportable when committed against the unborn, the young, the infirm, the disabled and those whose mental capacity prevents them from defending themselves. Abuse can be stifling to those who experience violence and to those who may be dependent upon the abuser for shelter, money or food. These individuals may feel they have no alternative but to remain with the abuser.

Child Abuse

Child abuse has been defined as ‘any act (nonaccidental or trauma) that endangers or impairs a child’s physical or emotional health or development.’ The state definition varies and can be more specific, such as ‘any child suffering physical or emotional injury which causes harm or substantive risk of harm to the child’s health or welfare including sexual abuse or from neglect or who is determined to be physically dependent upon an addictive drug at birth.’⁶ The National Child Abuse and Neglect Data System (NCANDS) reported an estimated 1,530 child fatalities in 2006.⁷ It is suspected that child fatalities due to abuse and neglect are underreported. According to NCANDS, very young children age 3 years and under are frequent victims of fatalities.

Child abuse or neglect can be any of the following: physical abuse and/or injury, medical denial, emotional trauma, drug or alcohol involvement, nutritional denial, adult or parental abandonment, withholding of basic needs, cruel tasks or work such as forced labor beyond the ability of the child, inhuman living conditions, sexual abuse and forcing a child to be a caregiver. Child abuse may also be drug- or alcohol-related. The physical, emotional and cognitive deficits caused by childhood abuse may be irreversible.

Figure 1. Suspected child abuse case



Figure 2. Suspected abuse



Medical Professional to Medical Professional

Child abuse information for professionals is available from professionals at Children’s Hospital Medical Center in Cincinnati, Ohio. Shapiro et al. authored several interesting and concise reports and presentations on child abuse that contain important information for healthcare providers. In addition, images of child abuse that may aid in identification of potential abuse cases are available on the website hosted by the medical center. The presentations are titled “Head Injury: Inflicted or Accidental,” “Child Sexual Abuse” and “Testifying in Child Abuse Cases.” These presentations collectively provide statistical data on the incidence of inflicted head injuries, the likelihood of specific types of injuries being accidental or the result of abuse, the incidence and types of sexual abuse in young boys and girls, physical and behavioral signs of abuse and how to testify in the legal system if a suspected abuse case is brought to court.⁸

Table 1. Types of abuse

Physical abuse (including domestic violence)
Sexual abuse
Drug or alcohol abuse
Emotional abuse
Nutritional denial
Medical/dental (treatment) denial
Forced labor
Abandonment

Domestic Violence

There are many forms or patterns of domestic violence/abuse,⁹ including dating violence, housing issues,¹⁰ spousal abuse, abuse during pregnancy, sexual assault, stalking, workplace violence, pet abuse and human trafficking. The abused stay with the abuser for many reasons, including basic needs such as shelter and food, and fear of reprisal.¹¹ Often, they have nowhere else to turn or they simply refuse to leave, even when there is alternative housing. When an expectant mother is abused, so is the unborn. Physical violence against pregnant women was estimated to occur in 14% of pregnant women in one study.¹² Legal ramifications can and may be applied to the abuser if the pregnancy is lost to domestic violence.

Domestic Violence and Physical Abuse

Domestic violence and physical abuse may be suspected where there are visible injuries to the extremities, face and oral cavity. However, injuries that may be questionable and related to physical/sexual abuse or dental neglect might be related to other events/accidents such as a transportation accident, recreational sport accident, or falling over objects, depending on their location. Table 2 lists some of the injuries and behavioral signs that may be related to abuse.

Table 2. Questionable injuries and behavior

Avulsed, chipped, cracked, or broken teeth
Broken jaw, cheek or nose
Bitten or split lip or tongue
Bite marks, belt marks, slap marks
Bruised cheek, nose or eye
Sprains, bruises, abrasions or cuts of the extremities
Bruised, burnt or cut palate
Burns on face, hands, extremities or oral cavity
Intra-oral lesions
Lack of eye contact, suspiciously timid, fear of touch
Sexually transmitted diseases (STDs) inappropriate to age
Sprains to extremities, neck or fingers
Verbal expressions for help

Sources: Shanel-Hogan KA. *What is this red mark? J Calif Dent Assoc.* 2004;32(4):304-5. American Dental Association Council on Access, Prevention and Interprofessional Relations. *Proceedings: Dentists C.A.R.E. (Child Abuse Recognition and Education) Conference.* 1998.

A dental professional must decide if the likely cause was an accident or abuse. The best way is to document and photograph injuries and ask questions. Look for other signs of physical injuries on the extremities, neck and shoulders. Question individuals privately and compare stories. Document everything! A reasonable explanation may be found; or not. Parents/caregivers need to be questioned and held accountable, regardless of the incident being accidental. Remember, abuse need only be suspected, not proven. For every injury, there is an explanation or reason. The licensed professional has to decide if the explanation is reasonable and appropriate or if the injury should be reported.

Questioning should be conducted in a nonjudgmental manner. When screening for potential abuse, it is important to listen carefully to the message and word usage, focus on behaviors, avoid making assumptions based on socioeconomic or other status, provide unconditional support, provide information on the individual's rights, and be aware of cultural differences and language difficulties (asking if an individual would like an interpreter can be important here).¹³

The presence of a companion or relative during the dental appointment or procedure may be suspect; if the patient is old enough to be alone with the dental professional and is able to communicate, unless it is normal for cultural reasons for someone

to be present, there should be no need for a companion or relative to be present during the procedure. If an uncomfortable situation is encountered, this should be documented and behavior monitored at future visits. If it is felt that the situation requires urgency, this should be documented in the records and the state reporting agency or local law enforcement agency contacted to file a report.

Sexual Abuse

Sexual abuse or sexual activity in minors may be identifiable through signs of sexually transmitted diseases (STDs) and/or sexually induced injuries to the person. Adults can also be sexually abused. Any sexual act forced upon a person against his or her will or performed on an underage person is considered abuse. Love does not give any individual the right to perform sexual acts upon another person who is underage, unwilling or unable to give consent. This is a crime. Victims of intimate partner violence also experience post-traumatic stress disorder symptoms.¹⁴

As discussed above, signs of STDs evident in the oral cavity or intraoral injuries such as bruising on the palate; tears, bruising or lacerations on the lips; and broken or missing teeth may all be indications of sexual abuse. STDs are transmitted during unprotected oral sex through open wounds, non-intact oral mucosa, blood and saliva. In fact, millions of teens become infected each year through engaging in unprotected oral sex. Sexually transmitted diseases such as chlamydia, gonorrhea, human immunodeficiency virus (HIV) and herpes infect young people each year because they believe oral sex is safe.¹⁵ Dental professionals should consider addressing "risky behavior" with patients who show signs of oral lesions that may correlate with sexually transmitted diseases. This can be a difficult discussion to begin, but if signs of disease or abuse are evident (Table 3), a discussion should take place to resolve any misconceptions or differential diagnosis. Dental professionals routinely look for lesions or suspicious areas of concern in all patients and should be familiar with the signs of STDs and oral injuries suggestive of abuse.

Table 3. Signs and symptoms of oral sexual abuse

Abnormal variations in oral mucosa
Sore throat
Red lesion on palate
Difficulty swallowing
Fractured teeth, including molars
Mobility of a tooth/teeth
Pain or tenderness
Bruising

Source: Shanel-Hogan KA. *What is this red mark? J Calif Dent Assoc.* 2004;32(4):304-5.

Another scenario to consider is an undocumented (no mention of HIV was documented in the medical history forms) discovery

of suspicious lesions or HIV in the oral cavity of a minor patient. However, after addressing these concerns, it may be discovered that the child was born with HIV or contracted it through other routes. This may be an item the parent neglected to identify on the patient history due to embarrassment or fear of being rejected for services. All these considerations are important when exploring a suspicious situation. Through a professional dialogue of inquiry with the patient, or the parent/guardian and/or the minor, a more informed outcome may be reached prior to reporting. Finally, any health practitioner should disclose health issues that may endanger public health to the legal authorities charged with preventing or controlling disease, injury or disability. State health departments can provide a more informed statement regarding reporting of contagious health issues.

Health practitioners should disclose health issues that may endanger public health to the legal authorities charged with preventing or controlling disease, injury or disability.

Drug and Alcohol Abuse

In 2006, an estimated 30.5 million people (12.4%) age 12 or older reported driving under the influence of alcohol at least once in the past year.¹⁶ Alcohol abuse during pregnancy is reportable, as it is detrimental to the health of the unborn child. Legal ramifications can be placed on the mother for abusing the well-being and health of the unborn child. Alcohol is another area where a patient may be reported if he or she is in a position to harm himself or herself or others while under the influence. Drugs can be prescribed, misused, abused or illegally obtained. Drugs commonly abused include cocaine, ecstasy, heroin, hydrocodone, inhalants (glue, etc.), LSD, marijuana, methamphetamine, oxycontin, steroids and tobacco. The most used and abused drug is hydrocodone. It is the most frequently dispensed opioid for pain management in the U.S., according to the U.S. Drug Enforcement Administration.¹⁷ Often it is combined with acetaminophen (e.g., Vicodin, Lortab and Lorcet). As health professionals, it is important to be aware of drug-seeking behavior. New and existing patients visiting the dental office in pain and looking for relief until the next visit, with no follow-up, should be under suspicion. Be suspicious of the patient who is always in pain after a procedure and calls for (additional) medication, or the emergency patient who will ask for pain medication until he or she can come in for a scheduled appointment. Unfortunately, there is no central database for drug abusers, unless they are convicted. However, dental professionals can alert their colleagues of such persons.

Dental professionals must be able to identify the signs and symptoms of drug abuse. Oral signs and symptoms vary depending upon the type of drug being abused and can include rampant caries for which no other reason can be found, severe periodontal disease, candidiasis, xerostomia, and premalignant and malignant lesions.¹⁸ These may also be due to diseases and

conditions, medications or vitamin deficiencies. A differential diagnosis is essential to rule out other causes.

Table 4. Signs and symptoms of drug abuse

Rampant caries that is otherwise unexplained
Xerostomia
Attrition
Periodontal disease or periodontal status that has changed rapidly
Poor oral hygiene
Angular cheilitis
Candidal infections
Oral ulcerations and irritations
Epithelial atrophy
Dysgeusia

Source: Kelsch N. *Methamphetamine Abuse – Oral Implications and Care.*

Below is an example of possible drug abuse, but no evidence was present that there was continued abuse. This is a case where no report of abuse was made. What would you do differently in this case?

Case Example

Recently, a patient in his late 20s claimed that he had not had dental care in five years and that drinking soda was the cause of the rampant caries observed. Examination disclosed severe loss of attachment, periodontal disease, rampant caries, and heavy debris and calculus. The treatment plan included extractions and full mouth rehabilitation. Considering the patient's explanation and the condition of the dentition, a differential diagnosis of methamphetamine abuse was considered. It was also possible that poverty, depression or homelessness may have been a factor in this person's dental decline. The immediate goal was to keep the patient focused on his treatment and empower him to schedule regular visits and maintain good oral hygiene. No report of abuse was made in this case, as there was no evidence of current abuse or danger to himself or others. The goal was to have the patient reclaim dignity, oral health and functionality of the oral cavity.

Drug abuse can turn into child abuse if the abuser is pregnant and the unborn child can be harmed by the abuse of drugs. In this case, it can be reported if the reporter is aware of the drug use and the pregnancy. Drug use and abuse during pregnancy can irreversibly harm the unborn child. In some states, prenatal drug use that puts the unborn child at risk can result in termination of the mother's rights. Thankfully, abusing drugs, being intoxicated or having drugs near children will indeed bring charges against an adult for putting a minor at risk. When drugs or alcohol abuse are involved, the care of a child is in jeopardy and a report should

be filed. Each licensed dental practitioner must check his or her state regulations for guidance on mandatory reporting of alcohol and drug abuse.

Dental Neglect

Child neglect has been defined as the failure to provide adequate support, supervision, nutrition, medical (dental) or surgical care.¹⁹ Dental neglect is often identifiable – it could be rampant caries, broken teeth or malocclusion. Dental neglect should be documented in the record and with a photograph taken with an intraoral camera. The patient should be followed up with for treatment. If the patient is a minor and does not return to you or another dentist for treatment, this is a valid report of neglect and should be documented and reported to the appropriate agency in your state. If the patient is elderly, mentally or physically disabled, or dependent on others, and the dental neglect is interfering with the well-being or nutrition of the patient, in many states it is an obligation to report the caregiver to the appropriate agency or your local law enforcement agency.

Documenting and Reporting Abuse

Dental professionals are obligated by law to document and maintain accurate records. These records provide documentation that is relevant to legal and forensic situations. Drugs prescribed, abuse of and dependence on drugs, and tobacco use should be documented as a routine part of the medical history review. Suspected drug and alcohol abuse must be documented, as should any drug-seeking behavior on the part of the patient or your inability to obtain informed consent from the patient.

Document the suspected abuse, neglect or other situation in the dental record. Be precise and state concerns. Documentation of injury is essential to the timeline of alleged abuse. Describe it using measurements, descriptors, and anything else that explains your suspicion of abuse or neglect. Requirements for documentation generally include the name of the injured person, his or her whereabouts, the character and extent of the injuries, and the identity of the person suspected of inflicting the suspected abuse. Any comments made by the injured person about previous domestic violence and the name of the abuser should be included. As discussed earlier, it is important to ask questions in an appropriate manner. It is also important to draw a body and map the injuries and bruises or other marks suspect of abuse present on the injured person at the time of the office visit. Take photographs of the documented injury or abuse. A photograph is paramount for the identification of alleged abuse. Swabs of the area can be taken for the lab, if applicable. The chart and report should be signed and dated by the reporter, as well as by an observer who saw the injuries and heard the interview.

The Requirement to Report Abuse

Each state has different laws outlining procedures and requirements for reporting abuse and neglect involving children as well as adults, as well as different laws on who is mandated to report abuse and neglect. In New Jersey and Wyoming, citizens are required to

report suspected abuse. In Washington State, it is a misdemeanor not to report abuse or to intentionally make a false report.

Depending on the state(s) in which they work and live, licensed healthcare professionals in the fields of mental health, general medicine and dentistry are mandated reporters and are obligated to report incidents to the appropriate agency. Not all states mandate all licensed healthcare professionals, and some require both dentists and dental hygienists to report abuse while others require only dentists to report it. Similarly, providers of services to children, such as child-care workers, teachers and other school personnel may also be mandated reporters depending on the state, as may law enforcement officers, social workers, commercial film and photograph professionals. In some states, clergy are also required to report. In the case of child abuse, a summary of the laws and requirement for each state can be obtained from the Child Welfare Information Gateway's Mandatory Reporters of Child Abuse and Neglect website.²⁰

As soon as abuse is suspected, it should be reported to the appropriate agency by telephone, not via email or letter. It is important that the agency receive this call as soon as possible. Questions will be asked and concerns addressed. It is not necessary to prove abuse, just to report suspicion of abuse. Any person suspecting abuse or maltreatment of any kind is allowed to report. If there is reasonable cause to suspect endangerment or neglect, a report should be made. Each state has a designated agency for reporting abuse or neglect; in some states this differs from county to county. If this is not applicable, start with the local police department, which will be able to provide other resources. If there are children involved or dependent upon care from a drug-seeking person, or if the person is pregnant, a referral should be made to the authorities for the protection of the children. The Child Welfare Information Gateway's Mandatory Reporters of Child Abuse and Neglect website posts toll-free numbers to call in each state to report abuse.²¹ The site also provides information on how to place a call. This is a significant and important resource to access.

Laws Concerning the Mandated Reporter

Child abuse reporters are immune from criminal liability, provided they have done so in accordance with state law in good faith. This means that the reporter acted to protect the child. If a report of suspected abuse is made for any other reason, it is not good faith and could even potentially be regarded as malicious reporting depending on the circumstances. Good faith does not mean the reporter has to be correct and that the abuse is subsequently proven. It may be advisable to consult an attorney regarding mandatory reporting and potential liability.²²

Summary

The information contained in this course is a stepping-stone in helping the reader further explore mandated reports. Each state has different regulations on mandatory reporting for healthcare and other professionals, as well as specific reporting requirements for private citizens. It is essential that dental professionals know the potential signs and symptoms of abuse, are able to identify these, and understand the mandatory requirements for reporting in the state(s)

in which they live and practice. It is by identifying, documenting and reporting abuse that victims can be protected and perpetrators prevented from continuing abusive practices and patterns. Stay informed and be an advocate for your patients and your community.

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Author Profile

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Cynthia Yellen began her dental career in the United States Air Force and attended the Air Force School of Health Care Sciences in Dental Hygiene. After her tour in the Air Force, she graduated from Virginia Commonwealth University with a BS in Rehabilitation, and completed an MSW at Syracuse University. She subsequently completed an MBA in Health Care at Western New England College. Ms. Yellen has worked in the field of social work for more than 20 years in clinical counseling, adoption, foster placement and investigations resulting in the protection of children from physical and sexual abuse. In 2007, she graduated with a civilian degree in dental hygiene. As a Registered Dental Hygienist and Licensed Clinical Social Worker, Cynthia now blends Social Work and Dental Hygiene.

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Questions

- All licensed dental professionals are obligated in all states to document and report suspected cases of abuse.
 - True
 - False
- With suspect or questionable signs and injuries observed during a routine appointment, it is imperative to _____.
 - report the suspected abuse immediately without questioning the caregiver or patient
 - document the suspected abuse and wait until the next routine evaluation before taking any further steps
 - question the caregiver or patient regarding the nature of the injury
 - none of the above
- Licensed dental professionals must prove suspected cases of abuse prior to reporting.
 - True
 - False
- Abuse _____.
 - encompasses acts against oneself or others of all ages
 - can be a purposeful or involuntary act
 - may be partner-related or abuse of a helpless individual
 - all of the above
- Very young children are infrequent victims of fatalities related to abuse and neglect.
 - True
 - False
- The National Child Abuse and Neglect Data System (NCANDS) reported an estimated _____ child fatalities in 2006.
 - 1,320
 - 1,530
 - 1,750
 - 1,940
- The physical, emotional and cognitive deficits caused by childhood abuse may be irreversible.
 - True
 - False
- Types of abuse include _____.
 - medical or dental neglect
 - sexual and physical abuse
 - emotional abuse
 - all of the above
- Forms or patterns of domestic violence/abuse include dating violence, spousal abuse, abuse during pregnancy, sexual assault, pet abuse and human trafficking.
 - True
 - False
- Dental injuries may be questionable and related to physical/sexual abuse or dental neglect, or may be related to normal events/accidents that include _____.
 - transportation accidents
 - field sporting events
 - child rough play
 - all of the above
- Domestic violence and physical abuse may be suspected where there are visible injuries to the extremities, face and oral cavity.
 - True
 - False
- Chipped, cracked or broken teeth are common occurrences and should never be suspected as being caused by abuse.
 - True
 - False
- Intra-oral injuries that may be related to abuse include _____.
 - a bruised, burnt or cut palate
 - sexually transmitted diseases (STDs) inappropriate to age
 - a bitten or split lip or tongue
 - all of the above
- Dental professionals should consider addressing “risky behavior” with patients who show signs of oral lesions that may correlate with sexually transmitted diseases.
 - True
 - False
- Licensed dental professionals should _____.
 - be familiar with the signs of STDs and oral injuries suggestive of abuse
 - routinely question all patients on abuse
 - routinely perform oral cancer screenings
 - a and c
- In 2006, an estimated _____ age 12 or older reported driving under the influence of alcohol at least once in the past year.
 - 10.5 million people
 - 20.5 million people
 - 30.5 million people
 - 40.5 million people
- Health practitioners should disclose health issues that may endanger public health to the legal authorities charged with preventing or controlling disease, injury or disability.
 - True
 - False
- Alcohol abuse during pregnancy, although detrimental to the health of the unborn child, is not reportable at this time.
 - True
 - False
- Abusers of pain medications may try to obtain pain medications from dentists by always complaining of pain after a procedure and calling for (additional) medication.
 - True
 - False
- Oral signs and symptoms of drug abuse vary depending on the type of drug being abused.
 - True
 - False
- _____ may be a sign of drug abuse.
 - Severe periodontal disease
 - Rampant caries for which no other reason can be found
 - A premalignant or malignant lesions
 - all of the above
- In some states, prenatal drug use that puts the unborn child at risk can result in termination of the mother’s rights.
 - True
 - False
- Persons intoxicated or affected by drugs or alcohol _____.
 - cannot provide informed consent for dental procedures
 - suffer from memory impairment
 - can be safely treated
 - a and b
- Informed consent is a standard requirement for dental procedures, and without it, your license ultimately will be placed in jeopardy.
 - True
 - False
- Documentation of injury is essential to the timeline of alleged abuse and a photograph is paramount for the identification of alleged abuse.
 - True
 - False
- In Washington State, it is a criminal offense not to report abuse or to intentionally make a false report.
 - True
 - False
- If a reporter of child abuse acts in good faith, he or she is protected from criminal liability.
 - True
 - False
- _____ may be mandated reporters of suspected abuse.
 - Providers of services to children
 - Law enforcement officers
 - Social workers
 - all of the above
- It may be advisable to consult an attorney regarding mandatory reporting and potential liability.
 - True
 - False
- As soon as you suspect abuse, you should report it to the appropriate agency by _____.
 - via email
 - by using the telephone
 - by sending a letter
 - all of the above

Abuse: Mandated Reporting for Dental Professionals

Name: _____ Title: _____ Specialty: _____

Address: _____ E-mail: _____

City: _____ State: _____ ZIP: _____ Country: _____

Telephone: Home () _____ Office () _____

Requirements for successful completion of the course and to obtain dental continuing education credits: 1) Read the entire course. 2) Complete all information above. 3) Complete answer sheets in either pen or pencil. 4) Mark only one answer for each question. 5) A score of 70% on this test will earn you 4 CE credits. 6) Complete the Course Evaluation below. 7) Make check payable to PennWell Corp.

Educational Objectives

- Understand the requirements for mandated reporting of abuse
- Understand and describe the categories of abuse that require reporting (depending on the state)
- Know the signs and symptoms of intraoral and head and neck injuries that may be indicative of abuse
- Understand the documentation requirements for reporting suspected abuse.

Course Evaluation

Please evaluate this course by responding to the following statements, using a scale of Excellent = 5 to Poor = 0.

1. Were the individual course objectives met?	Objective #1: Yes	No	Objective #3: Yes	No		
	Objective #2: Yes	No	Objective #4: Yes	No		
2. To what extent were the course objectives accomplished overall?	5	4	3	2	1	0
3. Please rate your personal mastery of the course objectives.	5	4	3	2	1	0
4. How would you rate the objectives and educational methods?	5	4	3	2	1	0
5. How do you rate the author's grasp of the topic?	5	4	3	2	1	0
6. Please rate the instructor's effectiveness.	5	4	3	2	1	0
7. Was the overall administration of the course effective?	5	4	3	2	1	0
8. Do you feel that the references were adequate?		Yes		No		
9. Would you participate in a similar program on a different topic?		Yes		No		
10. If any of the continuing education questions were unclear or ambiguous, please list them.	_____					

11. Was there any subject matter you found confusing? Please describe.

12. What additional continuing dental education topics would you like to see?

Mail completed answer sheet to

Academy of Dental Therapeutics and Stomatology, A Division of PennWell Corp.

P.O. Box 116, Chesterland, OH 44026
or fax to: (440) 845-3447

**For IMMEDIATE results,
go to www.ineedce.com to take tests online.
Answer sheets can be faxed with credit card payment to
(440) 845-3447, (216) 398-7922, or (216) 255-6619.**

Payment of \$59.00 is enclosed.
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If paying by credit card, please complete the following: MC Visa AmEx Discover

Acct. Number: _____

Exp. Date: _____

Charges on your statement will show up as PennWell

- | | |
|---------------------|---------------------|
| 1. (A) (B) (C) (D) | 16. (A) (B) (C) (D) |
| 2. (A) (B) (C) (D) | 17. (A) (B) (C) (D) |
| 3. (A) (B) (C) (D) | 18. (A) (B) (C) (D) |
| 4. (A) (B) (C) (D) | 19. (A) (B) (C) (D) |
| 5. (A) (B) (C) (D) | 20. (A) (B) (C) (D) |
| 6. (A) (B) (C) (D) | 21. (A) (B) (C) (D) |
| 7. (A) (B) (C) (D) | 22. (A) (B) (C) (D) |
| 8. (A) (B) (C) (D) | 23. (A) (B) (C) (D) |
| 9. (A) (B) (C) (D) | 24. (A) (B) (C) (D) |
| 10. (A) (B) (C) (D) | 25. (A) (B) (C) (D) |
| 11. (A) (B) (C) (D) | 26. (A) (B) (C) (D) |
| 12. (A) (B) (C) (D) | 27. (A) (B) (C) (D) |
| 13. (A) (B) (C) (D) | 28. (A) (B) (C) (D) |
| 14. (A) (B) (C) (D) | 29. (A) (B) (C) (D) |
| 15. (A) (B) (C) (D) | 30. (A) (B) (C) (D) |

AGD Code 155, 156, 157

PLEASE PHOTOCOPY ANSWER SHEET FOR ADDITIONAL PARTICIPANTS.

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We encourage participant feedback pertaining to all courses. Please be sure to complete the survey included with the course. Please e-mail all questions to: macheleg@pennwell.com.

INSTRUCTIONS
All questions should have only one answer. Grading of this examination is done manually. Participants will receive confirmation of passing by receipt of a verification form. Verification forms will be mailed within two weeks after taking an examination.

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