

P.A.N.D.A.



P revent
A buse and
N eglect through
D ental
A wareness

Artwork and acronym used by permission of the P.A.N.D.A. Coalition
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Arkansas P.A.N.D.A. Coalition

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



**P
A
N
D
A**

Arkansas P.A.N.D.A. Coalition

Mission Statement

To create an atmosphere of understanding in the dental community that will result in the prevention of abuse and neglect through early identification and appropriate intervention for any persons who have been abused or neglected

Family Violence



- **Child Abuse and Neglect**
- **Domestic Violence (“spousal abuse”)**
- **Elder Abuse and Neglect**

Child Abuse

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Goal of Good Parenting

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







Definition of Child Abuse

- extreme and repeated cruelty
- physical, psychological, or sexual abuse
- intentionally, knowingly, or negligently and without justifiable cause:
 - engaging in conduct creating a substantial possibility of death, permanent or temporary disfigurement, illness, impairment of any bodily organ
 - any nonaccidental physical injury or mental injury, or
 - any injury which is at variance with the history given."

paraphrased from ACA §12-12-502.2

The Problem: The Child's View

- **More than 3 million children were reported as abused or neglected in the US. last year**
- **As many as 4,000 children died from abuse last year**
 - **May be under-reported by one-half**
- **Average age of the abused child is 3 years old**

The Problem: Dentistry's View

- **Mandate to report**
 - **Dentists are required to report suspected cases of child abuse and neglect**
- **Dental professionals have reported only 0.32% of all cases (Mouden, 1994)**

Child Abuse and Dentistry

- As much as 75% of physical abuse involves injuries to the head or neck
- Abusers often avoid the same physician, but return to the same dental office
- Children are more likely to have regular preventive care in the dental office

da Fonesca et al, 1992; Becker et al, 1978

History of Family Violence



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

Special Needs - Special Concerns



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

American Psychiatric Association

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Contributing Factors to Child Abuse

- Drug and alcohol abuse
- Stress
- Lack of a support network
- Domestic violence
- "Learned behaviors" -- many abusers are, themselves, victims of child abuse



Possible Indicators of Child Abuse

- **Pattern injuries**
 - Bruises, welts, bite marks, “tattoos”
 - Lacerations or abrasions
 - Burns
- **Fractures**
- **Head Injuries**

Warning Signs

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

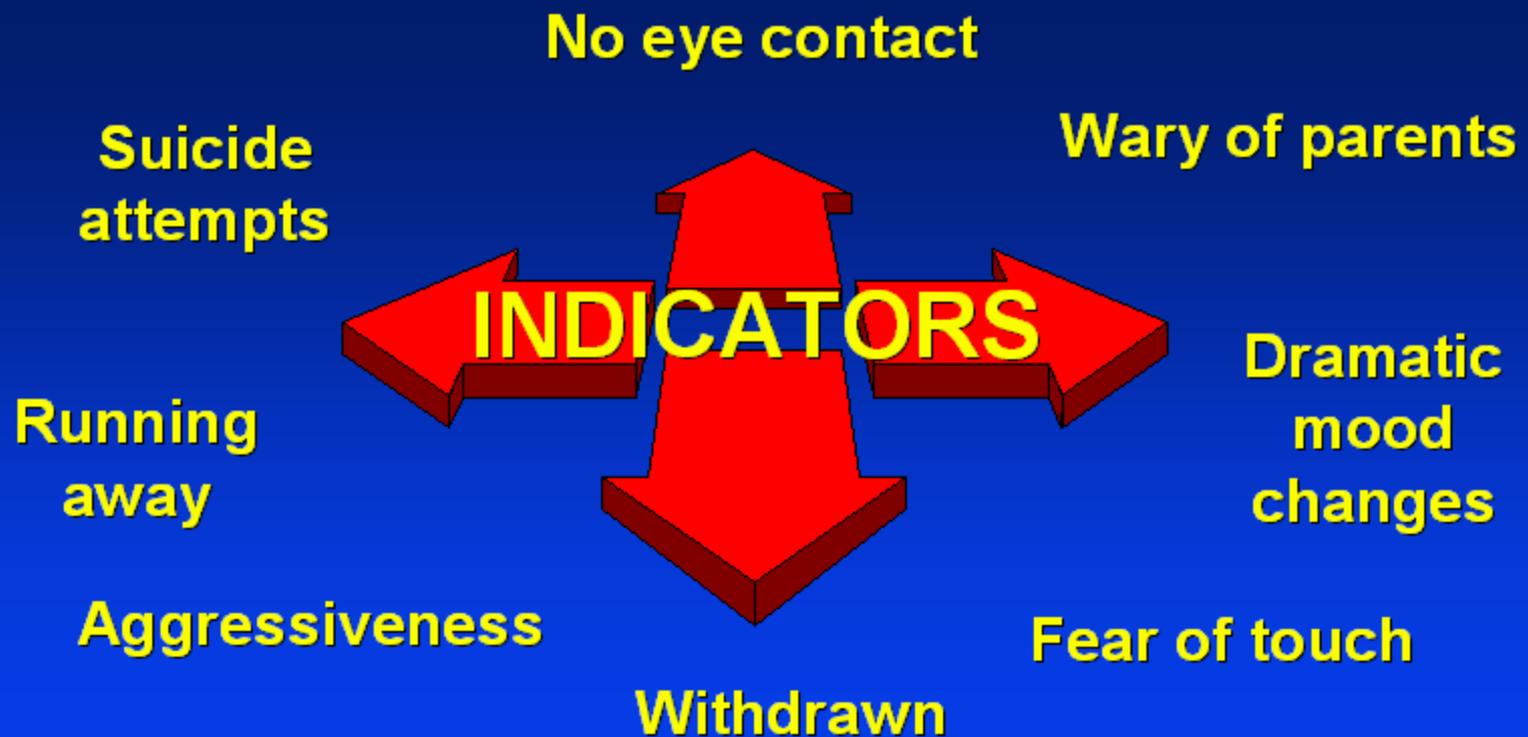
Clinical Protocol

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





Behavioral Indicators of Abuse

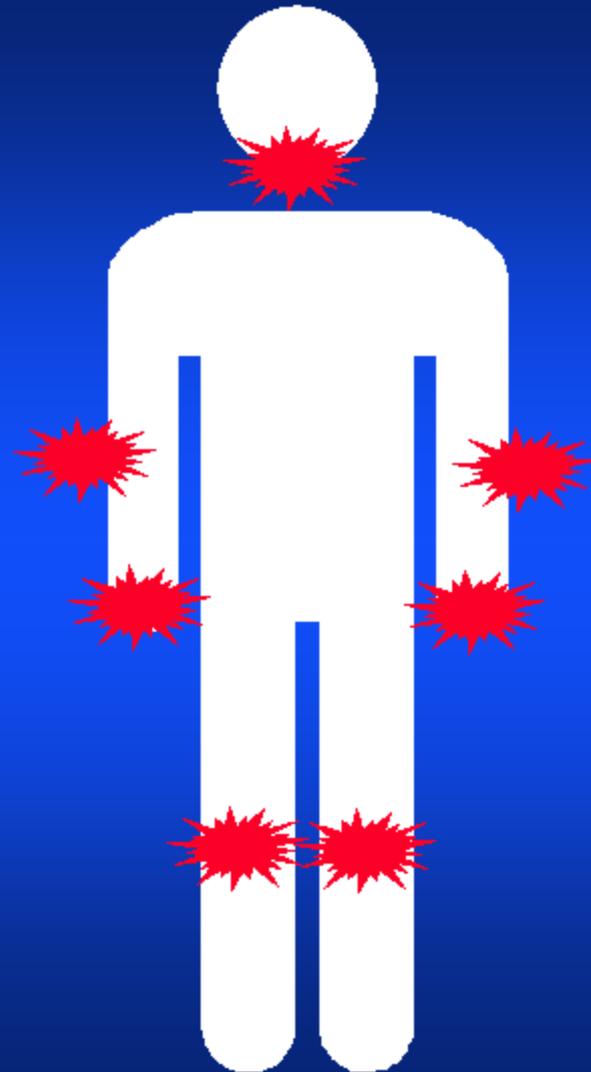


Patient Histories

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



Usual Sites for Bumps and Bruises





Typical Site of Inflicted Injuries of Child Abuse

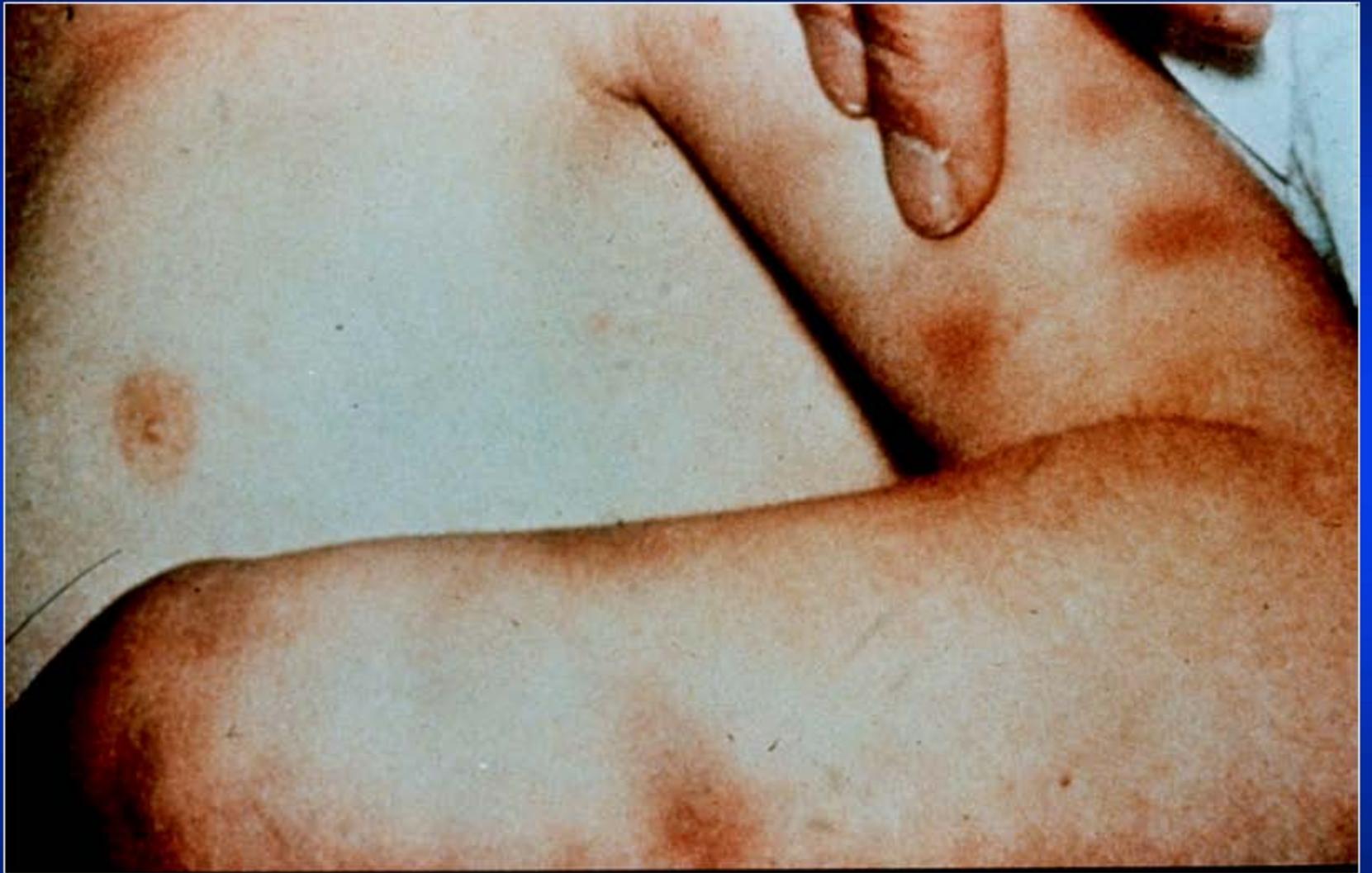
- **Buttocks and lower back**
- **Genitals and inner thighs**
- **Cheek**
- **Ear**
- **Lip and labial frenum**
- **Neck**















Dating of Bruises

	AGE	COLOR
NEW	0 - 2 days	swollen, tender
	0 - 5 days	red, blue, purple
DLO	5 - 7 days	green
	7 - 10 days	yellow
	10 - 14 days	brown
	2 - 4 weeks	cleared







Inflicted Facial Injuries

- Contusions and echymoses
- Abrasions and lacerations
- Burns
- Bites
- Fractures



Physical Findings That May Be Mistaken for Child Abuse

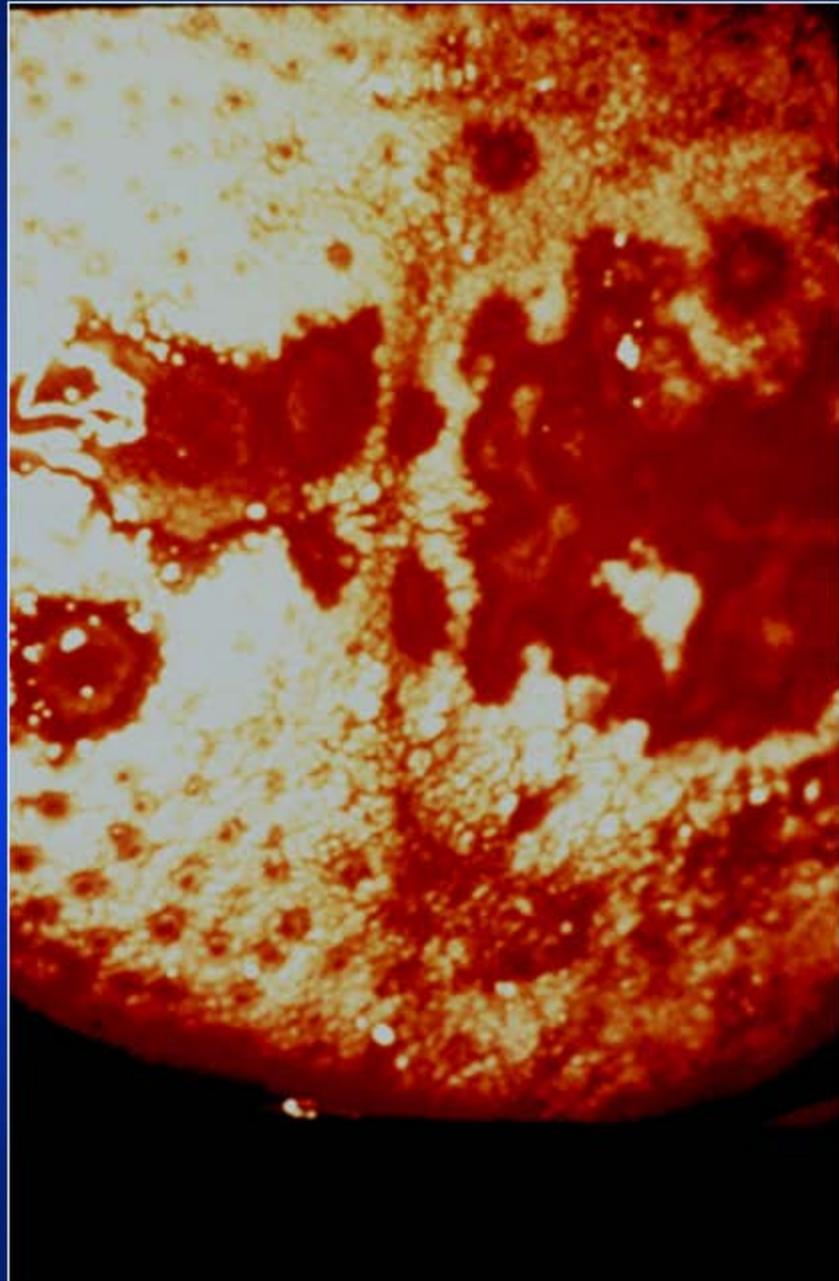
- **Accidental**
- **Genetic**
- **Acquired**
- **Infectious**

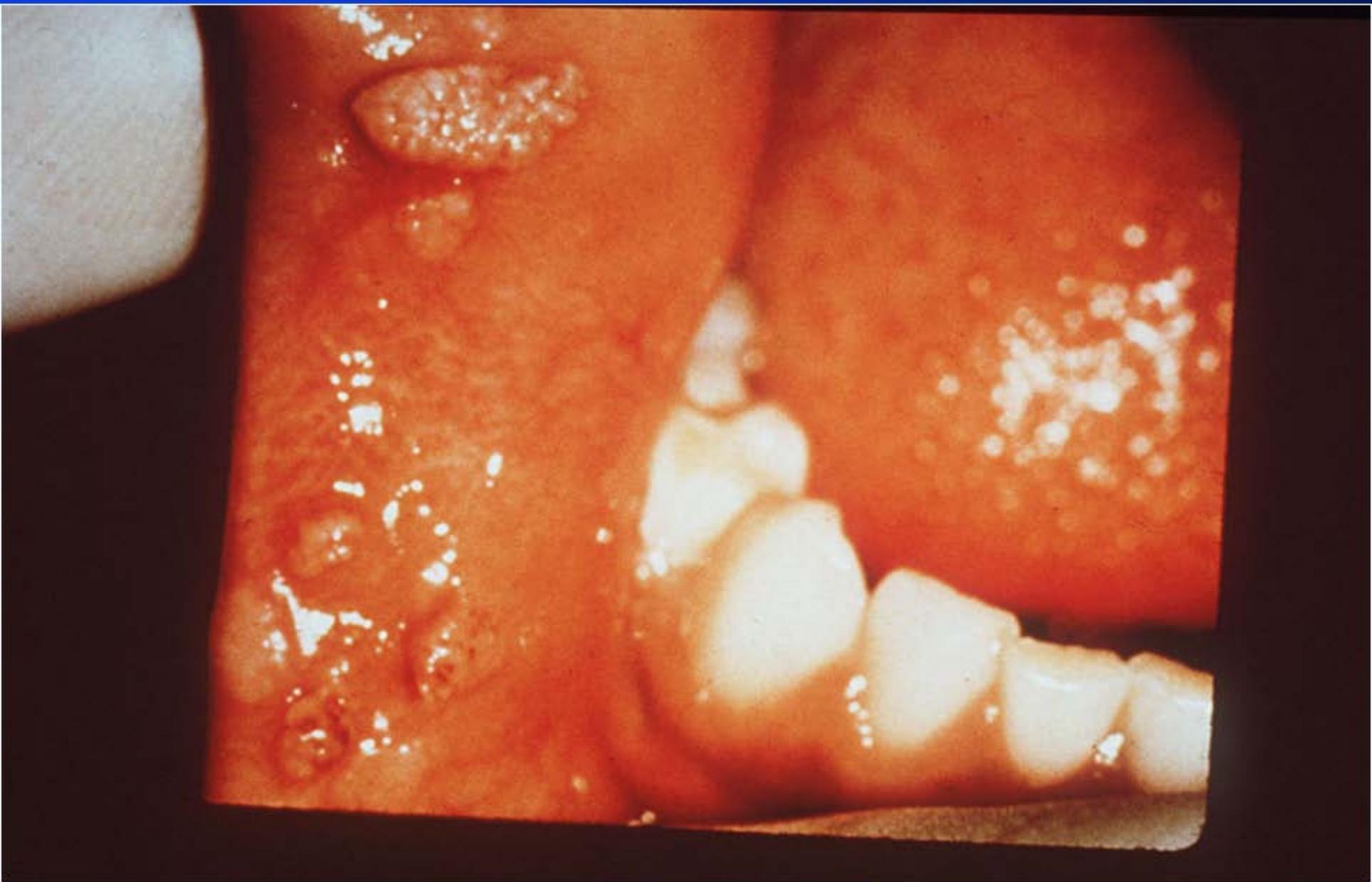




Possible Signs of Sexual Abuse

- Oral Lesions of STD's
- Bruising of hard or soft palate
- Pregnancy
- Difficulty in walking or sitting
- Extreme fear of the oral exam

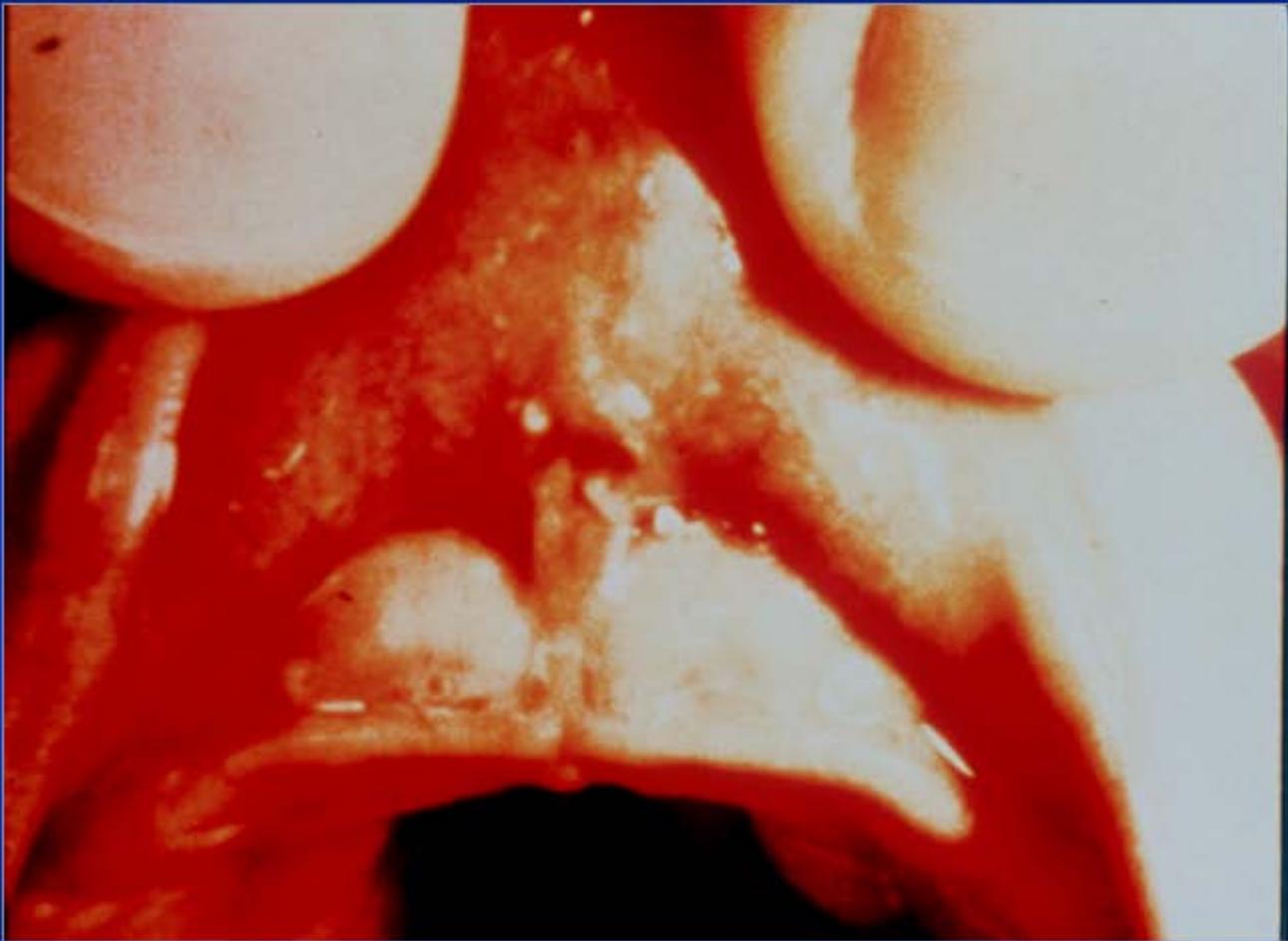


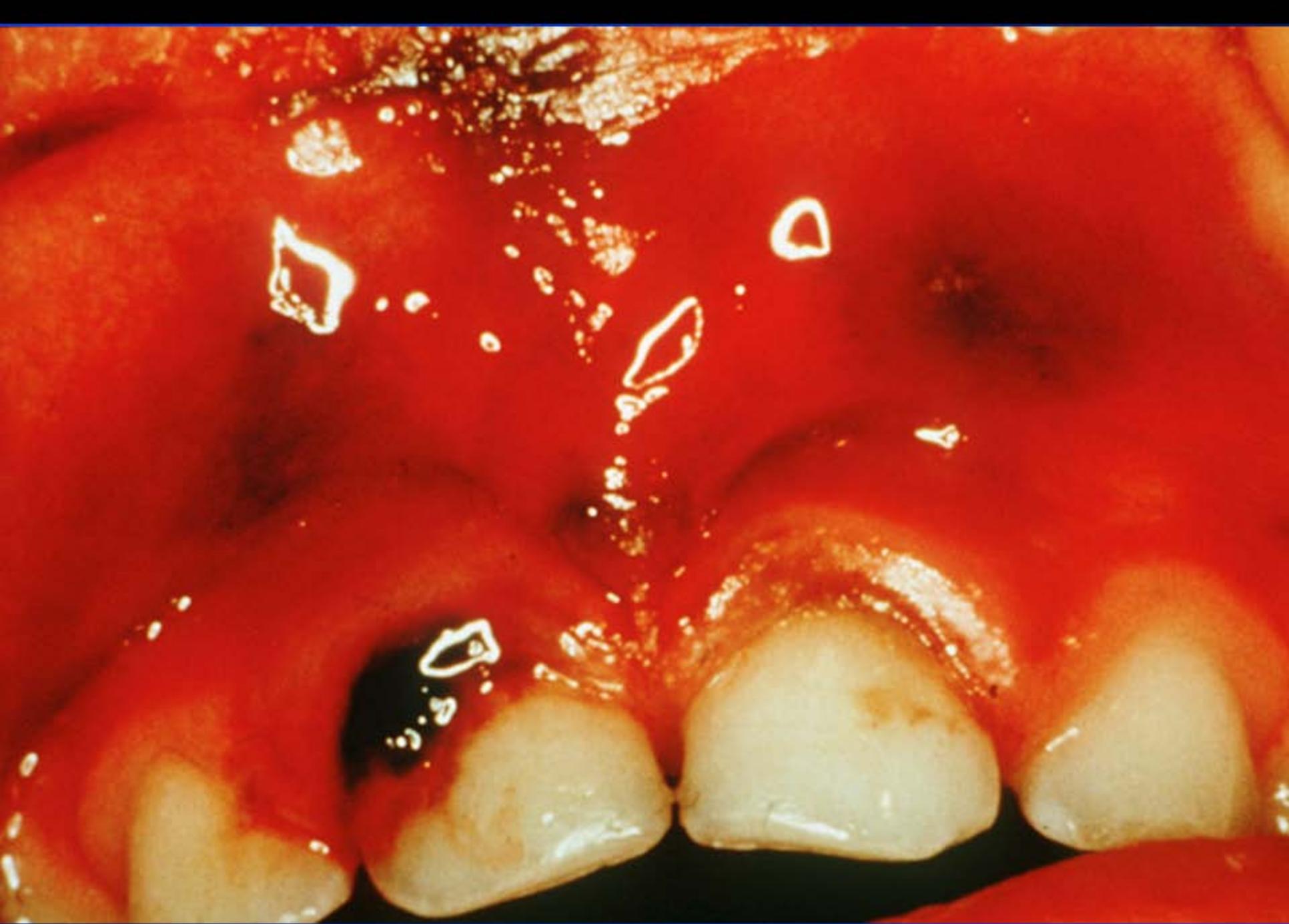




Dentofacial Trauma of Abuse

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





Definition of Child Neglect

- Failure or refusal to prevent abuse
- Failure to provide necessary food, clothing, shelter, and education required by law, or medical treatment necessary for the juvenile's well-being
- Failure to take reasonable action to protect the juvenile from abandonment, abuse, sexual abuse, sexual exploitation, neglect, or parental unfitness
- Failure to provide for the essential and necessary physical, mental, or emotional needs of the juvenile, or
- Failure to provide for the juvenile's care and maintenance, proper or necessary support, or medical, surgical or other necessary care

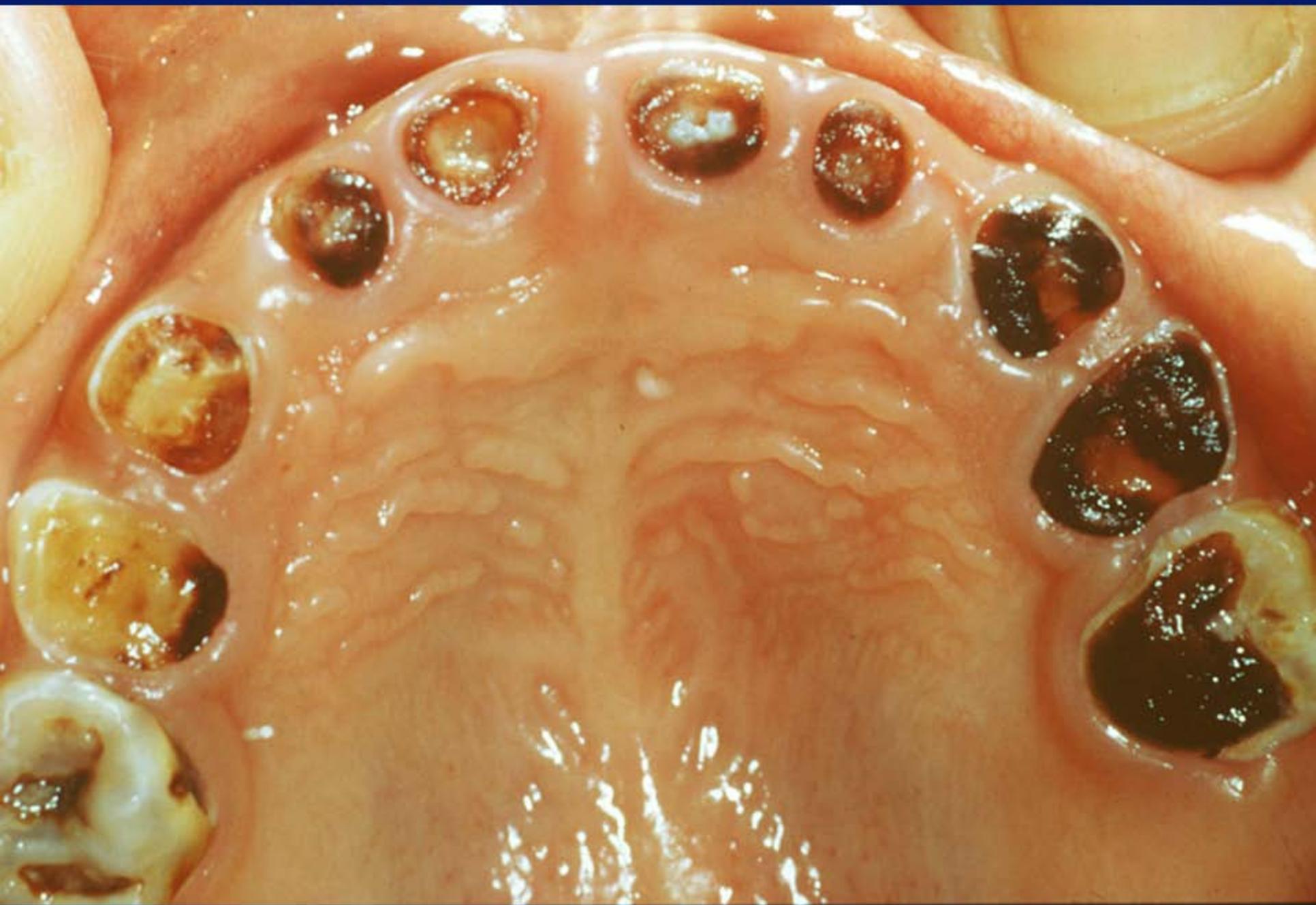
from ACA §12-12-503.3

Identification of Dental Neglect

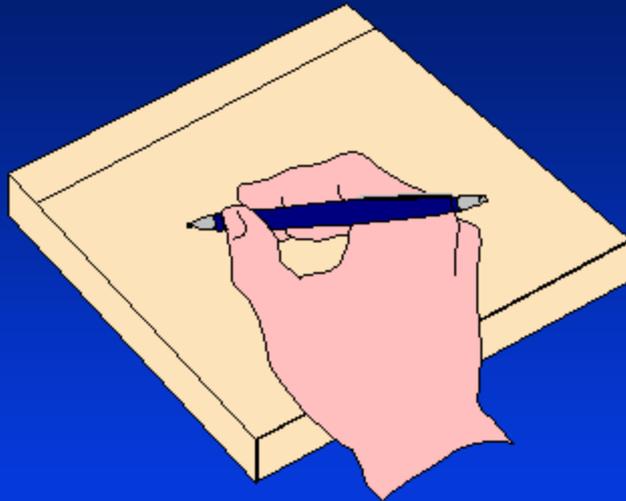
- Untreated, rampant caries
- Untreated pain, infection, bleeding or trauma
- Lack of continuity of care once informed that above conditions exist
- Willful failure to seek and follow through with treatment necessary to ensure oral health

American Academy of Pediatric Dentistry

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Documentation

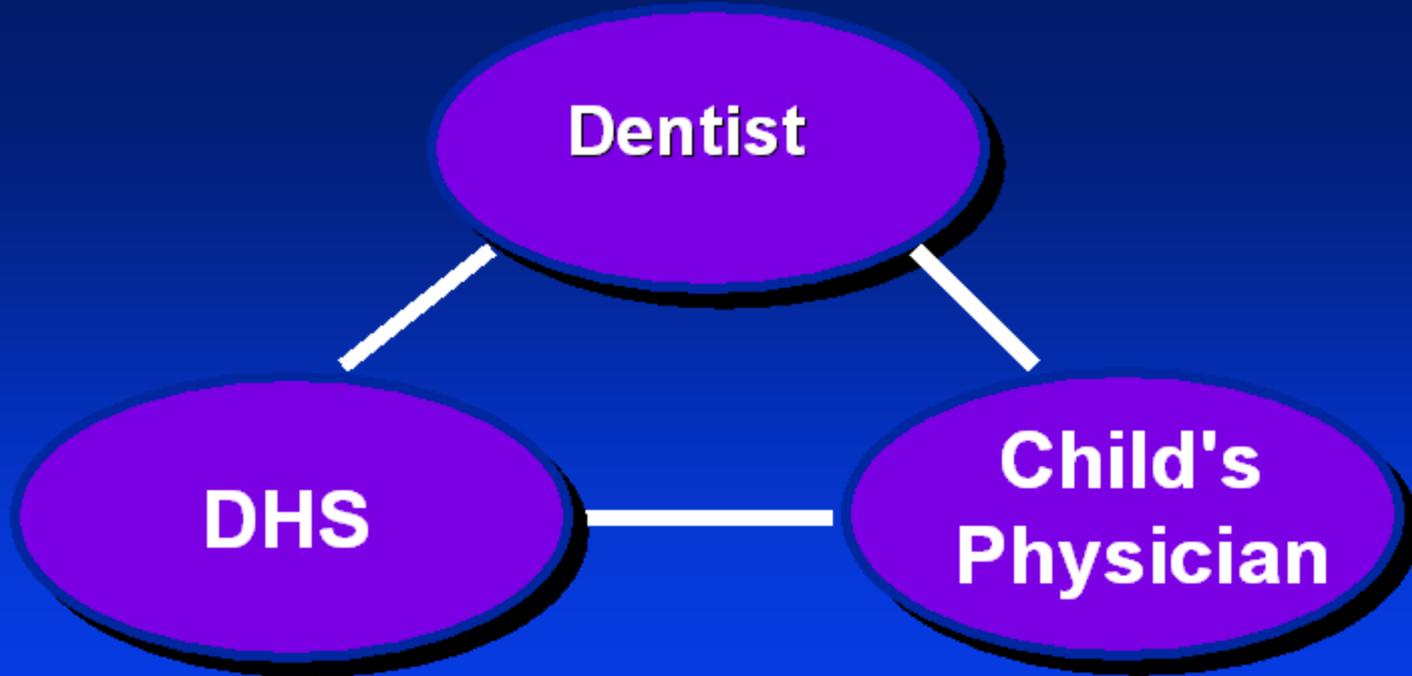


- Record clinical and behavioral findings in patient chart
- Take radiographs of affected areas
- Take clinical photographs

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

Consultation



When to Report

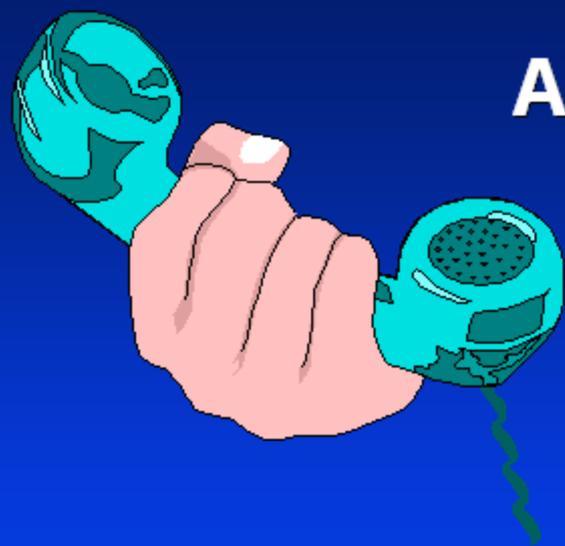


NOW!

If you have reasonable
cause to suspect
abuse or neglect,

REPORT IT !

Where to Report



Arkansas Department of
Human Services

800-482-5964

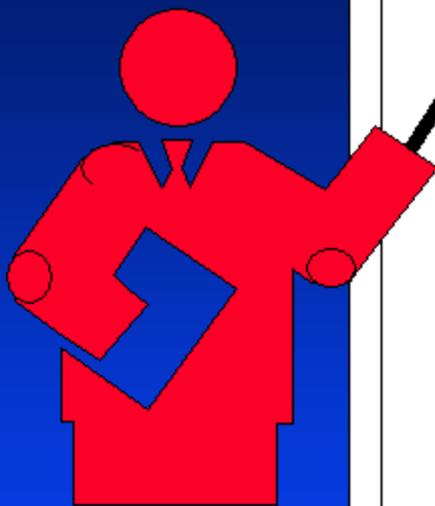
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Consequences of Not Reporting

- 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
- Child abuse/neglect fatalities rose 54% in the past six years

Fontana, V.; NCPA

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

Needleman, 1991

Establishing Office Procedures

- Discuss abuse and neglect at staff meetings
- Provide clinical articles to all staff members
- Call the DHS for more information
- Encourage staff to discuss concerns about a patient -- in private
- Keep reporting phone number handy

For more information, contact:

Dr. Lynn Douglas Mouden

Director, Office of Oral Health

501-661-2595