



# Do I Make the Call? A First-Person Account

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*Kathleen A. Shanel-Hogan, DDS, MA, will present "Dental Professionals Against Violence" during CDA's Spring Scientific Session in Anaheim, Calif. The presentation will be held from 10:30 a.m. to 1 p.m. Friday, April 16 in Huntington Rooms A/B/C at the Hilton. A repeat presentation is from 2:30 to 5 p.m.*

It was 1 p.m. and a new patient was scheduled for an emergency appointment. A "fractured tooth and pain in the upper right quadrant." My mind was beginning the process of planning the next step — history of complaint, health history, exam, X-rays, differential diagnosis, etc.

I was standing by the operatory as I observed the 11-year-old boy walking from the waiting area to the operatory. He walked tentatively as if on eggshells and guarded his buttocks. He moved uneasily and winced as he sat in the dental chair. I briefly asked him his complaints. He indicated his tooth was hurting and pointed to the upper right quadrant.

On examination, tooth No. 3 had a fractured cusp with 1+ mobility. There was bruising on the buccal mucosa. I asked the registered dental assistant to take the appropriate X-rays and went to the waiting room to speak to the adult accompanying the patient.

I inquired about the history of the emergency and was told by the father that the child had fallen. No other health concerns. The man appeared nervous and had a sharp edge to his

voice. This was his first visit to our office and I imagined at the time that he was anxious for the child. I assured him that I was there to assist the child.

While I was speaking to the parent, the RDA was working with the patient. It was an extremely warm summer day of 98 degrees with 98 percent humidity. The child was wearing a long-sleeved cotton shirt with jeans and army boots. She skillfully helped the boy to relax and mentioned the heat of the room. She asked if he would be more comfortable moving the sleeves of his shirt toward his elbows because of the warmth. At first he refused, but as he relaxed he rolled up his sleeves. Around each wrist were linear marks and bruises.

As I returned to the operatory, the RDA caught my eye and silently indicated that we needed to talk. She excused herself and we huddled in the lab. We shared observations and conversations. Both of us strongly had a suspicion of possible child abuse. We decided to document carefully what we were observing.

We returned to the operatory. I struck up a conversation with the child as I continued my examination. The rest of the teeth were within normal

limits and there was tenderness in the upper right molar area with bruising on the buccal mucosa. "When did this occur? How did it occur?" The boy said, "I fell today." Bruising on the face was just beginning to show in the right cheek area over the zygomatic arch.

As I was treating the fractured tooth, I was rolling my observations over in my mind. *Is this child abuse? Do I have enough information for reasonable suspicion?* I reviewed our observations.

- The child's way of walking and sitting in the dental chair.
- The fractured tooth, tooth mobility.
- The buccal mucosa bruising and facial bruise.
- The way the child was dressed for the season.
- The linear marks and bruises on both wrists.
- The nervousness of the parent.
- The emergency history of trauma.



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Each of the red flags alone may not have been suspicious, but in combination, my gut feeling said “yes” to a suspicion of possible child abuse.

*What do I do now? What do I do with the parent?* The procedure to make a report had been very sketchily described when I was in dental school but it had been a few years. I decided to call Child Protective Services. Because of the demeanor of the parent, I chose not to tell the parent. I updated the parent that we were waiting for some dental materials to set up, so it would be a bit more of a wait. This provided me with some more time.

I went to my personal office and stared at the telephone. I am a mandated reporter and am legally bound to report reasonable suspicion of child abuse and neglect. *How do I make this call? What do I say? What if I am wrong? What if the parent or family gets angry or even hostile?* I felt anxiety grip my chest and caught my breath. Then I remembered the look in the little boy's eyes as I was treating his tooth. It was a combination of trust, fear, and helplessness. This child deserved to be safe. So I made the call.

The Child Protective Services caseworker was very patient and walked me through the procedures and asked questions such as, “What did you observe? What was said? What is the history? Where is the child now?” I later realized that the questions followed the items on the mandated report form. After the short discussion, she thanked me, reminded me that I still need to follow-up with a written report within 36 hours and indicated that CPS would follow up with the child. I could let the child go from my office.

As the patient and parent left, I was fearful for the boy. I struggled with the fear of wondering if I had done the right thing by making the call. Maybe I had exaggerated my suspicions. But no, both the RDA and I were concerned. I

was very appreciative of the RDA's astute observations and our collaborative teamwork.

For the next few days I was careful when I arrived and left the office. We were an all-woman office and I was concerned for our safety. I called a friend on the police force for advice. He reminded me that patients could be angry, hostile and potentially violent for many reasons. Taking appropriate

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precautions and being observant is important in any situation. If I felt or experienced the threat of violence, I could call law enforcement. Nothing happened at the office.

I followed up with CPS later to request information on my report. The little boy in my dental chair that day was a child of bondage and the marks on his wrists were from physical restraints. The child and family received assistance. I never saw the family again. Our entire dental team knows in our hearts that we acted with the best intentions for the child. This event occurred 24 years ago. The eyes of the little boy still speak to me.

Looking back at that summer day, I now have more information that might have put some of my fears to rest and about what I might have do differently now. I could ask the father and son separately more specifics about the fall

that injured the tooth to corroborate the stories and be watchful of inconsistencies. I could photograph the tooth, buccal mucosa and face to provide documentation. In California, parental permission for photos and X-rays in the cases of suspicion of abuse is not required (California Penal Code 11171 [a] and 11172 [a]). I could prepare a draft of the reporting form to use as a format to make the call to CPS and record information provided on the call. This would greatly assist me make the written report in 36 hours. I know I have immunity, anonymity in reporting and legal support as a mandated reporter. I have the peace of mind that the report I made is a report of observations NOT an accusation. I am not an investigator. I also know better how I am a part of the mandated reporter network of the community. I am not alone.

So when this happens to you, are you and your team ready? Just like CPR and poison emergencies, office protocol and preparation is critical. Is it scary? Is it important? Can you and the team make a difference that might be to save a life? The answer to these questions is “yes.” As mandated reporters of child abuse/neglect, domestic/ intimate partner violence (in the case of physical assault), and elder and dependant adult abuse/neglect, we can be the child's, adult's and family's voice to assist in seeking freedom from abuse and neglect.

We can assist in breaking the cycle of family violence. **CDA**

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