

P.A.N.D.A.
A dentist's introduction to recognizing

Child Abuse



By Frank M. Stechey, DDS

of the Solicitor General and Correctional Services have supported the program with grants for publication of a Canadian P.A.N.D.A. pamphlet.⁴

P.A.N.D.A. in Hamilton represents the local dental community's own voluntary effort to prevent child abuse and neglect by raising awareness and understanding of both the obligations and procedures of reporting suspected cases under the Child and Family Services Act (CFSA) in Ontario.

The Act recognizes that everyone has the obligation and responsibility for the welfare of a child. It also recognizes that "professionals" who work with children have the extra obligation to report promptly to a children's aid society any suspicion that a child is or may be at risk of abuse, thus in need of protection. The Act states that one does not have to be certain that a child is or may be in need of protection to make a report to the children's aid society. "Reasonable grounds" are what an average person, given their training, background and experience, using normal judgment and honesty, would suspect as grounds for abuse or the risk of abuse of a child.

Failure to report is an offence in the Province of Ontario under the recently (Spring 2000) revised CFSA s.72(4), (6.2).⁵

Under the CFSA, all dentists and associated staff are classified as "mandated reporters" [CFSA s.72 (4), (5)],⁶ which means that they must, by Law, report all cases of suspected child abuse and neglect to a children's aid society. The suspicion of abuse, or simply the risk of a child being abused, is cause to report. The person cannot delegate that responsibility on to anyone else; in other words, a staff member cannot ask the doctor to report.

Since the first Canadian introduction in Hamilton, the P.A.N.D.A. pamphlet, showing pictures of 20 cases of child abuse, has been sent to all Ontario dentists by the Royal College of Dental Surgeons of Ontario (RCDSO) in July 1999.⁷ The Ontario Dental Nurses and Assistants Association (ODNAA) included the pamphlet along with a feature article on child abuse in its Fall 1999 Journal issue, sent to almost 10,000 ODNAA member dental assistants. The pamphlet,

entitled "Detecting and Reporting Child Abuse: Guidelines to Determine Symptoms of Abuse and Neglect"⁸ describes the issue of child abuse as follows:

"Child abuse is not an isolated, rare event. It has reached epidemic proportions in all Canadian provinces. Information from The National Clearinghouse on Family Violence shows in Ontario, the Children's Aid Societies average about a 15% increase per year in physical abuse cases. About 125,000 new calls for service were received in 1994 alone.

"Various studies have confirmed that approximately 65% of child abuse cases involve injuries to the head, neck and face - areas easily observed by an oral health care provider. These exposed and accessible areas have a higher incidence of injuries from abuse than any other part of the body. Injuries to the child's hands and other parts of the body may also be easily observed in a dental office, and average about 24% of all physical injuries. Overall, about 89% of all physical injuries to children are easily viewable in a dental or health care facility.

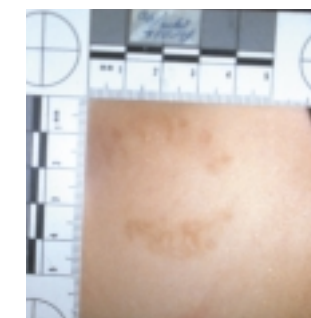
"Under the Child and Family Services Act (CFSA) of Ontario, all health professionals and their staff have the same duty as any member of the public to report a child's need for protection. However, the Act recognizes that persons working closely with children have a special awareness of children who may be in an abuse situation. Thus the legislation gives these professionals a particular reporting respon-

Dental health professionals in Ontario have been told that, "child abuse should be considered a 'State of Emergency' in North America."¹ Statistics in the United States report an estimated 3,140,000 cases of child abuse or neglect in 1994.² The same report claims 1,271 children died because of this abuse in 1994 alone.

The Canadian population and thus statistics have generally been at about one tenth of United States' figures. In Canada, it is reported that in 1997, a survey of 10,000 Canadians found that up to one-third had experienced some form of physical abuse as children and about 100 suspicious deaths of children under the age of one are investigated in Ontario each year.³

In 1992, six paedodontists in partnership with the Delta Dental Plan of Missouri and the Missouri State Dental Association started the P.A.N.D.A. program. P.A.N.D.A (Prevent Abuse and Neglect through Dental Awareness) is an educational program supported by a coalition of public and private organizations, and is aimed at helping dental office personnel recognize and report suspected cases of child abuse and neglect.

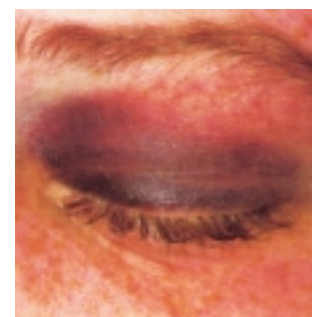
In 1996, the Hamilton Academy of Dentistry (HAD) in Hamilton, ON, introduced the P.A.N.D.A. program for the first time to its membership and Canadian dentists. In Ontario, the Rotary Club of Ancaster A.M. and the Ministry



Bite mark on buttock of a two-year-old.



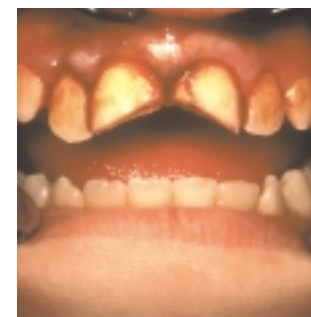
This bite mark initially spotted by a dental hygienist.



Blow-out fracture of the orbit from a direct hit to the eye during an assault.



Bite marks on the foot of a two-year-old.



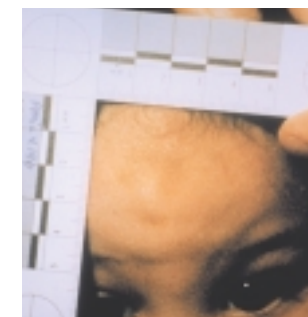
Fractured teeth #11 & #21 as a result of a backhand blow to the face.



Bruising on soft palate from forced oral sex.



Trauma from a direct blow to the child's mouth.



Adult bite mark. Victim also had cigarette burns on hands.



Trauma from a direct blow to the child's mouth.



Tongue laceration — note that this child had no teeth that could have caused this.

Artwork and acronym by permission of the P.A.N.D.A. Coalition, developed by Delta Dental of Missouri.

sibility as mandated reporters.

“As mandated reporters, special responsibilities are imposed on professionals and officials to report child abuse. CFSA s.72 (3). Any professional who in the course of their duty with respect to a child has reasonable grounds to suspect that a child is or may be suffering or may have suffered abuse [or where there is a risk that the child is likely to suffer physical harm], shall report forthwith the suspicion and the information upon which it is based to a children’s aid society.

“If you suspect abuse, ask the child [only] “what happened?” and then document the answer [verbatim] in your records. [Do not ask the child who did what.] Health care professionals are not to conduct an interview with a suspected victim.

“To report a suspected case of child abuse or neglect, call your local Children’s Aid Society or your local police department. Make the report as soon as possible without compromising the child’s dental care. Have the following information available when you make the report:

- Name and address of the child and parents or other persons having care and custody of the child;
- Child’s age;
- Child’s school;
- Nature of the child’s condition, including any evidence of previous injuries or disabilities;
- Any other information that you believe might be helpful in establishing the cause of such abuse or neglect and the identity of the person believed to have caused such abuse or neglect.

“In the patient’s record, carefully document any findings of suspected abuse or neglect including:

- The time and date the injury was observed;
- The location and number of injuries on the body;
- The colour and size of each injury;
- The child’s and parent’s/caretaker’s verbal response (verbatim);
- Any other pertinent information.

“Have another individual witness the examination and co-sign the records concerning any suspected child abuse or neglect.

“Dentists and all dental staff members are mandated reporters, therefore if you suspect child abuse or neglect, or the risk of abuse, make a report — you are not making an accusation. The worst thing that can be done for an abused child is nothing!”

Some conclusions drawn in a documentary stated, “physical abuse of children affects all of us. As a society, we recognize children have a right to be protected and their abusers

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must be held accountable for their actions. Saving a child from continued injury or even death can only begin with careful identification and reporting of suspected abuse. Saving a child could begin with you.”⁹ DPM

More information is available from:

P.A.N.D.A. (Ontario) Program, c/o Dr. Frank Stechey, Suite 203, 151 York Blvd., Hamilton, ON L8R 3M2. Tel: (905) 577-0770.

References:

1. Stechey, F., Child Abuse: Dentistry’s ‘State of Emergency’; Ontario Dental Nurses and Assistants Association (ODNAA) Journal; Vol.5 No. 4; October – December 1999; p16 – 18.
2. Wiese, D. and Daro, D., Current trends in child abuse reporting and fatalities: the results of the 1994 annual fifty state survey, National Committee to Prevent Child Abuse, Working Paper 808, April, 1995.
3. Crawford, Michael G., Child Abuse: A Multi-Disciplinary Approach to Physical Abuse; Canada Law Book Publishers; Workbook; p 2-3.
4. Detecting and Reporting Child Abuse: Guidelines to Determine Symptoms of Abuse and Neglect, P.A.N.D.A. (Ontario), Rotary Club of Ancaster A.M., 1998.
5. Reporting Child Abuse and Neglect: Your Responsibility under the Child and Family Services Act; Ministry of Community and Social Services; Queen’s Printer for Ontario; 2000; ISBN 0-7778-9391-6.
6. Ibid #5.
7. Reporting Suspicions of Child Abuse; The Dispatch; Royal College of Dental Surgeons of Ontario; Vol. 13, No. 2; July 1999; p 6 – 7.
8. Ibid. #4.
9. Ibid. #3; p 16.

