OSAC 2024-S-0006
Forensic Recognition and Documentation for Oral Healthcare Providers to Report Suspected Human Abuse

Forensic Odontology Subcommittee
Medicine Scientific Area Committee (SAC)
Organization of Scientific Area Committees (OSAC) for Forensic Science

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21 **DRAFT OSAC Proposed Standard**

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23 OSAC 2024-S-0006
24 Forensic Recognition and
25 Documentation for Oral Healthcare
26 Providers to Report Suspected Human
27 Abuse

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34 **Disclaimer:**
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61 **Forensic Recognition and Documentation for Oral Healthcare Providers to Report Suspected**
62 **Human Abuse**

63 **RATIONALE**

64 Licensed oral health care professionals and dental service providers are mandated reporters of
65 suspected abuse. This legal obligation applies to all 50 states, the District of Columbia, and all five
66 U.S. territories. It requires reporting any suspicion of abuse or negligence to the relevant
67 authorities. However, due to the grave consequences of abuse and the potential impact of
68 improper reporting, practitioners and legal authorities need to be aware that this requirement
69 has both benefits and challenges in its implementation. Consequently, the American Dental
70 Association's Commission on Dental Accreditation and State Continuing Education have
71 established longstanding educational and continuing requirements for oral health care
72 professionals on this subject. Clear documentation guidelines for oral health care professionals'
73 findings are essential. These guidelines protect victims and provide valuable guidance to
74 practitioners, law enforcement, and social services agencies regarding the conclusions
75 documented. By adhering to these standards, oral health care providers can fulfill their duty as
76 mandated reporters, contribute to safeguarding individuals from harm, and provide authorities
77 with accurate information to make a more definitive determination.

78

79 **1. SCOPE**

80 This standard establishes appropriate forensic documentation practices for oral healthcare
81 professionals to fulfill their mandated reporting requirements and ensure the proper reporting
82 of suspected signs of abuse to safeguard *vulnerable* individuals.

83

84 **2. NORMATIVE REFERENCES**

85 The document contains no normative references.

86

87 **3. TERMS AND DEFINITIONS**

88

89 **3.1. Cognitive Bias-** A deviation in human judgment caused by exposure to information irrelevant
90 to the judgmental task 80 inappropriate for consideration. (OSAC Lexicon)

91

92 **3.2. mandated reporter -** an individual legally obligated to report suspected cases of abuse or
93 *neglect* to the appropriate authorities.

94

95 **3.3. neglect -** failure to provide a safe and healthy environment by a caregiver, including nutrition,
96 shelter, access to health care, protection from others, and maintaining an atmosphere of
97 emotional support.

98

99 **3.4. abuse -** deliberate harmful mistreatment of individuals on a singular or repeated basis.

100

101 **3.4.1. physical abuse -** any intentional act causing injury or trauma to another person.

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DRAFT

3.4.2. psychological abuse - any intentional act that inflicts emotional or mental harm.

3.4.3. sexual abuse - any intentional act of imposing non-consensual and unwanted behaviors on an individual, encompassing actions that violate their physical and personal boundaries.

3.5. vulnerable - person or population group susceptible to physical or emotional harm, including adults and children who cannot advocate for themselves.

3.6. Reasonable suspicion - belief or perception based on objective facts and circumstances that would lead a prudent person to suspect the occurrence of a particular event or wrongdoing.

4. TYPES OF ABUSE

Abuse causes severe damage to individuals and can take different forms. It involves behaviors aimed at exerting control and dominance, resulting in physical, emotional, or psychological harm. The types of abuse vary in complexity and manifestation, but all violate the rights and well-being of the abused individual. Understanding the types of abuse is vital for fulfilling the mandatory reporting of suspected human abuse.

4.1. Physical Abuse

This type of abuse can be the most easily recognized by oral health care providers. Signs can include unexplained injuries, bruises, burns, fractures, or multiple injuries in various stages of healing.

4.2. Sexual Abuse

Sexual abuse might not be outwardly recognized but can manifest as changes in behavior, depression, anxiety, withdrawal, low self-esteem, or a lack of trust in others.

4.3. Emotional/Psychological Abuse

Both emotional abuse and psychological abuse can be harder to recognize. Still, they can also manifest as changes in behavior, depression, anxiety, withdrawal, low self-esteem, or a lack of trust in others.

4.4. Neglect

A passive form of abuse in which a perpetrator is responsible for, but fails to provide, adequate care for a victim. It can be physical or emotional. Physical *neglect* signs can include poor oral hygiene, untreated dental conditions, inadequate nutrition, or inappropriate clothing for weather conditions. Emotional neglect signs can include social isolation, lack of appropriate emotional support, or extreme changes in behavior.

4.5. Financial Abuse

This type of abuse cannot be readily obvious or recognized.

DRAFT

146 **4.6. Domestic Violence**
147 Oral health care providers should be attentive to signs of domestic violence, such as injuries that
148 appear to be the result of physical assault, frequent cancellations or rescheduling of
149 appointments, or verbal disclosures from patients.
150
151 **4.7. Abuse of Vulnerable Adults (elder and dependent adults)**
152 Signs of abuse can include unexplained injuries, malnutrition, dehydration, or unexplained
153 changes in behavior.
154
155 **4.8 Human Trafficking**
156 Oral health care providers should be attentive to signs of human trafficking, such as patients who
157 present accompanied by an individual (family member or not) who can or cannot be the
158 trafficker. They can be controlling, speaking for the patient, and answering questions on their
159 behalf. They can prevent the patient from speaking freely, insist on translating for them, or
160 monitor their interactions with others. The accompanying individual can refuse to be separated
161 from the patient. They can also control the patient's identification documents (e.g., ID, passport)
162 and finances. Observed findings can include other signs of abuse, as previously stated, and can
163 also include marks, tattoos, or insignias that can represent "ownership" by another
164 party. Patients will present with companions for various reasons, e.g., disability, age, and
165 language. However, a report should be made if there is suspicion of any abuse.
166
167 **5. LEGAL OBLIGATION**
168 As mandatory reporters, oral health care providers are legally obligated to report suspected or
169 known cases of abuse or neglect to the appropriate authorities, even if the information is
170 obtained in confidence or privileged circumstances. The types of abuse that typically fall under
171 mandatory reporting requirements include *physical abuse*, sexual abuse, emotional abuse,
172 neglect, human trafficking, and exploitation.
173
174 The specific criteria for what constitutes abuse, or just suspicion of abuse, varies by jurisdiction.
175 Still, it generally involves intentional or negligent acts or omissions that cause harm or risk of
176 harm to an individual. When encountering a situation that meets these criteria for abuse or
177 neglect, the oral health care provider is obligated to make a report to the designated authorities,
178 such as child protective services, adult protective services, or law enforcement agencies. Failure
179 to fulfill mandatory reporting duties can result in legal consequences, including potential civil or
180 criminal penalties.
181
182 **6. GENERAL PRINCIPLES**
183
184 **6.1. Reasonable Suspicion**
185 Mandatory reporting typically requires a *reasonable suspicion* of abuse. This means that a dental
186 care professional must have a genuine belief, based on their professional judgment and
187 observations, that abuse or *neglect* has occurred, is occurring, or is likely to occur. The suspicion
188 should be based on objective indicators or evidence rather than mere speculation.
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DRAFT

190 **6.2. Professional Judgment**
191 Oral health care providers must rely on their professional expertise and training to recognize
192 signs of abuse or neglect. If, based on their professional judgment, they reasonably believe that
193 a patient's injuries, behaviors, or circumstances indicate abuse or neglect, they can have a legal
194 obligation to report. Oral health care providers should be aware of and try to mitigate potential
195 cognitive biases that might affect the determination of a reasonable suspicion of abuse.
196 Judgments should not be influenced by contextual factors such as race/ethnicity, socio-economic
197 status, likability of the patient or family, or any other factor not directly related to the task-
198 relevant clinical findings. One approach to minimize the impact of these irrelevant factors is for
199 the provider to consider whether they would make the same determination if the contextual
200 factors of the case were different. Providers should also try to avoid confirmation bias by seeking
201 both confirming and disconfirming information for each hypothesis considered. It is also good
202 practice to take a differential diagnosis approach and simultaneously consider several different
203 hypotheses, seeking both confirming and disconfirming evidence for each.
204
205 **6.3. Local Jurisdiction**
206 As a *mandated reporter* it is essential to be familiar with the specific laws and guidelines of the
207 local jurisdiction. Each jurisdiction has its own requirements, reporting procedures, and
208 designated authorities to whom the abuse should be reported. Familiarity with local regulations
209 ensures compliance and effective intervention in cases of abuse, safeguarding the well-being of
210 *vulnerable* individuals.
211
212 **6.4. Observable Indicators**
213 The suspicion of abuse should be based on observable indicators such as physical injuries,
214 behavioral changes, or disclosure from the patient. These indicators should go beyond mere
215 speculation or assumptions.
216
217 **6.5. Legal Criteria**
218 The jurisdiction's laws and regulations define the legal criteria for abuse and neglect. To ensure
219 accurate identification and reporting, oral health care providers should familiarize themselves
220 with the definitions of abuse and neglect as outlined in their specific jurisdiction.
221
222 In cases of uncertainty whether observations reach the threshold for reporting, it can be helpful
223 to consult with colleagues, supervisors, or legal advisors who are knowledgeable about
224 mandatory reporting laws in your jurisdiction. If there are concerns about a potential abuse case,
225 consider discussing it with knowledgeable colleagues or seeking a second opinion. 173 If you
226 have concerns about the accuracy or appropriateness of reporting, seek guidance from legal or
227 ethical experts who can advise based on your jurisdiction's specific regulations. This will allow for
228 additional perspectives, provide alternative diagnoses such as systemic diseases, and ensure a
229 balanced assessment.
230
231 **7. THRESHOLD FOR REPORTING**
232 It is crucial to note that the legal threshold for reporting is often intentionally set low to prioritize
233 the safety and well-being of at-risk individuals. In cases where the level of suspicion is not easily

DRAFT

234 quantifiable, oral health care providers are encouraged to consult with trained professionals
235 unless there is suspicion of immediate danger. In addition, the determination of a reasonable
236 threshold for suspicion of abuse under mandatory reporting rules can vary depending on the
237 jurisdiction and the case's specific circumstances. It is essential to consult the guidelines and
238 regulations set forth by the relevant authorities in your jurisdiction for specific guidance.
239
240 It is also important to clarify that oral health care providers are not responsible for investigating
241 abuse or providing forensic examinations related to abuse cases. Their role as mandated
242 reporters focuses on recognizing and reporting suspicions of abuse based on their observations
243 and professional judgment. Oral health care providers are not required to make
244 definitive determinations or gather extensive evidence. Instead, they should rely on their
245 training, experience, and objective observations to form a *reasonable suspicion* of abuse,
246 triggering the obligation to report to the appropriate authorities. This approach ensures that oral
247 health care providers prioritize the safety and well-being of potential victims while leaving
248 the investigative process to the relevant professionals in law enforcement and child protection
249 agencies.
250
251 **8. DOCUMENTATION**
252 Oral health care providers shall document specific observations and information that led them
253 to suspect abuse or neglect is occurring or might be occurring. While the exact documentation
254 requirements vary by jurisdiction, providing accurate and relevant information to the
255 appropriate authorities is essential. Here are some general types of observations that an
256 oral healthcare provider should consider documenting:
257
258 **8.1. Identifying information**
259 Provide the names, ages, and any known contact details of the individuals involved, including the
260 suspected victim(s) and the alleged perpetrator(s). If the information is unavailable, provide
261 descriptive details that could help identify the individuals.
262
263 **8.2. Physical observations**
264 Record any visible signs of injury, such as bruises, burns, cuts, or recent fractures. Note the
265 location, size, shape, color, and any patterns of the injuries. Take clear and detailed photographs
266 when appropriate and allowed.
267
268 **8.3. Behavioral observations of the patient**
269 Document any unusual or concerning behavior exhibited by the patient, such as fear, anxiety,
270 withdrawal, aggression, or changes in mood or personality. Record any statements made by the
271 patient that allude to abuse or mistreatment.
272
273 **8.4. Behavioral observations of the caregiver/accompanying individual**
274 Document any unusual or concerning behavior exhibited by the caregiver, such as speaking for
275 the patient or answering questions on their behalf. They might prevent the patient from speaking
276 freely, insist on translating for them, or monitor their interactions with others. The accompanying
277 individual may refuse to be separated from the patient.

DRAFT

278 **8.5. Oral health observations**
279 Note any dental conditions or oral health issues that could be indicative of neglect or abuse, such
280 as severe tooth decay, untreated infections, poor oral hygiene, or signs of malnutrition.
281 Document any irregularities or discrepancies in the patient's oral health history.
282
283 **8.6. Photographic observations:**
284 Photographs ensure the accuracy of evidence collection. This includes orientation photographs
285 to demonstrate the correct anatomical location of the injury and close-up photographs to
286 highlight the injury details. It is critical to photograph the wound with a ruler/scale (ex., ABFO
287 Ruler #2) in place; preferably, both the ruler and injury are perpendicular to the camera lens to
288 record injury metrics accurately. A periodontal probe or a coin may be used if a ruler/scale is not
289 readily available.
290
291 **8.7. Radiological observations:**
292 Radiographs are an essential adjunct to the visual clinical examination and can accurately detect
293 underlying abnormalities in oral-maxillofacial structures. Additionally, radiographs can serve as a
294 historical record of previously healed injuries and prior surgical interventions.
295
296 **8.8. Environmental observations**
297 If the oral health care provider has concerns about the patient's living conditions, document any
298 observations that suggest unsafe or unsanitary living conditions, such as lack of adequate shelter,
299 cleanliness, or access to necessities.
300
301 **8.9. Timelines**
302 Maintain a record of dates, times, and locations of the observations, as well as any relevant
303 conversations or interactions with the patient or accompanying individuals.
304
305 **8.10. Witnesses**
306 Document the names and contact information of any witnesses present during the examination
307 or who might have relevant information about the patient's well-being or suspected abuse.
308
309 **8.11. Medical history**
310 Include any pertinent medical or dental history that might contribute to understanding the
311 patient's overall situation, including previous injuries or dental treatments.
312
313 **8.12. Consent and refusal**
314 Document any indications that the patient's caretaker might be preventing them from seeking
315 necessary dental care or treatment.
316 **8.13. Relevant statements or disclosures**
317 If the victim or witnesses have made any statements or disclosures related to the abuse, report
318 these accurately, ensuring you note who said what and when it was said.
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DRAFT

321 **8.14. Any additional relevant information**
322 Include any additional details pertinent to the case, such as prior incidents, concerns from other
323 individuals, or any factors contributing to the risk of harm.
324
325 **9. REPORTING GUIDELINES**
326 When reporting an observation, the dental care provider shall not use terminology to make
327 unsupported determinations. 248 Presenting the facts objectively and avoiding drawing
328 definitive, unsupported conclusions is vital.
329
330 It is recommended that a modification of the Subjective Objective Assessment Plan (SOAP) note
331 be made, where a decision to make a referral takes place after the assessment. This will give the
332 appropriate agency guidance to initiate a more detailed investigation and formulate an
333 appropriate plan. Describe objective findings and include a differential diagnosis in the
334 assessment to help reduce biases. The following guidelines shall be used when reporting
335 observations.
336
337 **9.1. Objective Reporting**
338 Clearly state observations without adding personal opinions or assumptions. Focus on describing
339 specific behaviors or incidents that would raise concerns.
340
341 **9.2. Unbiased Reporting**
342 Use neutral and non-emotional language when describing observations. Avoid making judgments
343 or characterizations about a situation or the individuals involved.
344
345 **10. Accurate, Comprehensive, and Detail Fact-Based Reporting**
346 Provide specific details about the incident or behavior witnessed. Include relevant dates, times,
347 locations, and any other pertinent information that can help authorities assess the situation
348 accurately.
349
350 **10.1. Confidential Reporting**
351 **Respect the privacy and confidentiality of the individuals involved. Only share relevant**
352 **information with the appropriate authorities or designated personnel responsible for handling**
353 **such reports.**
354
355 **10.2. Seek Additional Insight**
356 If there are concerns about a potential abuse case, consider discussing it with knowledgeable
357 colleagues or seeking a second opinion. If you have concerns about the accuracy or
358 appropriateness of reporting, seek guidance from legal or ethical experts who can advise based
359 on your jurisdiction's specific regulations. This will allow for additional perspectives, provide
360 alternative diagnoses such as systemic diseases, and ensure a balanced assessment.
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DRAFT

363 **10.3. Ongoing Education and training**
364 Stay updated on the latest research, guidelines, and training related to identifying and reporting
365 child abuse. Regularly participate in educational programs to enhance knowledge and skills in
366 this area.
367
368 **10.4. Comply With Reporting Protocols**
369 Be familiar with the reporting procedures established by professional organizations or the
370 relevant authorities. Adhere to these protocols to ensure the report is submitted appropriately
371 and timely.
372
373 **10.5. Prioritize Suspected Victim's Interest**
374 It is essential to acknowledge that the primary concern of mandatory reporting is the safety and
375 well-being of the suspected abused victim. Ensure that actions taken are motivated by the
376 intention to protect and support the individual rather than personal bias or assumptions. The
377 goal of the report is to provide an objective account of observations, allowing the authorities to
378 assess the situation based on the information provided.

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