Hearing The Silent Cry For Help
Presented by Linda Blackiston, RDH, BS

Abstract
Dentistry is well positioned to recognize the signs of individuals that are trapped in dangerous situations. All too often an individual is crying for help and no one takes the time to get involved. Recognizing and reporting these dangerous situations is our responsibility as dental professionals. This course will highlight some of the key warning signs of abuse, neglect, and maltreatment and discuss the most appropriate avenues for aiding these individuals.

Learning Objectives:
At the completion of this webinar, participants will have learned:
1. Recognize the signs of abuse, neglect, domestic violence and human trafficking.
2. Informing local authorities and the legal responsibilities involved in reporting and referring victims.
3. Spark interest to seek further information on recognizing victims.

Author Profile
Linda Blackiston, RDH, BS
Linda received her Bachelor of Science in Dental Hygiene from Baltimore College of Dental Surgery, Dental School, University of Maryland after she had been a business owner for nine years. Her professional and clinical background includes; corporate pharmaceuticals, general practice, periodontics and a staff position in pediatric dentistry at the University of Maryland.

Linda has a passion for volunteering and has served underprivileged areas in the US and Mexico. She works with Mid Atlantic PANDA (Prevent Abuse and Neglect Through Dental Awareness) providing free continuing education courses. Linda serves on The Samaritan Women board of directors; an organization dedicated to serving women who are rebuilding their lives from hurtful choices and difficult life circumstances.

Linda is currently Manager of Professional Education in the Mid - Atlantic for Philips Sonicare. She is an industry author writing and lecturing nationally on women's health issues, pediatric dentistry, teenage issues, patient compliance and biofilms. She continues to practice dental hygiene part-time in the Baltimore area.

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Registration: The cost of this CE course is $20.00 for 1 CE credit.

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Program Overview

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Educational Objectives

Upon completion of this course, the clinician should have a better understanding of:

- Recognize the signs of abuse, neglect, domestic violence and human trafficking.
- Informing local authorities and the legal responsibilities involved in reporting and referring victims.
- Spark interest to seek further information on recognizing victims.

Target Audience

The target audience for this course is Dentists, Dental Hygienists and Dental Assistants from novice to advanced professional.

Author Bio & Contact Information

**Linda Blackiston, RDH, BS**

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- Internet Explorer 7.x or higher, Firefox 3.x or higher, Safari 3.x or higher, or any other W3C standards compliant browser.
- Adobe Acrobat Reader or Apple Preview.
- Occasionally other additional software may be required such as Adobe Flash Player and/or an HTML5 capable browser for video or audio playback.
Welcome! This presentation is entitled, “Hearing the Silent Cry for Help.” I’d like to thank PennWell for this opportunity to speak to you on this very important topic.
So what are we going to accomplish today, or what are the course objectives? I hope by the end of this course you will be able to recognize some of the signs of abuse, neglect, and domestic violence in your office. Also, we are going to be talking about recognizing the signs of human trafficking. We will be looking at ways for you to inform the local authorities. We will look at your legal responsibilities involved in reporting and referring victims. Also, I hope by the end of this course you will be educated on ways to seek further information on recognizing victims. Today’s course won’t give you all the information that you need, but hopefully by the end you will have the resources to seek further information.
Federal Child Abuse Prevention and Treatment Act (CAPTA):

Definition of Abuse and Neglect
"Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm"

So what is child abuse and neglect? It is, the Federal Government has defined child abuse and neglect, and the Federal Child Abuse Prevention and Treatment Act provides minimum standards that each state must incorporate into their statutory definitions of child abuse and neglect. So the CAPTA definition of child abuse and neglect refers to any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, or any act or failure to act which presents an imminent risk of serious harm. What does all that mean? It means that we need to be on the lookout for children who are at risk in their home. Home should be a safe place for children and for many of the children in the United States today, home is not a safe place. Each state has their own definition of child abuse. The Federal Government mandates that this definition be part of each state’s definition of child abuse.
So how do we recognize abuse? It starts with education. Before abuse can be reported it needs to be recognized. Dental professionals are on the frontlines of recognizing abuse and neglect. Many dental professionals tend to treat dealing with abuse and neglect with an attitude of, “It really doesn’t happen in my community or my dental practice.” However, the majority of injuries of abuse or neglect happen in the head and neck area. It’s estimated that anywhere between 65 and 80% of abuse happens in the head and neck area. That’s right where we work as dental professionals. We should be recognizing those signs. The medical profession reports about 10% of child abuse cases and the dental community reports significantly less than that, and it’s right in the area that we’re working. So what can be done? There was a survey done at UCSF School of Dentistry and they found that 87% of the dentists that responded to the survey didn’t screen for domestic violence and 18% never screened when patients had visible signs of trauma. Now, respondents reported that one of their major barriers for reporting was training and after they had been trained, 68% said that they were significantly more likely to screen for domestic violence and to intervene. So what does this tell us? That education is absolutely critical to reaching out to victims of abuse and neglect. So where do we get this education? Well, P.A.N.D.A. stands for Prevent Abuse and Neglect through Dental Awareness, which was developed by Lynn Mouden. He’s a dentist and it is sponsored by Delta Dental of Missouri. PANDA is an educational program that trains dental and healthcare professionals to recognize and report the signs of physical and sexual abuse and neglect in their patients. Philips Sonicare has partnered with Mid-Atlantic PANDA and offers two successive one hour continuing education courses online to educate the dental community. You can go to www.sonicare.com/dp and click on CE Webinars. The webinars include information on recognizing child abuse, spouse and elder abuse, along with education on recognizing human trafficking. The combination of these two courses will satisfy continuing education requirements for this topic in many states. So we know that education is critical, so PANDA is a resource. Sonicare is offering you a resource. Once we are educated, then we are more aware and awareness of this topic literally means that we could save someone’s life. I don’t want you to think that’s being over stated because recognizing the signs of abuse and neglect literally means that we could be saving a child’s life.
So what are some of those signs of child abuse? Now, we see children all the time in dental offices that have fear of an oral exam. But a child that comes in that has extreme fear of an oral exam; a child that has extreme fear of an adult approaching them; a child that kind of moves away and maybe covers their face as an adult approaches them, are some warning signs. Also, if a child comes in with avulsed teeth, lip laceration, jaw fractures, tongue injuries, and frenum injuries. Those can be other signs of child abuse and neglect.
Unexplained burns, bites, bruises, broken bones or black eyes, bruising of the hard or soft palate and if you notice a child has difficulty in standing or sitting, these also can be signs of child abuse. Now, we also need to look at the child overall and if you notice bruises in different stages of healing, that can also be a sign of abuse. Now, it’s typical for children to fall or become injured during the normal course of a day, and the most common sites for injury in children are the bony edges of the body; the knees, the elbows, the forearms. Even scrapes on the nose or the face are also common. But if you see a bruise that’s in the distinct shape of a hand, a belt buckle, a wooden spoon, or even adult teeth marks should be considered suspect. Now, the presence of just one of these does not definitely prove that abuse is occurring. However, any of these occurring repeatedly or in combination may warrant further investigation. When I say further investigation, don’t think that you need to be the investigator. It means you need to call in the authorities. You need to call local social service agencies or call in the local police. Reporting is not necessarily an accusation. Reporting means that you are finding or you are seeing something that is suspect. It is up to the local authorities to investigate what you have seen. So again, reporting doesn’t mean that you have to come up with all the answers, reporting means exactly that: you are reporting what you see. By reporting suspected child abuse you literally can be saving a child’s life. I’m not overstating that. You could save a child’s life by reporting suspected abuse.
There are lots of myths about abuse and neglect. We’re just going to look at a couple of those around abuse and neglect. Now, this information was taken from www.helpguide.org and that’s another excellent website for you to go to, to get further information about abuse and neglect.

Now, Myth 1 about abuse and neglect is, it’s only abuse if it’s violent. Not true. Physical abuse is one type of child abuse but neglect and emotional abuse can also be just as damaging. And since these are more subtle, people aren’t always likely to intervene when there is suspect of emotional abuse. There is also, in the dental community we need to be looking for neglect in patients and neglect may be a parent not getting adequate care for a patient. Now, just because an adult doesn’t choose to get care for their child, it isn’t automatically neglect. There are times when patients truly cannot afford the dentistry that child needs. In those cases, we should be sensitive to that. Reach out to the parent, educate, and help them find ways to get the dental care that the child needs.

Another myth about abuse and neglect is that only bad people abuse their children. While it’s easy to say that only bad people abuse their children, it’s not always so black and white. Not all abusers are intentionally harming their children. Many of them have been victims of abuse themselves and they don’t know any other way to parent. Others may be struggling with mental health issues or substance abuse issues. Again, I want to encourage you to be very sensitive to your patients, to the children and to their parents. If you are recognizing that a parent could be struggling with some depression issues, it certainly wouldn’t be out of line to perhaps talk to that parent and ask if they’ve been to see their physician to get any help, or maybe have some references available so people can reach out and get help. In fact, what the dental community needs to do, we need to be there to be resources for our patients.
Myth #3 is that child abuse doesn't happen in good families. Child abuse doesn't always happen in poor families and bad neighborhoods. It crosses all racial, economic, and cultural lines. Sometimes families who seem to have it all together from the outside are hiding a completely different story behind closed doors. So we should never make an assumption just because things look good on the outside or because a family presents, you know, they look like they're a good family, that everything must be going well. If you are seeing signs of abuse or neglect in a child, remember – it happens across all racial, economic, and cultural lines.

Now, Myth #4 is most child abusers are strangers. The fact is that most abusers are someone that a child knows. Most abusers are family members or someone close to the family. And the abuser may tell the child that they need to keep this secret. Just remember, you may be the person that the child decides they want to share this secret with.

Myth #5 is abused children always grow up to be abusers. It is true that abused children are more likely to repeat the cycle as adults but often times, children that have been abused, the adult survivors of child abuse, they have a strong motivation to seek help and to protect their children against what they went through and they do have the ability to become excellent parents. So being an abused child doesn’t mean that a person will absolutely grow up to abuse their children, but they are more likely to do that.
So what do you do if you suspect child abuse? Document, document, document! I can’t say it enough. Documentation is critical if you suspect abuse. So, what do you need to document? Your clinical findings; the description of the injury; document the child’s behavior, how they’re acting in your office; radiographs of the injured area, if possible. You probably will have to get a parent’s permission to take radiographs; a parent may not give you permission to take those radiographs; photographs of the injury, if possible. Again, you may have to get the parent’s permission and that may be difficult to do. Make sure anything that the child says or the patient says is written down and that you’re putting quotes. It may also be important to write down things that the parent says. It’s critical that you write down your rationale for treatment or for non-treatment. The parent may refuse to get treatment for the child and it’s critical to write down that information. Most abusers will not return to the same physician or to the same emergency room. But abusers feel comfortable in returning to the same dental practice. So it’s very important for the dental community to document what we are seeing. So if you’re seeing bruises on the child in all different stages of healing, if you’re seeing a bruise that looks like it’s in the shape of a belt buckle or something like that, it’s critical to document that. Again, alerting the authorities is not necessarily accusing the parent, it means that you’re concerned and this warrants further investigation, and the local authorities are ready to investigate.
Dentist and dental hygienists are mandated reporters of child abuse. We can make a difference. If you suspect child abuse or neglect, report it. The report should be made to local social service or law enforcement agencies. Another resource for reporting child abuse is Childhelp. Childhelp is a leading national non-profit organization and it’s dedicated to helping victims of child abuse and neglect. Its focus is on prevention, intervention and treatment. The National Childhelp Abuse hotline is 1-800-4-A-Child and it operates 24 hours a day, 7 days a week. Also, you can go online and you can find information about in your local community who you should call. Are there safe houses for children? Are there other places where as part of the Department of Human Services where you can report abuse? If you have a reasonable cause to suspect abuse or neglect, report it. The report should be made immediately, but definitely within 72 hours of seeing the child.
Now, we talked about recognizing child abuse. Now we want to move on to recognizing domestic violence. Dentists and dental hygienists are not mandatory reporters of domestic violence. We are mandated reporters of child abuse but not of domestic violence.
The definition of domestic violence is a pattern of coercive behavior, characterized by the domination and control of one person over another. Usually it’s an intimate partner. It can be through physical, sexual, emotional, verbal and economic abuse. More than 4 million women each year in the United States are physically harmed by their husband, boyfriend, or other intimate partner. Domestic violence is also known as intimate partner violence. Intimate partner violence doesn’t always hurt the woman that’s being abused but it can affect the people around them. It can affect their children. It can affect their ability to earn a living. Although men do suffer from domestic violence or intimate partner violence, women are much more likely to be abused by an intimate partner than men. Domestic violence and emotional abuse are behaviors used by one person in a relationship to control the other person. Now, these partners can be married or not married; they can be heterosexual, gay, lesbian; they can be living together, separated, or dating. Domestic violence is a very serious problem and it’s a very common cause of injuries. Victims can suffer injuries such as bruises or broken bones but they can also suffer emotionally and they can be suffering from depression and anxiety. It’s really hard to know exactly how common domestic violence is because people often don’t report it. And there’s really no typical victim. It happens among people of all ages and it happens among all levels of income and education, just like child abuse.
Domestic violence is about power and control. Abusive relationships rarely start with physical violence. They often start with emotional violence, or sometimes they start with using threats or intimidation. Domestic violence can also start with isolating the person; isolating them from friends and family. Again, since domestic violence is about power and control, the abuser often will use children as a pawn. They could even use pets as a pawn to keep the person under control or in the relationship. Using economic abuse is not unusual. The abuser can take full control of all finances and not allow the person that’s being abused to have any financial resources. The abuser has complete control of all resources. Domestic violence is about power and control and again, it doesn’t always start with the physical violence. It often starts with control.
Examples of Abuse Include:

- Name-calling or putdowns
- Pushing, slapping, choking or hitting
- Keeping a partner from contacting family or friends
- Public humiliation
- Withholding money

Information obtained from Domesticviolence.org

So what are some of the examples of abuse? Just to let you know that October is National Domestic Violence Awareness Month and I got this information from domesticviolence.org another good website to get some information on domestic violence. Examples of abuse include: name calling or putdowns, pushing, slapping, choking, hitting, keeping a partner from contacting friends or family. Isolation is often times a key to domestic violence. Public humiliation, putting someone down in front of others or putting someone down in a public location or just causing embarrassment is a form of abuse. Typically that’s leading up to physical abuse. Again, it’s about the power and control. Withholding money.
Examples of Abuse Include:

- Stopping a partner from keeping or getting a job
- Actual or threatened physical harm
- Sexual assault
- Stalking
- Intimidation

Information obtained from Domesticviolence.org

Stopping a partner from keeping a job or getting a job. Again, going back to the isolation. Actual or threatened physical harm, sexual assault, stalking and intimidation are all examples of abuse.
So what should we do? How can we help patients if we think that they are suffering from violence in the home? What do we look for? Signs of a patient who has trouble swallowing, perhaps because someone has tried to choke them. You might notice voice changes in a patient, again, because of choking. Look for contusions, abrasions, lacerations. A patient who comes in and has chronic pain, headaches, comes with TMJ. If they have inconsistent explanation of their injuries; if they are evasive; if you find your patient is starting to be depressed or you suspect substance abuse. These could be signs of something going on in the home. Let me go back to the inconsistent explanation of injury. You can also look for this in child abuse. You see that someone has an injury and you may ask them what happened, you know, out of concern, and sometimes we’re not even really thinking and we’ll say, “Oh, how did that happen, how did you get that bruise?” or “Oh my goodness, how did you break your arm?” Their explanation really is inconsistent with the injury or they are very evasive about how they were hurt. Those are kind of signals that something may be going wrong. You don’t want to ignore these signs. Let the patient know that you’re concerned about them. Tell the patient that you are concerned about their safety. Ask the patient if there’s anything that you can do to help them. Most times, or often times, patients will say, “No, there’s nothing you can do,” or they will deny. But I can tell you that I personally had this happen where I’ve asked a patient or told a patient that I’m concerned about them and I’ve asked them if there is anything going on in their home? And this patient did open up to me and tell me about what was going on in their home. That day, we didn’t get a lot of dentistry done. What we did accomplish was finding a safe place for this patient to go. So don’t think that by asking a patient if there’s anything that you can do that you’re being intrusive. You may be the person that helps this patient get out of this dangerous situation. You want to affirm that this is not the patient’s fault. They didn’t cause this abuse. Often times people that are being abused feel like it’s their fault; if they were just a better partner, this wouldn’t happen. And that couldn’t be farther from the truth. It is definitely not their fault.
So what can we do? Again, we’re not mandated reporters but we can help our patient get help. You can get help from the national hotline or you can get help through local agencies. I would encourage you to go online and Google “domestic violence” and put in your county and your state and find out what resources are available to you locally.
The American Congress of Obstetricians and Gynecologists has some resources, 1-800-762-2264 ext. 34, and then with this reference number they have something called shoe cards that you can order. There are other organizations that have shoe cards. A shoe card is something that includes safety plans and national and local toll free numbers. It’s typically a tri-fold card and it’s small enough for a woman or anyone else to hide in the sole of their shoe. It’s recommended that you place these shoe cards or other information in your bathrooms, where people are more likely to take the information. Now, think about it. If you have information on domestic violence sitting out on your counter in the reception area or perhaps you have it in your operatory, it’s less likely that someone would take that information when it’s out in a public spot. When a patient is in a restroom, they often times feel like they’re safe in there and they can take the information and they can hide it, perhaps in their shoe or somewhere else. It’s never appropriate to give a patient a card and just slip it into their purse or hope that they’ll find it because the abuser could find the information. So we never want to try to help the patient by just slipping them information. Let the person take their own information. The shoe cards are available in different languages. There are also shoe cards available for teenagers with tips on staying safe from sexual assault and recognizing if they are in an unsafe relationship. I would encourage you to do this. If you finish taking this course today and don’t do anything else but go and get this information and place it in your bathroom, you literally could be saving your patient’s life.
So far, we’ve talked about recognizing child abuse, we’ve talked about recognizing domestic violence. Human trafficking is something that is not talked about very often.
Human trafficking is a modern day form of slavery. Victims in human trafficking are subject to forced, bought, coercion for the purpose of sexual exploitation or forced labor. Victims can be young children; they can be teenagers, men and women. After drug dealing, human trafficking is tied with the illegal arms industry as the second largest criminal industry in the world today. And it’s growing very quickly. Think about it. When you sell arms or you sell drugs, you sell that drug and it’s gone. You sell those arms or weapons and they’re gone. If you own a human, people are selling that human over and over and over again. Human trafficking is happening in the United States and it’s something that we don’t want to talk about. We think that it’s happening in other places and not in the United States. I live in the State of Maryland and I’m not really happy to report that the Baltimore-Washington corridor is a corridor that is a very popular corridor for human trafficking. So we need to be aware. Again, we can’t hide our heads in the sand and think, “This doesn’t happen in my area.” Remember, human trafficking is on the rise and it is happening in our area.
So what can we do as dental professionals? We need to look beneath the surface of patients and “Look Beneath the Surface” is a national campaign on recognizing human trafficking. So what are some of the signs that someone could be trafficked that come into your dental office? Well, malnutrition or dehydration, maybe poor personal hygiene. They may have bruising, broken bones, or other signs of untreated medical problems. If someone comes into your office and they don’t hold their own identity or travel documents; if they’re reluctant to speak to you or there always has to be a translator present, a red flag should start to go up. If the translator is more concerned about appearance than health, red flags should go up. This is especially true in sex trafficking. The trafficker would possibly bring the young girl into your practice and want you to make them look good; improve their appearance. The translator may pay for all the dental work in cash and they probably will want it done very quickly. You’ll notice that the translator would never leave the victim alone with anyone. Someone who controls all the money or you notice that the victim seems to have little say or control over their life; these are all signs of someone that could be involved in human trafficking. The sex trafficking industry looks for or likes to use younger individuals, and we are talking about individuals, young girls, anywhere from 5 or 6 years old up to their mid-20s. It’s not necessarily looking for young women, the traffickers are also involving very young individuals in this. I want to encourage you not to hear this and think, “This isn’t possible, it’s not happening.” Until I started reading about this and becoming more educated, I thought that there was no way possible that this was happening in my area. And not long after I started getting involved with this, I saw an article in our local newspaper on something that had happened, on human trafficking, that was involved not far from my house. So it is happening and we need to be aware of it.
What do we do, how do we help these victims? Well, there is a National Human Trafficking Resource. It’s 1-888-3737-888. You can contact this number if you think that someone could possibly be involved in human trafficking. This hotline is set up to help people determine if they had contact with a victim. It also may be helpful to locate some of the resources in your community. You can also go online for more information to www.acf.hhs.gov/trafficking to gain more information on this subject.
So what do we do? Where do you go from here? How can you help the different victims that we’ve talked about? How do you reach out? I’d like to encourage you to start to discuss this at staff meetings. If you have a concern that someone in your office is being abused, is involved with domestic violence or is involved with human trafficking, never speak about it in public areas in your office where a patient could possibly overhear. Make sure this is discussed in private and kept confidential. But, I would encourage you to discuss at staff meetings ways that you will handle this. Be sure that you post the reporting numbers near the telephone and have them available if, again, you suspect there is a problem. Have hotline numbers and pamphlets ready. Have them in your, post them in your bathrooms. Again, be an advocate for your patient. I know that as dental professionals we all care about our patients and this is a way that we can reach out and help a patient. It’s a way for us to be advocates for them.
So what are some other resources if you’re interested? Earlier I told you about www.sonicare.com/dp, there is the PANDA course offered. It’s two, one hour successive courses on recognizing child abuse and neglect, on recognizing elder abuse, on recognizing domestic violence, and also on human trafficking. I would encourage you to go online and take that course. You can also gain continuing education credits for that.

There’s an article in RDH magazine in January 2011, proud to say I am the author of that article, but I put resources in there for you so if you would like more information or you didn’t get all the resources, again, that is another resource for you. The government has information, the website www.acf.hhs.gov on trafficking, the www.childwelfare.gov also more information on child abuse and neglect, and www.domesticviolence.org is a wonderful resource for gaining information and education on domestic violence.
Today’s course was meant to spark an interest, to give you some basic information on recognizing abuse and neglect. What I hope will happen after this course is that you will want to get more information and that you will start to open your eyes and that you’ll be aware of what’s going on in your community and in your dental office. Thank you for participating today and I look forward to possibly seeing you at a future continuing education course.
Examination Review

*This page is provided for review only.* To access the online post-exam you must be “Registered” and “Signed In.” and have completed the course selection/purchase process in its entirety. Once selected/purchased the course title will be added to your MyCE Archives page where a Take Exam link will be displayed directly across from the course title. A letter of credit will be issued upon successful completion of the post-exam with a score of 70% or higher.

Please note: Credit may not be claimed if completed after the course expiration date.

1) **Signs of child abuse include:**
   A) Extreme fear of oral exam
   B) Tongue injury and or frenum injuries
   C) Bruising of hard or soft palate
   D) All of the above

2) **Physical abuse is only one type of abuse**
   A) True
   B) False

3) **Documentation of child abuse includes:**
   A) Description of injuries
   B) What patient said in “quotes”
   C) There is no need to document if no report will be filed
   D) a and b

4) **Only dentists are mandated reporters of child abuse**
   A) True
   B) False

5) **Dentists and hygienists are mandated reporters of domestic violence**
   A) True
   B) False

6) **Examples of domestic violence include:**
   A) Untreated periodontal disease
   B) Actual or threatened physical harm
   C) a and b
   D) Talking about sex in public places
7) **Shoe cards:**
   A) Are cards that include safety information or numbers for victims of domestic violence
   B) Help to determine someone’s shoe size
   C) a and d
   D) Should be placed in bathrooms

8) **Human trafficking is a form of modern day slavery**
   A) True
   B) False

9) **The entire office can help patients involved in dangerous situations by:**
   A) Posting reporting numbers near phone
   B) Place pamphlets in office bathroom
   C) Look for signs of abuse
   D) All of the above

10) **Resources for more information include:**
    A) Sonicare.com/dp
    B) www.acf.hhs.gov/trafficking
    C) www.childwelfare.gov/can/defining
    D) www.domesticviolence.org
    E) All of the above