

P.A.N.D.A.



**Prevent
Abuse *and*
Neglect *through*
Dental
Awareness**

“PANDA” is an acronym for “Prevent Abuse and Neglect Through Dental Awareness”.

P.A.N.D.A.

Recognition and Reporting of Child Abuse and Neglect

It is a program that has been developed to help dentists and dental staff members recognize some of the signs and symptoms of child abuse and neglect. It also addresses the reporting process involved when cases of child abuse and neglect are detected.

Mission Statement

To create an atmosphere of understanding in the community which will result in the prevention of child abuse and neglect through early identification and reporting of children who have been abused or neglected.

The P.A.N.D.A. mission statement is as follows: To create an atmosphere of understanding in the dental community which will result in the prevention of child abuse and neglect through early identification and reporting of children who have been abused and neglected.

The Problem: The Child's View

- Over 3 million children are abused or neglected in the U.S. each year
- As many as 1,500 children a year die from abuse (May be under-reported by 50%)
- Average age of abused child is 3 years old

The problem, from the child's point of view, is that over 3 million children are abused or neglected each year in the United States. Of these, at least 1500 will die. Unfortunately, these numbers are on the rise. Because of the difficulty involved in determining death by abuse, some studies suggest that this number may be under-reported by as much as 50%. The average age of the abused child is 3 years old.

The Problem: Dentistry's View

- Dentists are mandated reporters of suspected child abuse and neglect
- Dentists reported less than 1% of total cases

To help prevent the growing number of these cases, every state has passed legislation to increase the reporting of suspected abuse and neglect. Under these laws, several classes of individuals are listed in state statutes as “mandated reporters”. As mandated reporters, these individuals are required, under penalty of law, to report any child under their purview suspected of being abused or neglected. Although dentists are considered mandated reporters in every state, they have done a remarkably poor job living up to that obligation. Dentists report less than 1% of all abuse cases.

Child Abuse and Dentistry

- 65% of physical abuse includes trauma to the head, neck or mouth
- Many times abusers will not take a child to the same physician, but will return to the same dentist
- Dental professionals are more likely to see the child for regular check-ups than the physician

Why was a specific program developed for dentists and dental staffs? An analysis of 260 documented cases of child abuse at Children's Hospital Medical Center in Boston found that more than 65% of all cases of physical abuse involve injuries to the head, neck, or mouth. Therefore, dentists are in a perfect position to see signs of child maltreatment. Additionally, abusers will change physicians and emergency rooms, but most stay with the same dentist for treatment and regular check-ups.

History of Child Abuse and Neglect

Child abuse and neglect are not new to society.



The U.S. child labor laws of the early 1900's made some inroads to prevent child maltreatment, but for decades virtually no other actions were taken to protect children. This picture was taken in the 1900's and shows children who worked in a West Virginia coal mine.

History

- Dr. Ambrose Tardieu - 1860
- Mary Ellen - 1874
- A.S.P.C.C. - 1875

Dr. Ambrose Tardieu in Paris, France wrote the first scientific paper on child abuse in 1860. He conducted a retrospective study of 39 children who “died at the hands of parents”. In this country, early attitudes toward child maltreatment seemed to have been based on denying the very existence of abuse or neglect. No mention of child maltreatment appeared in the literature until 1874. It was in that year that the case of “Mary Ellen” brought the issue of child maltreatment to light. While visiting an elderly parishioner, a church social worker learned about Mary Ellen, a child who had been beaten, bound, and neglected by her foster parents. The social worker found that she could do nothing to have the child removed from the home, so the church sought changes in the law to protect such children. Following the legal efforts to help Mary Ellen, the American Society for the Prevention of Cruelty to Children (ASPCA) was formed. The Mary Ellen case was championed under the auspices of the American Society for the Prevention of Cruelty to Animals (ASPCA) because she was deemed to be a human “animal”.

“The Battered-Child Syndrome”

Dr. C. Henry Kempe

JAMA; July 7, 1962

Current attitudes toward child maltreatment arise from the publication of “The Battered Child Syndrome” by Dr. C. Henry Kempe in 1962. Dr. Kempe’s message was that battered child syndrome should be considered in every differential diagnosis involving injuries to children. Specifically, he advocated that “abuse should be considered in any child exhibiting evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swelling, or skin bruising”. He later expanded the list of symptoms of child maltreatment to include retinal hemorrhages, hand print bruises, human bite marks, genital injuries, intraoral hematomas, and lacerations of the mouth.

“The Battered-Child Syndrome”

“Unfortunately, (the battered-child syndrome) is not recognized or, if diagnosed, is inadequately handled ... because of hesitation to bring the case to the attention of the proper authorities.

C.H. Kemp 1962

Kempe’s article immediately heightened awareness in the medical community. Because of the article, the problems of child abuse also gained public recognition for the first time. Within six months, the popular press had picked up on the story and spread it to the masses as in *Life*, 1963 “Cry Rises from Beaten Babies” and *Good Housekeeping*, 1964, “The Shocking Price of Parental Anger”. Further evidence of the effect of the Kempe article was that the Federal Children’s Bureau authored model legislation in 1963 for the states to address the problems of child maltreatment.

Recent History

- Federal Child Abuse Prevention and Treatment Act of 1974 (Schroder-Mondale)

Research

Demonstration projects

National Center for the Prevention of Child Abuse and Neglect

- Title XX, Social Security Act of 1975

The Federal Child Abuse Prevention and Treatment Act of 1974 mandated that every state have legislation aimed at protecting children. It also provided funding for research and established the National Center for Child Abuse and Neglect.

Etiology of Child Abuse

Child maltreatment can undoubtedly be considered a breakdown in the parenting skills of the child's caregivers.

Goals of Good Parenting

- Enabling a child to grow up with feelings of:
 - ▲ satisfaction
 - ▲ security
 - ▲ self-respect

There is no formal training for parenting. The goals of good parenting are to enable child to grow up with feelings of satisfaction, security, and self-respect. This is difficult under ideal situations, but it is even more difficult for single parents, extended families, families where both parents work outside the home, and so on.



Do you think this little guy has feelings of satisfaction?



Or this girl has feelings of security?



Will this child grow up with a feeling of self-respect?

Contributing Factors to Abuse

- Substance / alcohol abuse
- Stress
- Lack of support network
- Domestic violence
- Poverty
- “Learned behavior” (many abusers are, themselves, victims of child abuse)

Contributing factors: Substance abuse - recreational pharmacologists who live in a fog are not likely to be ideal parents. Addicts usually are very single minded, and caring for their children is not a high priority. Stress and lack of a support network can also be contributing factors. One of the most commonly observed contributing factors is that abused children often become abusers themselves.

Abusers' Tarnished Golden Rule

“Do unto others as
others have done unto
you.”

The abusers tarnished golden rule: Do unto others as others have done unto you.



This young man is an example of the tarnished golden rule. This is a case of burns to the palms of the hands. The father of this child was wanting to teach his son not to play with fire by placing his hands over a lit cigarette lighter. This happens to be the exact cigarette lighter and the same method that this child's grandfather had used to teach the abusive father the same lesson.

Demographics of Victims

Race

- 68% Caucasian
- 30% African-American
- 2% Other

Socioeconomic Level

- Reports Involve families from all SES levels

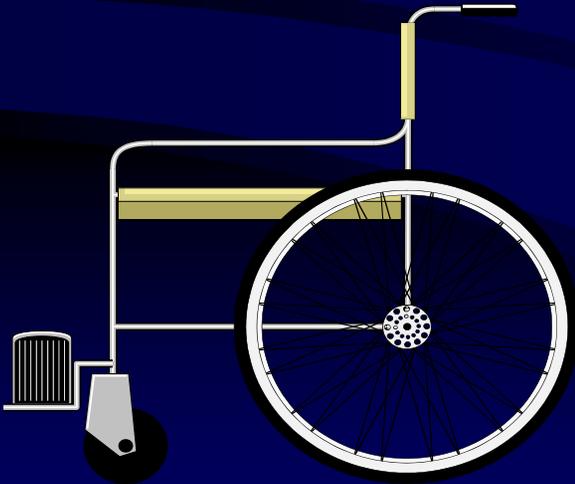
Geography

- 43% Urban
 - 57% Rural
-

Child abuse occurs across all socioeconomic levels with a near even split between rural and urban children. These are national statistics. An interesting thing to note is that in states with high populations of American Indians and Alaska Natives, the percentage of American Indian and Alaska Native perpetrators and victims is significantly higher than what would proportionately be expected. American Indian and Alaska Native children are at high risk of child abuse and neglect.

Red Flag

**Children with
special needs
are particularly
vulnerable to
abuse**



Children with special needs are particularly vulnerable to abuse.

Child Abuse

We will be looking at some examples of child abuse, child neglect, sexual abuse, and dental neglect. We will start with child abuse.

Definition of Child Abuse

- Harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare, including:
 - non-accidental physical or mental injury
 - sexual abuse
 - sexual exploitation

Child abuse is defined as the harm or threatened harm to a child's health or welfare by a person responsible for that child's health or welfare. This includes non-accidental physical or mental injury, sexual abuse or sexual exploitation..

Recognition of Abuse

Although injuries of child abuse are many and varied, several types of injuries are common to abuse. We will look at some examples of these. Many of these injuries are easily observed by the dental profession in the course of routine dental treatment. Unfortunately, few people admit to child abuse. Nobody is going to come into your office and say “My boy was sassing me so I blacked his eye and knocked his tooth out”. Some of the stories they tell will be quite convincing. It is our job to determine which injuries are “naturally occurring” and which ones may have occurred because of abuse or neglect.



We are not physicians and we don't deal with lesions like this every day. If we were told that this was a case of impetigo or that this child had been exposed to chicken pox recently, it might be easy to write these lesions off as just that. These are actually cigarette burns to this child that have occurred over a two week period. They depict the horror that this child has had to live through.

Patient Histories

- Obtain histories from child and parent separately. Do they match?
- Is the injury consistent with the history?
- History of similar injuries in the past

What do we do if we suspect child abuse? Dental staff members need to document what is seen as well as what is said. Listen to the parent's version and the child's version. Abusers are usually reluctant to leave a child alone, but a dental staff member can always ask a parent to leave "for their own safety" while taking radiographs. This is an excellent time to hear the child's version of how they may have been injured.

Is the injury consistent with the history?

Is there a history of similar injuries in the past?



This particular case was reported as a dog bite. The problem was that it was a perfect outline of a human, adult dentition and not that of a dog. Further investigation revealed that the father had inflicted the bite. Bite marks are a common finding in cases of child abuse and neglect. It must be remembered that the infection potential of a human bite is significant and serious. All bite marks should be viewed with suspicion.



This child was said to have bit her tongue when she fell. The problem is that the curvature of the bite is in the wrong direction and she is only 4 months old and has no teeth. She had been bitten by someone else.



Another misleading story accompanied this child. These are radiator burns. The parents stated the child fell against the radiator. Two sets of burns are evident with one more extreme than the other. When the truth became know, this child was “disciplined” by being pushed against the radiator. When the child squirmed as any of us would do, she was pushed back against the radiator and held there for a longer period of time.



The mother of this child had said the child fell off her bike. The child said she fell down the stairs. Both were hiding the truth. She had been beaten by her father.

Possible Indicators of Child Abuse

- Patterns

Bruises, welts, bite marks, tattoos

Lacerations or abrasions

Burns

- Fractures

- Head Injuries

Possible indicators of child abuse are unusual patterns of bruises, welts, bite marks, tattoos, lacerations, abrasions, or burns. Fractures and head injuries are also possible indicators.



This is an example of a pattern injury. Pattern injuries are injuries that replicate the instrument or object that was used to inflict them. You can see the perfect outline of the belt buckle that was used to strike the back of this child.



Slap marks are probably the most common pattern injury seen.



When a person is slapped, tissue is actually forced up between the fingers



This leaves bruising that outlines the fingers of the hand.

Warning Signs

- Repeated injuries (multiple bruises)
- Inappropriate behavior
- Neglected appearance
- Strict, super-critical parents
- Extremely isolated families

Warning signs include repeated injuries, such as multiple bruises in various stages of the healing process; inappropriate behavior, such as a very quiet, yet scared child or one who dodges sudden movements. A neglected appearance, strict super critical parents, and children from extremely isolated families are all at risk for abuse and neglect.

Dating of Bruises

Age	Color
0-2 days	swollen, tender, red
0-5 days	red, blue, purple
5-7 days	green
7-10 days	yellow
10-14 days	brown
2-4 weeks	cleared

Bruises tend to go through a color change as they heal. Bruises that result from the same traumatic incident should heal at about the same time.



This boy has obviously experienced some trauma. The parents claim he had a bicycle wreck.



This is the same boy two weeks later.
Because all injuries occurred at the
same time, they healed at the same time.
This corroborates the history of a
bicycle wreck.

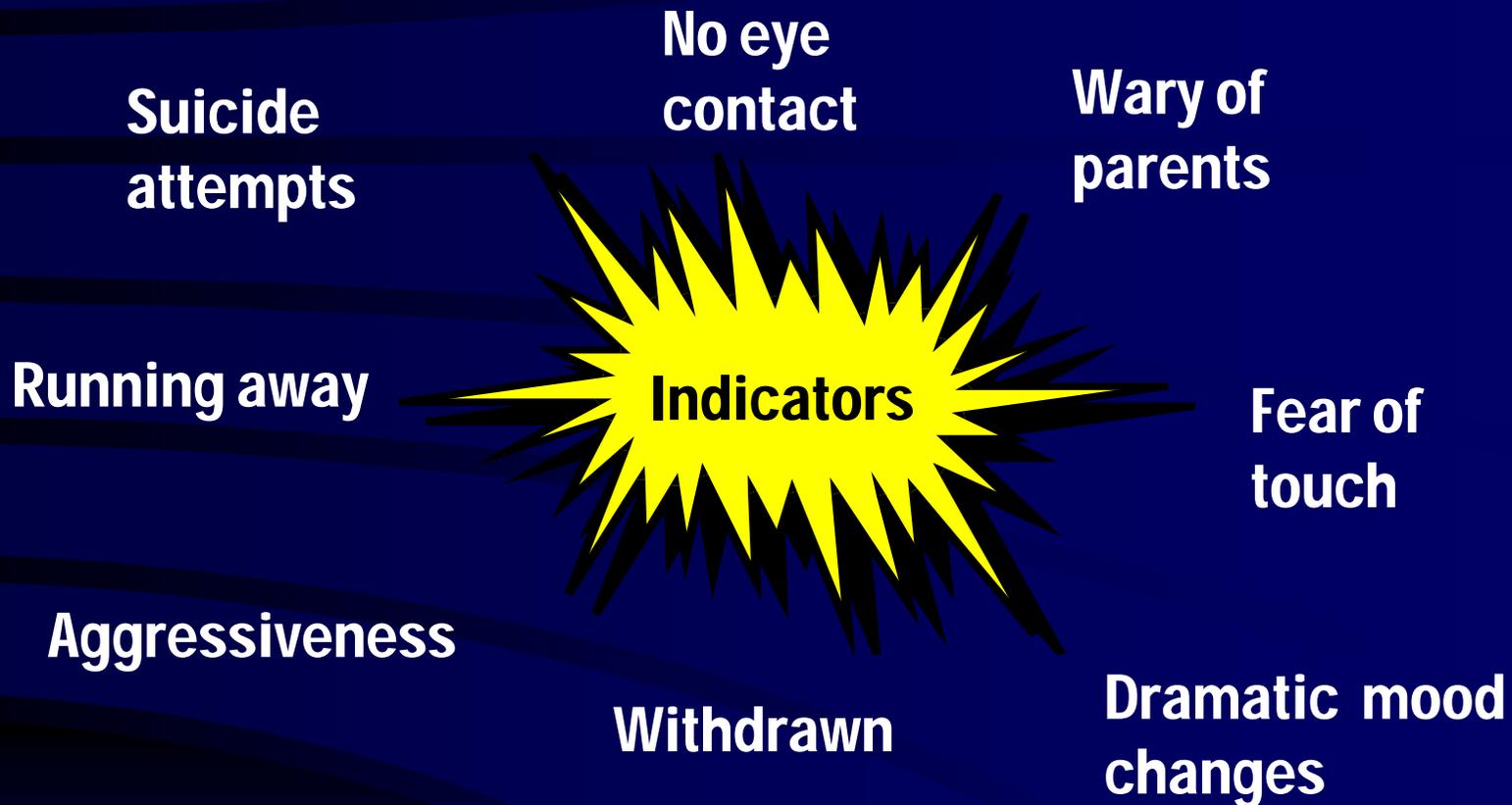


This case was also reported as a bicycle wreck. There is a couple of things wrong with this scenario. First, the injuries have occurred bilaterally. The normal reflex is to turn the head to one side as a child falls. Injuries that occur bilaterally can be indicative of child abuse and should be investigated further. Secondly, the bruises under her eye and those above her lip are of different colors. This child had been beaten by her father on more than one occasion.



This child has also suffered bilateral facial injuries which were caused by abuse. Multiple cigarette burns to his chest are evident as well.

Behavioral Indicators of Abuse



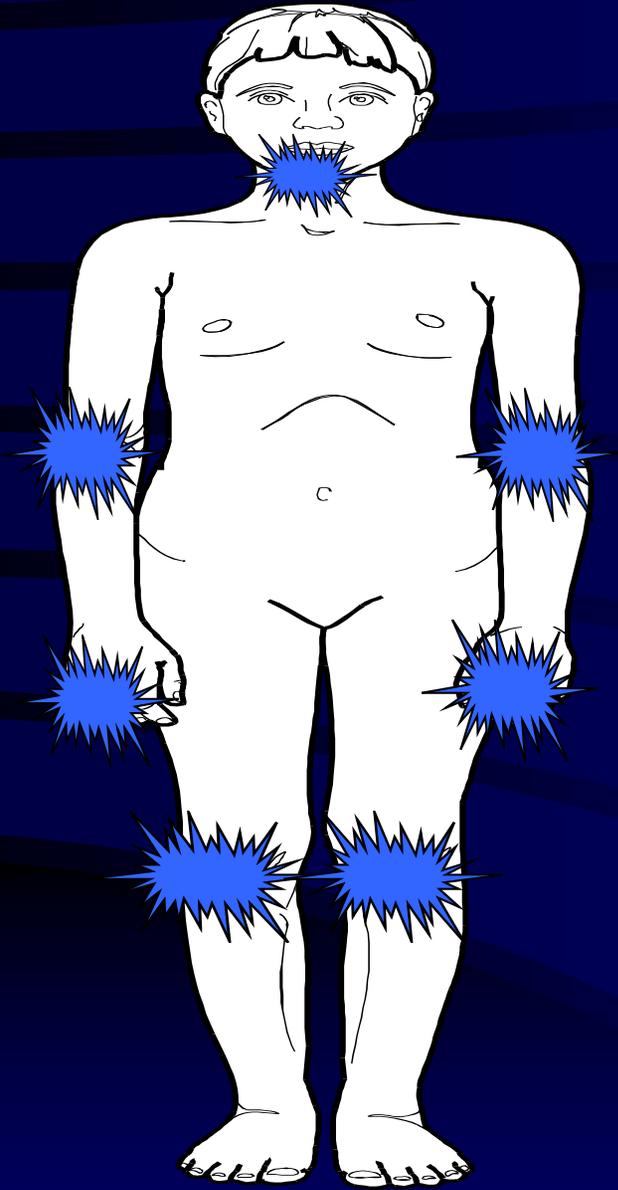
There are a number of behavior patterns that children exhibit that may suggest they have been abused. Not all children that exhibit these will have been abused nor will all abused children exhibit any of these. These should be considered as “warning signs” and children presenting with trauma that exhibit these behaviors may need to be looked at a little closer to rule out the possibility of abuse.

Usual Sites for Bumps and Bruises

We need to look at some of the usual sights for bumps and bruises.



These are two happy, healthy kids. They are not abused, but this is just a fact of life that if they are out on this playground for any length of time, more than likely one of them is going to end up with a bump or a bruise, a scratch or a scrape. What we need to distinguish are those scratches and bruises that occur “naturally” while kids are at play, and those that occur at the hands of an abusive adult.



This shows some of those areas of “naturally” occurring injuries. Kids fall and tend to scrape their knees, elbows, hands and chin. Note that the “naturally” occurring injuries are usually on the palms of the hands. In contrast, the back of the hand is a prime location for injuries to occur from abuse.

Typical Sites of Inflicted Injuries of Child Abuse

- Buttocks and lower back (paddling)
- Genitals and inner thighs
- Cheek (slap mark)
- Earlobe (pinch mark)
- Upper lip and frenum (forced feeding)
- Neck (choke marks)

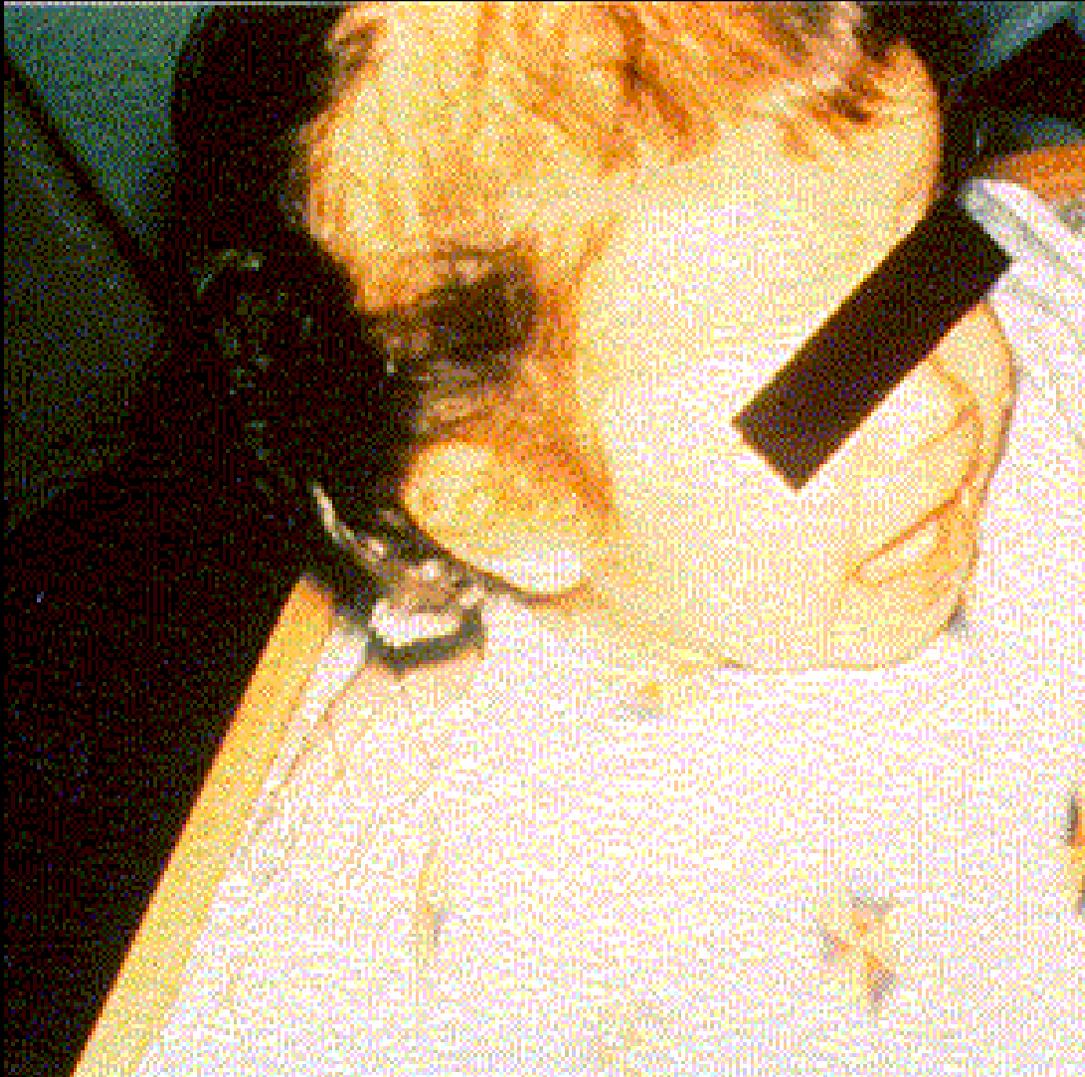
These are some of the typical sites for afflicted injuries in abuse. Although these first two sites are hidden from view, you will notice that all the rest are in plain view of the dentist and his staff.



Things that make for good handles are frequently sites of abuse. Ears fall into this category. This child suffered extensive bruising of the ear due to multiple blows to the face.



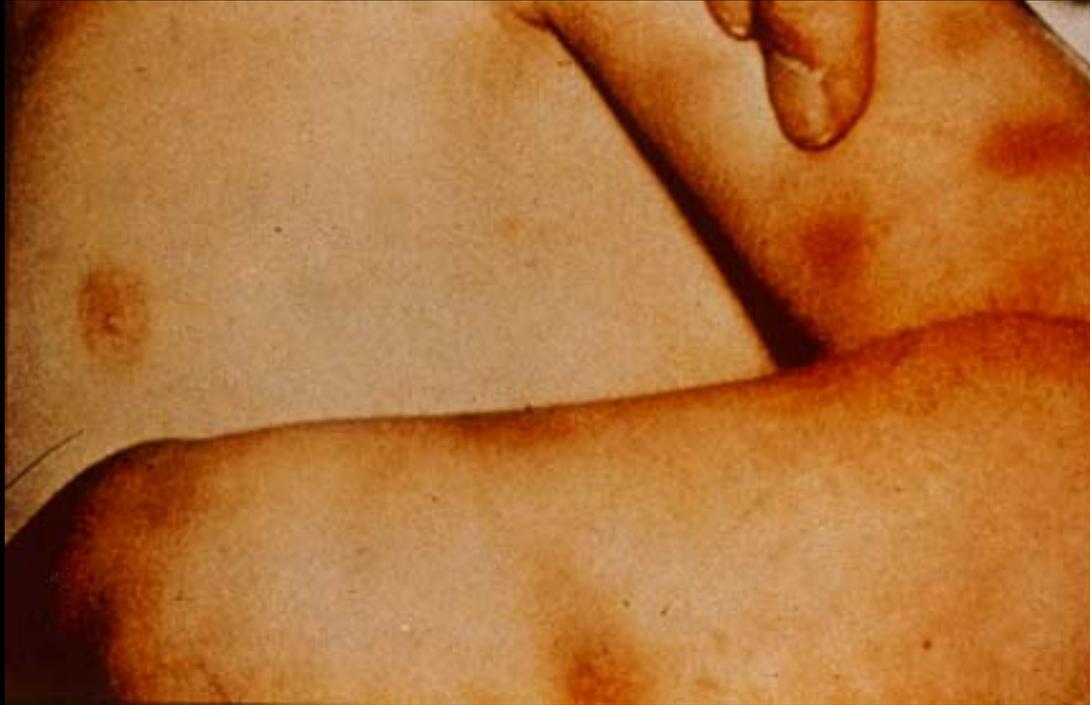
The bruising that occurred here is because this child was actually dragged across the floor by her ear. What can not be seen here is that a laceration has occurred behind the ear from this dragging incident.



Hair also makes a good handle. This child has had her hair pulled repeatedly, and hence, has almost been snatched bald.



This is a single episode of hair pulling. If you were to look at this microscopically, you would see multiple, tiny petechia in this area. This is evidence of traumatic hair loss.



Arms are easy to grab. This is a case of “Shaken Child Syndrome”. It occurs when a small child is picked up and vigorously shaken back and forth. If you could see the other arm, you would see a matching set of pinch marks. The severe shaking displaces the protective fluid in the brain and the brain ends up smashing against the skull which causes severe injury, including death.



Bruising can occur for a variety of reasons. This is a case of “cao gao” or Oriental coin rubbing. During cao gao, the skin is covered with a light coating of oil and a hot coin is rubbed vigorously over the child’s skin. It is believed that this will drive illness from the child’s body. Although it is typically seen in populations from Southeast Asia, it is also seen in remote areas of the Appalachian Mountains here in the U.S.



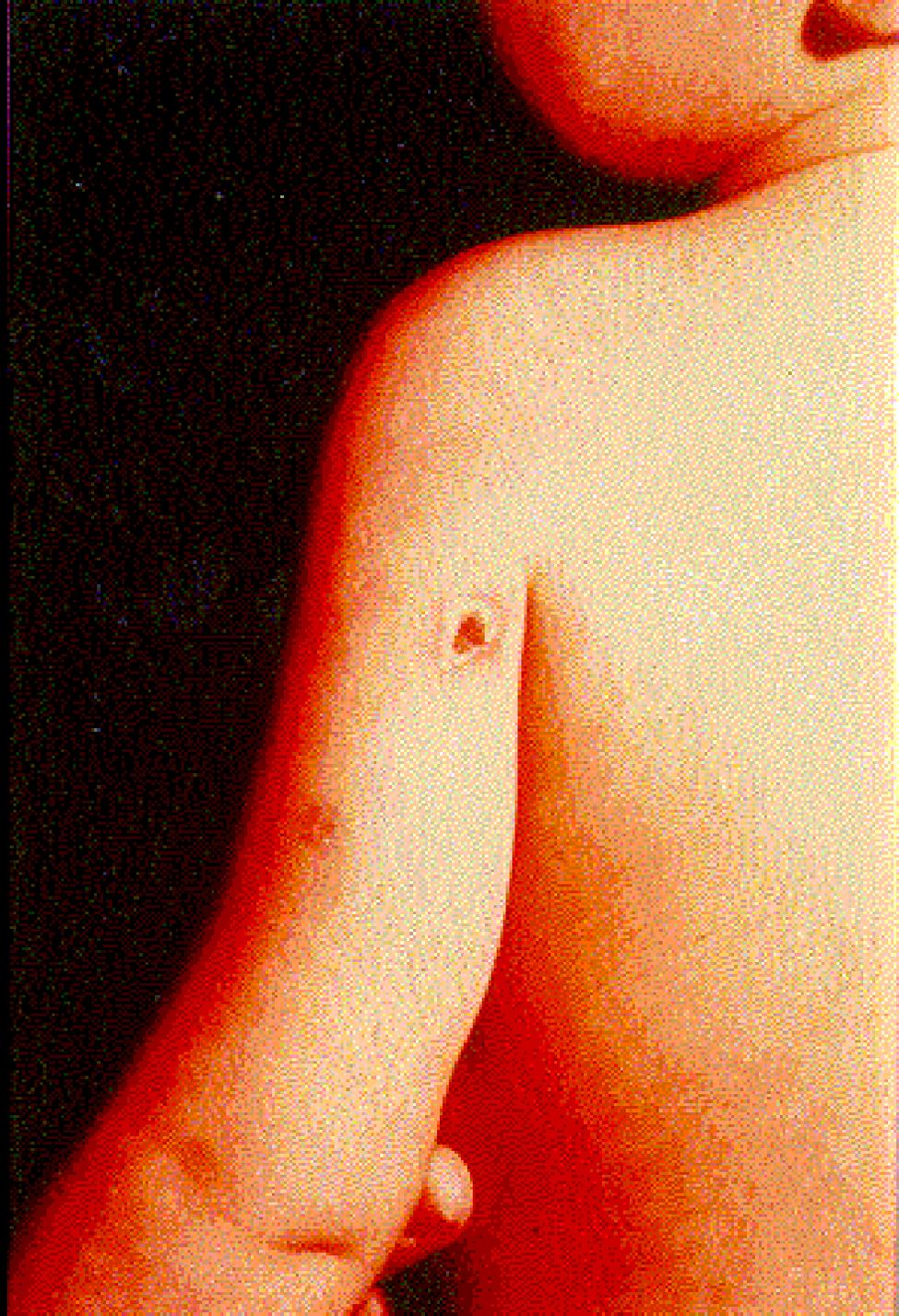
These marks have resulted from “cupping”. Cupping is a folk medicine practice of Central and South America. Warm cups are placed on the child’s skin and allowed to cool. The resulting suction is thought to remove fever from the child. Because no injury occurs, this is not a form of abuse, although referral for more appropriate medical treatment is indicated.

Burns in Child Abuse

Burns are a very common finding in cases of child abuse.



This is an example of recent cigarette burns. The lit end of a cigarette is over 500 degrees F. At this temperature, it only takes an instant to cause this degree of burn.



These are cigar burns that occurred at different times. The time between burns was at least 4 weeks.



This child suffered bilateral burns to his feet. The parents reported that he fell into a bathtub full of hot water. You can notice that the burn lines are very well demarcated. If a child fell into a tub, they would be moving their feet and splash lines would occur. The lines would not be straight. As it turned out, this child had been immersed into a pot of hot water that was heated on a stove.



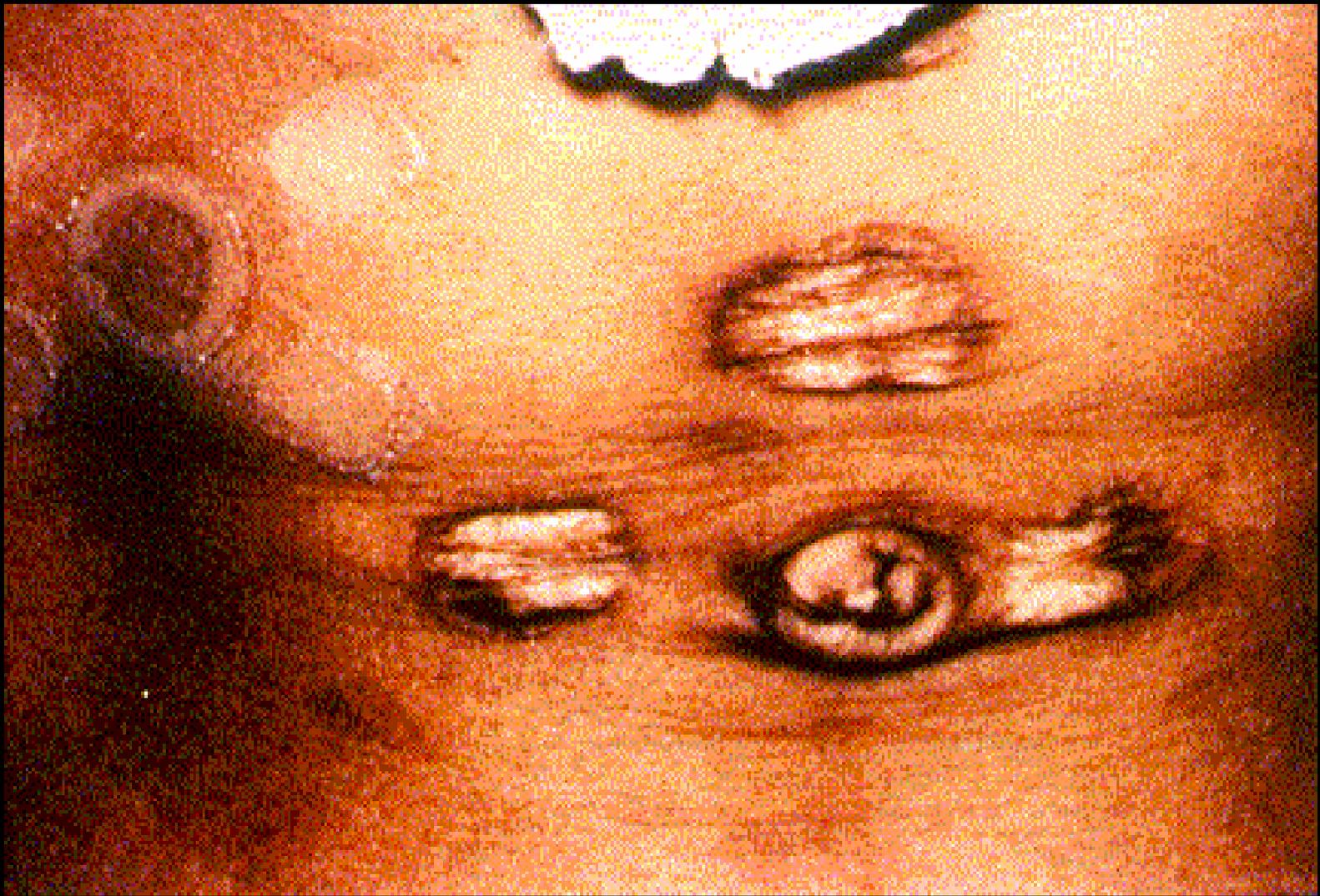
This is a “glove burn”. It occurred when the child’s hand was immersed into scalding liquid. Notice that parts of the finger tips are spared from the burn due to the child making a fist during the immersion.



Although this closely resembles the previous slide, it is not a burn. This is a case of epidermolysis bullosa, an auto-immune disorder. Note the appearance of the finger nails. These nails tend to form and then slough, an indication of this condition.



Other medical conditions can mimic burns. This child suffers from “Scalded Skin Syndrome”. It is caused by an unusual reaction to *Staph aureus*.



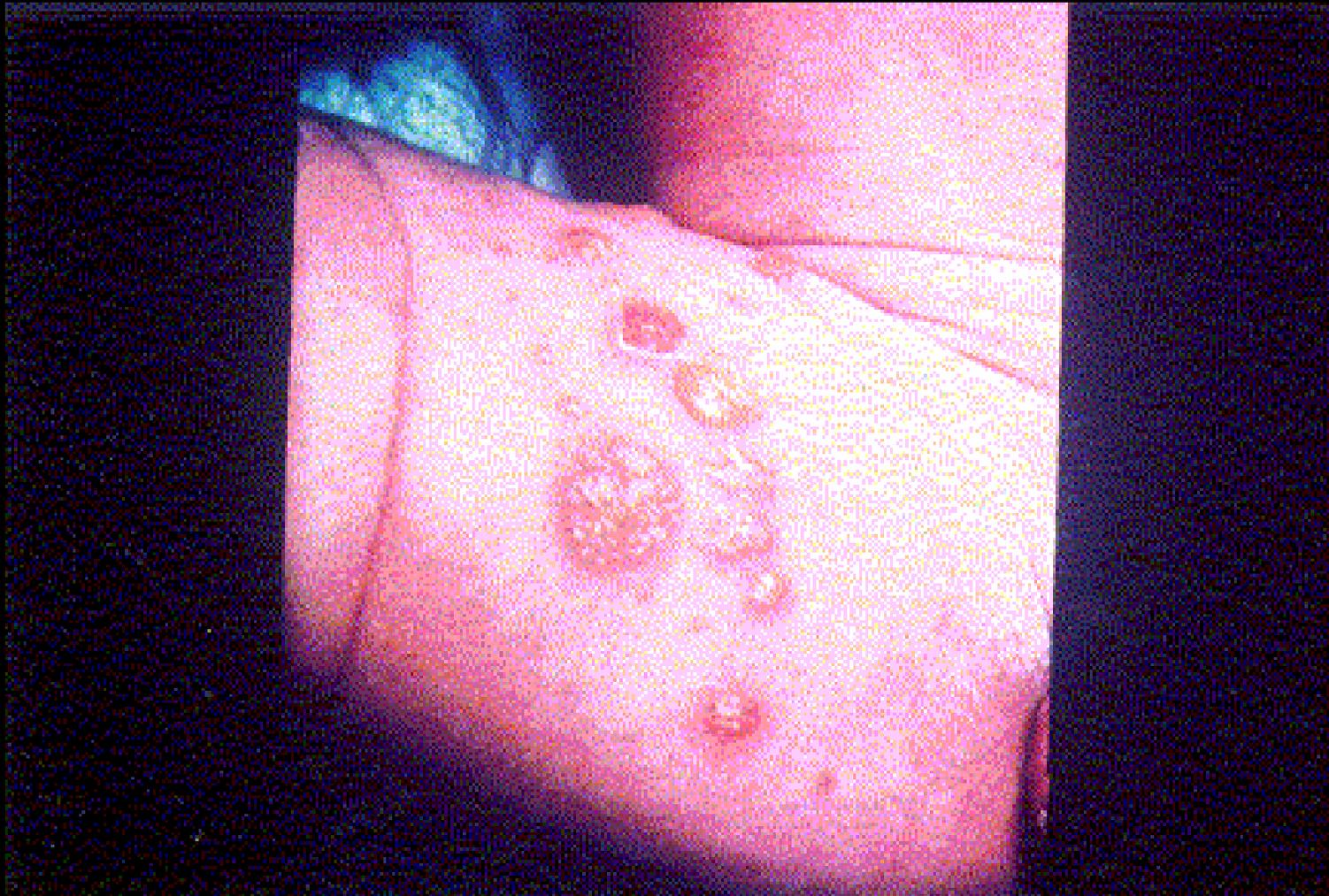
These burns were caused by a folk medicine practice from Southeast Asia known as “Moxibustion”. Incense or herbs are placed on the patients skin and lit on fire. Both a recent and a past set of burns is evident. This is a case of child abuse.

Physical Findings That May Be Mistaken For Child Abuse

We have already seen some medical conditions that mimic burns. There are some physical signs that may mimic abuse as well.



This child has “Sturge Weber Syndrome”. The pigmentation is known as port wine stains. It can occur in a variety of places on the body and could mimic a child who had been severely beaten.



This is another case of a child with epidermolysis bullosa. In this particular case it mimics a series of cigarette burns.



This patient suffers from hemophilia. Hemophiliacs often have spontaneous bleeds that can appear as bruises in different stages of healing.



This periorbital contusion is due to idiopathic thrombocytopenia, a condition of improper platelet formation. Such extensive damage can occur from little or no trauma.

Dental Injuries

Surveys of dentists who have reported cases to Child Protective Service agencies show a trend in the type of oral injuries encountered in child abuse cases. In an American Board of Pediatric Dentists survey, the principal dental injuries reported in cases of child abuse included missing and fractured teeth (32% of reported cases), oral bruises (24%), oral lacerations (14%), jaw fracture (11%), and oral burns (5%).

Dentofacial Trauma of Abuse

- Avulsed teeth
- Non-vital teeth
- Lip lacerations
- Tongue injuries
- Frenum injuries
- Jaw fractures

The mouth is often injured due to the abuser's desire to silence a crying child. These injuries often result in avulsed teeth, non-vital teeth, lip lacerations, tongue injuries, frenum injuries, and jaw fractures.



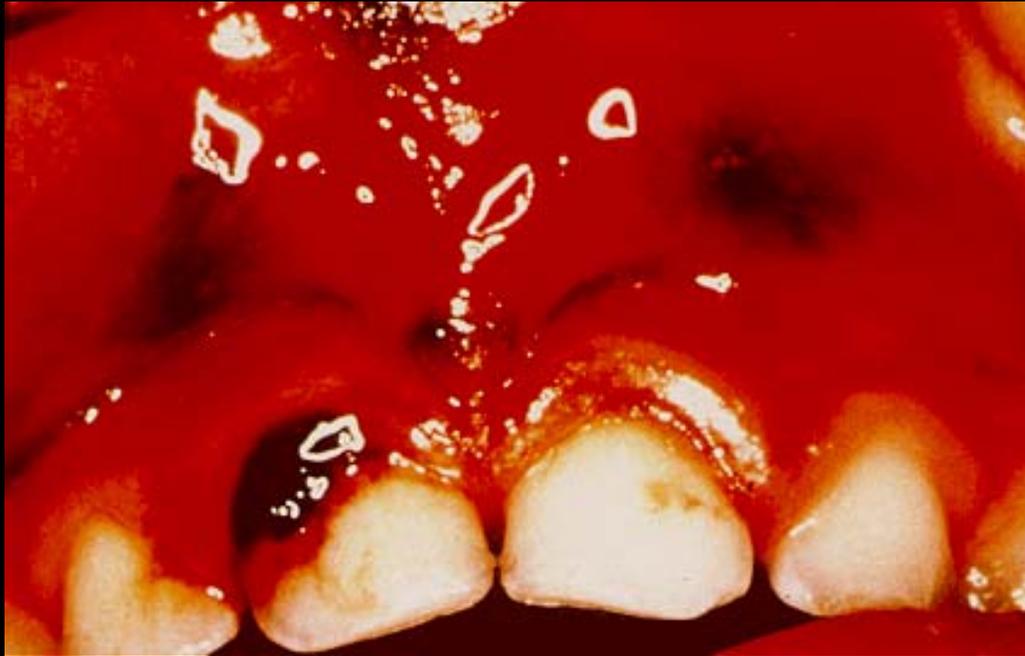
Even the youngest victims of abuse can have oral injuries. Lacerations and contusions of the oral mucosa, particularly around the anterior alveolar ridge, are seen in cases of forced feeding. The torn frenum on this infant was caused by a guardian forcing a spoon into the closed child's mouth when it wouldn't cooperate with feeding.



Falls by children often result in traumatized teeth. Usually the direction of the force intrudes teeth . When a small child is hit by a bigger, taller person, the direction of the force will often displace the crown of maxillary teeth to the lingual. Although falls onto objects may give the same result, these should be viewed as “suspect” until proven otherwise.



Complete avulsions can occur as well. Parents will most often seek a dental consultation if an avulsion has occurred because of trauma. If a premature missing tooth is detected at any time (routine exam, etc.) and no follow-up has been noted, abuse should be considered. A drunk or drugged parent will not want to seek immediate care for a child on which they have inflicted injury.



Forced feeding on this older child resulted in a frenal tear, bruised mucosa, and periodontal sulcus bleeding.

Sexual Abuse

Many of the physical signs of child sexual abuse are also within the purview of dentistry. Sexual abuse is defined as any sexual activity perpetrated upon a child by the adult person responsible for that child. It can include rape, incest, lewd or indecent acts, sexual exploitation or stimulation.

Possible Signs of Sexual Abuse

- Oral lesions of STD's
- Bruising of hard or soft palate
- Pregnancy
- Difficulty in walking or sitting
- Fear of the oral exam

The presence of oral or perioral gonorrhea, syphilis, or chlamydia in prepubertal children is pathognomonic of sexual abuse. The behavioral indicator of an exaggerated gag reaction to any oral intrusion with an instrument has been found in cases of oral sexual abuse. Other behavioral indicators include bizarre or sophisticated knowledge of sex, strange fantasies, delinquency, runaways, or poor peer relationships. Other possible signs of sexual abuse are bruising of the hard or soft palate, pregnancy, difficulty in walking or sitting, or extreme fear of the oral exam.



This is a case of condyloma acuminatum or venereal warts. These lesions require surgical removal and are indicative of sexual abuse in children.



This is herpes of the lip. These lesions are transient. This is primary herpetic gingivostomatitis - a common finding in young children. It is a transient condition that is not the result of sexual abuse.



Gonorrhoea of the lip has a similar appearance. These lesions are also transient.



This patient has bruising of the tonsillar pillars and erythema and petechia in the palate caused by an oral rape. When a patient presents with similar lesions, one should review the medical history. Leukemia, mononucleosis, and platelet disorders may have the same appearance.

Child Neglect

We have been talking about child abuse. We will now change gears and talk about child neglect.

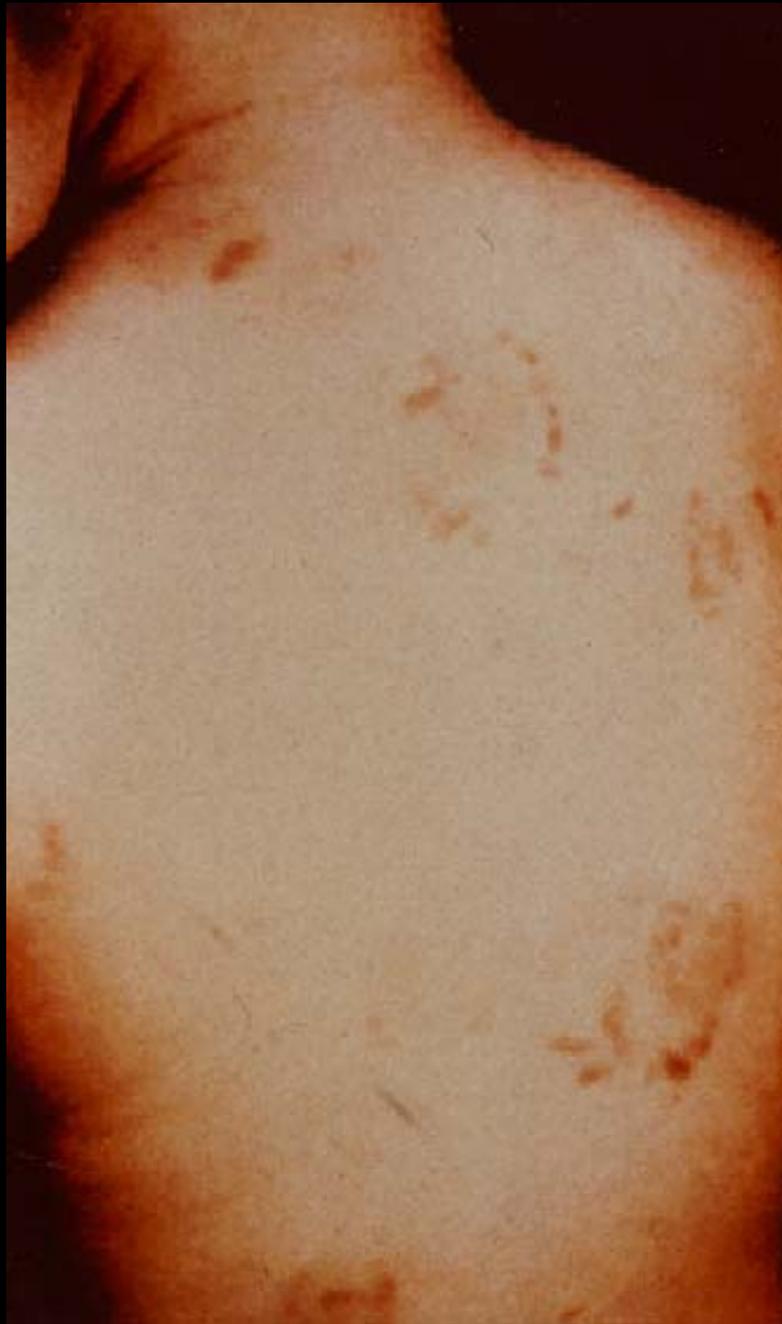
Definitions of Child Neglect

- Maltreatment, including failure to provide adequate
food
clothing
shelter, or
medical care

Child neglect has been defined as maltreatment, including failure to provide adequate food, clothing, shelter, or medical care.

Dental neglect has been defined as lack of care that makes routine eating impossible, causes chronic pain, delays or retards a child's growth, or makes it difficult or impossible for a child to perform daily activities. It is well accepted in health care that untreated dental problems are as serious as an untreated wound in any other part of the body, because neglecting treatment can lead to complications affecting the entire body.

Just as attitudes toward neglect in general vary among states, the practical definitions of dental neglect between particular dental settings may also differ.



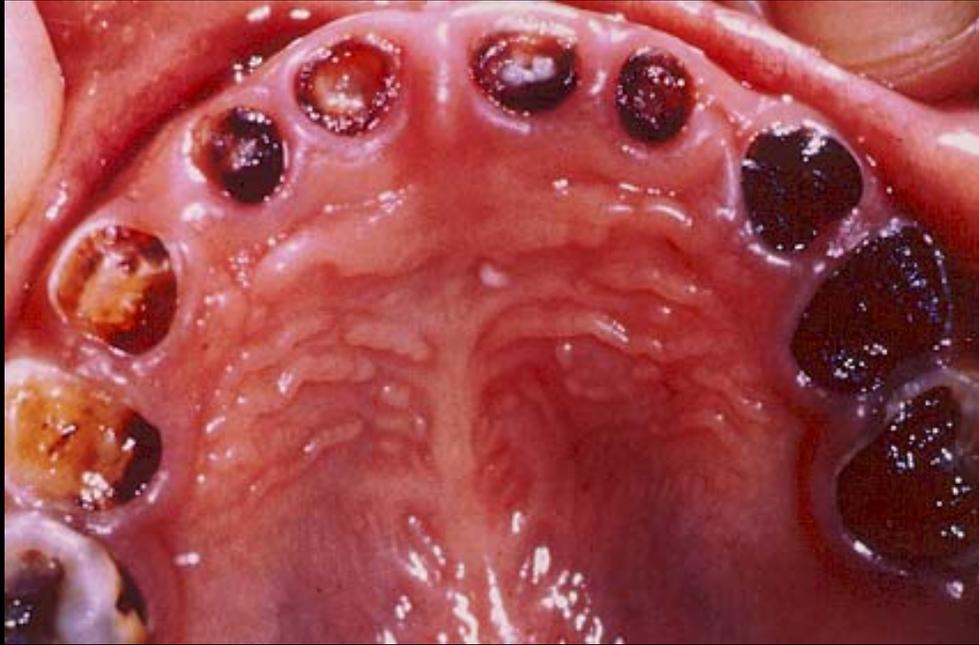
This is an interesting case of both child abuse and child neglect. It is hard to distinguish from the photograph, but there are actually two sets of bite marks on the back of this child -one from a person with adult teeth and one from a person with both permanent and baby teeth. This was a case of child abuse in that a parent was biting this child but it was also a case of child neglect in that the parents were failing to provide a safe environment for this child because they were allowing another sibling to bite this child as well.

Identification of Dental Neglect

- Untreated, rampant caries
- Untreated pain, infection, bleeding, or trauma
- Lack of continuity of care once informed that above conditions exist

The American Academy of Pediatric Dentistry has defined dental neglect as the failure to seek treatment for untreated, rampant caries, trauma, pain, infection or bleeding. Also included is the failure to follow through with treatment once the parent has been informed that the above conditions exist. The failure to follow up on treatment needs is probably more germane to dentists. Many practitioners have had parents express that they were totally unaware of conditions in their child's mouth before the dentist's diagnosis.

The Academy's definition serves neither as law nor as a standard of practice. It is merely a guideline for those dentists evaluating their patients' oral health in light of societal norms. It is up to the dental professional to weigh the guidelines and legal definitions against regional or local norms and access to care issues.



An example of local factors is the decision of some Native American tribal councils to define baby bottle tooth decay as a form of child abuse, not neglect, because it is a direct result of actions taken by the parent.



This looks like a painful condition, and a parent could be neglecting their child if they did not seek treatment.



Another example of possible child neglect that has occurred in a handicapped patient. This patient did not receive any type of oral hygiene at all.

Reporting of Suspected Child Abuse or Neglect

Once a case of child abuse or neglect is detected by a dentist or their staff member, the question often becomes: “What do we do now?”.

Establishing Office Procedures

- Discuss child abuse and neglect at staff meetings
- Provide clinical articles to all staff members
- Call the Department of Human Services for more information
- Encourage staff to discuss concerns within the office
- Keep reporting phone number handy

The important thing is to establish reporting procedures that are consistent with your facility. All staff members need to be knowledgeable about the signs of child abuse and neglect. They also need to know what to do when they see a child that exhibits these signs. Discuss abuse and neglect at staff meetings. When you see a good article on abuse and neglect, circulate it among your staff. Utilize DHS for further information and training. Encourage staff to discuss concerns within the office. Keep the child abuse hot line number handy.



It is important that all staff members be educated. This is a case of a rope burn. It was actually picked up by the dental receptionist in the waiting room before the child had ever been seen by the dentist or an assistant.

Clinical Protocol

- General physical assessment
- Behavior assessment
- Patient histories
- Oral examination
- Documentation
- Consultation

Too often, as dentists, we focus on teeth that have a child attached to them. We need to observe the whole child. Not only should we be looking for physical signs of child abuse but for the emotional and psychological signs as well. This protocol must involve the entire office staff. When a dentist is present, children tend to act differently than they would in the waiting room or in a room with only an assistant present. Your staff, if properly trained, may be able to help detect some of the emotional or psychological behaviors that may be indicative of child abuse.

Documentation

- Record clinical and behavioral findings in the patient chart
- Take radiographs of affected areas
- Take clinical photographs

Documentation records should include clinical findings and behavioral signs exhibited by the patient, as well as discrepancies between the child and parent's history of the trauma. Radiographs and photographs are both useful means of documentation. Permission may be required before obtaining either of these.

Documentation: Patient Charts

- A legal document

Clear and comprehensive

Chronological and business-like

- Date and time

Corrections inserted as chronological addenda

Patient charts are legal documents. Notes should be made clear and comprehensive with the date and time noted. Corrections should be added and dated. Never erase or cover the original notes.

Patient Charts (continued)

Choice of words:

- “Reason to suspect...”
- Important statements quoted verbatim
- Avoid jargon and abbreviations
- No pejorative or disparaging language
- Legible
- Subjective, professional opinions
e.g. “In my opinion...”

“Reason to suspect” is a good phrase when documenting possible child abuse or neglect. Important statements should be quoted verbatim, with quotation marks around the statement. Avoid jargon and abbreviations. Don’t write anything that you would not want read aloud in a courtroom.

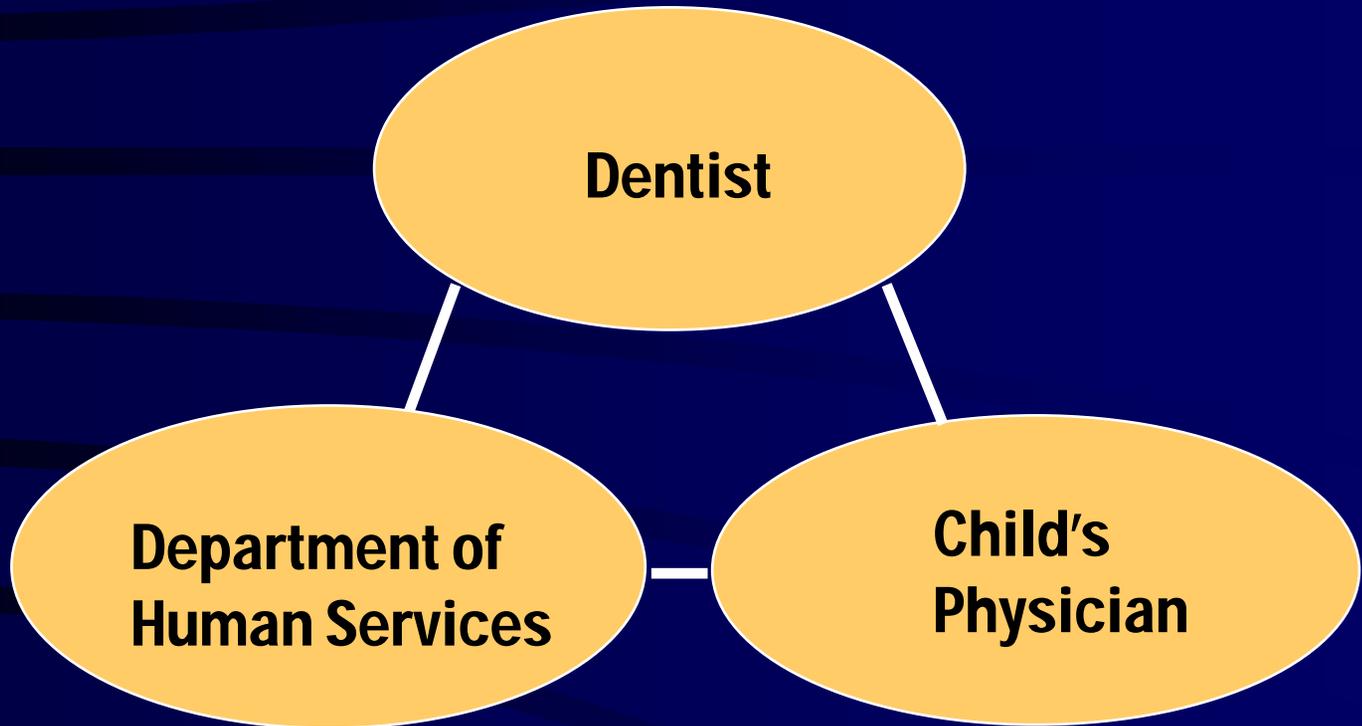
Make your charts LEGIBLE! Again, it would be very embarrassing in a courtroom if you could not read your own handwriting. If you are writing your opinion, include “In my opinion....” in your notes. Do not state your opinion as fact, because you might be wrong.

Approaching the Parent or Caregiver

- DECIDE whether to discuss your suspicions with the adult
- DO NOT:
 - Accuse anyone
 - Be judgmental
- DO refer to your legal obligation to report suspected cases

The decision of whether or not to approach the parent or care giver should be made based on whether it will make the situation worse or better for the child. Do NOT accuse or judge! You may be correct in your suspicions of abuse, but you cannot know who is the perpetrator. It may not be the responsible adult who brought the child to your clinic.

Consultation



Referrals and consultations are often necessary. These need to be documented as well, especially if consultations are made to providers or services outside of your facility. This is to protect yourself showing that you have followed appropriate protocol and have exhausted all means of protecting the child.

Social Services' Actions

- Unsubstantiated
- Prevention services
- Reunification services
- Abuser's removal from the home
- Child's separation from family



Social Services action will depend upon the outcome of their investigation. They may find your suspicions unsubstantiated. They may provide prevention or reunification services. They may require parenting skills classes, or alcohol or drug rehabilitation courses. As a last resort, they may remove the abuser or the child from the household.

Legal and Liability Issues

Under the provisions of the federal Child Abuse Prevention Act of 1974, passed 100 years after the Mary Ellen case, every state is required to have legislation aimed at protecting children from abuse and neglect. All 50 states currently have legislation in place.

American Dental Association

Principals of Ethics and Code of Professional Conduct

Section 1 - F:

“Dentists shall be obliged to become familiar with the perioral signs of child abuse and to report suspected cases to the proper authorities with state laws.”

The American Dental Association has addressed the ethical obligation dentists have in reporting child abuse and neglect.

Individuals Required to Report

(In the State of Oklahoma)

- Every physician or surgeon, including doctors of medicine and dentistry
- Every registered nurse
- Every teacher
- Every other person

In Oklahoma, according to state law, every person is required to report cases of suspected child abuse.

Immunity From Any Liability, Civil or Criminal

Each state statute contains language to protect mandated reporters from criminal and civil liability arising from good faith reports. However, such immunity does not apply to liability arising from willful misconduct or gross negligence. Nearly every state that specified mandated reporting also provides criminal penalties for failure to report suspected cases. It is important for mandated health care professionals to note that malpractice insurance does not cover criminal acts. Because failure to report can be a crime, injuries resulting from failure to report might open a health care professional to exposure to uninsured professional liability. Although the criminal aspects of the reporting laws were not enforced initially, some states are now prosecuting individuals who have failed to report.

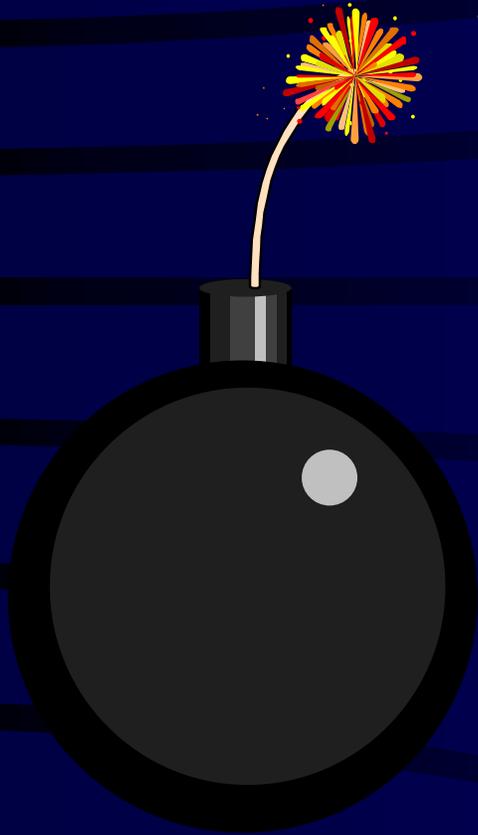
Confidentiality

Child abuse reporting laws systematically remove doctor patient confidentiality in suspected abuse cases. The many special provisions of state reporting statutes cover such topics as the taking of clinical photographs without the need for parental consent, physical examination without parental consent, written feedback to mandated reporters, and required, or suggested education for mandated reporters. The various sections and special provisions of child abuse reporting laws may differ, but one issue is paramount – the sole aim of protective legislation is to ensure that the child is better off than before the intervention.

Privileged Communication Not Recognized

Privileged communication is not recognized when dealing with a child whom a practitioner suspects has been abused or neglected.

WHEN, WHY, AND WHERE TO REPORT



When to Report

- **NOW!**

If you have
reasonable cause to
suspect child abuse
or neglect,

REPORT IT!

The time to report is as soon as you suspect a case of abuse or neglect. **Remember, the key is that it is not your responsibility to determine whether or not this child has been abused for sure, only that you had reason to suspect that abuse may have occurred!** If you think you should wait because you don't have convincing evidence, it may be too late. The child may not survive the next abusers attack.

Where to Report?



The Child Abuse Hotline
in Oklahoma is:

1-800-522-3511

Why Report?

- Early intervention can prevent further abuse
- You are required to report
- Liability for not reporting
- Immunity and anonymity for reporting
- Patient confidentiality not applicable

Why Report? Early intervention can prevent further abuse. As a dentist, you are a mandated reporter, and you could be held liable for not reporting. You will be granted immunity after reporting, and patient confidentiality does not apply in these cases. It would be tough to live with the fact that you may have been able to save a child's life if only you would have reported your suspicions.

Remember

**Reporting is not an accusation;
it is a cry for help.**

For some of these kids, you may be the only hope they have.

Consequences of Not Reporting

- In non-fatal cases, 35% will be abused again within the year
- Without intervention, 5% of victims of severe abuse will die from further abuse

The consequences of not reporting suspicions are alarming. In non-fatal cases, 35% of all abused children will be abused again within the year. Without intervention, 5% of victims of severe abuse will die from further abuse.

The Need for Education



- 87% of dentists surveyed say they need more education about child maltreatment
- With education, dentists are five times more likely to report

The reason we are here today is because most dentists feel inadequately trained about child abuse and neglect. With education, dentists have become five times as likely to report cases of child abuse and neglect.

P.A.N.D.A.'s Successes

- White House Office for Special Initiatives
- Gubernatorial and Mayoral Proclamations
- Oral Health 2000
- American Dental Associations
1993 **Golden Apple** Award

P.A.N.D.A. has attracted the attention of some prominent folks, but...

P.A.N.D.A.'s Success

Reports of suspected cases of child abuse
and neglect

UP 6%

Reports by dentists

UP 60%

...our real success has been that dentists trained in P.A.N.D.A. programs are reporting 60% more cases of child abuse than they were before training. Many kids, who had suffered in ways just like the ones we saw today, are now getting to have those feelings of satisfaction, self-respect, and security which we had mentioned earlier.

Child abuse is out there and sooner or later will walk into your office. If you look for it, you will find it, but if you don't, you never will find it and some poor child may continue to suffer because of it.



Prevent
Abuse and
Neglect through
Dental
Awareness

*"She's not hiding
she's hurting."*