Mid-Atlantic P.A.N.D.A.

Prevent Abuse and Neglect through Dental Awareness

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PHILIPS sonicare
Course Description*

*Maryland State Board of Dental Examiners has approved this course to fulfill the required 2 CE as needed for Maryland license renewal for dentists and hygienists.

Mid-Atlantic Prevent Abuse and Neglect Through Dental Awareness is a:

Continuing education course designed to educate dentists, dental hygienists, dental assistants and others about the problems of child abuse and neglect, domestic violence, elder abuse and neglect, and human trafficking.

This course aims to:

• Teach recognition of the indicators of abuse and neglect.
• Inform about the legal and ethical responsibilities in reporting and referring victims.
• Educate to become knowledgeable to recognize, report and refer.
Abuse and Neglect

Abuse and neglect increasing problem

DP’s often first to render treatment

Few DP’s make reports

Early recognition important

Timely reporting and referrals

Facial swelling due to abscessed tooth, advanced ECC. Photo courtesy: Dr. Brian Williams. www.first5oralhealth.org
Objectives

Upon completion of this course participants will be able to:

1. Discuss the background of abuse and neglect, events of historical significance, and the effects of maltreatment of children, adults, and the elderly.

2. Define, identify facts, and discuss child abuse and neglect, domestic violence, vulnerable adults, elder abuse and neglect, and human trafficking.

3. Describe the health care providers’ role, ethical and legal responsibility in reporting suspicious cases of maltreatment of children and vulnerable adults.

4. Identify the problem of abuse and neglect from a dental health perspective.
Objectives

Upon completion of this course participants will be able to:

5. Identify local and national agencies to contact to appropriately report suspicious cases of maltreatment of children and vulnerable adults.

6. Describe the health care providers’ role in recognizing, reporting and referring victims of domestic violence, elder abuse and neglect, and human trafficking.

7. Discuss risk factors, indicators, screening questions, barriers to seeking help, and education needed regarding abuse and neglect of children, domestic partners, vulnerable adults, elders and victims of human trafficking.
The Three Rs

- Recognize
- Report
- Refer

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Mission Statement

To create an atmosphere of understanding in dentistry and other professional communities which will result in the prevention of abuse and neglect through early identification and appropriate intervention for those who have been abused or neglected.
She’s not Hiding,
She’s Hurting
Legal & Liability Issues

- Mandated Reporters
- Immunity
- Confidentiality
- Privileged Communication
- Failure to Report
- Principles of Ethics & Code of Professional Conduct

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Mandated reporters

- Dentists
- Dental Hygienists
- <10% reports from medical personnel
- Significantly less from DP’s


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Making a Report: Immunity
Annotated Code of Maryland: Family Law 5-708

**Family Law 5-708:**
Provides Immunity to “any person who makes or participates in making a report of (child) abuse or neglect under sec. 5-704 or sec. 5-705 of this subtitle or
Participates in an investigation or resulting judicial proceeding shall have the immunity described under sec. 5-620 of the Courts and Judicial Proceedings Article from civil or criminal penalty.”
Human Services Article sec. 1-202...
States that information can only be released if:
“Provisions are made to comply with other State and Federal confidentiality laws and to protect the identity of the reporter or other person whose life or safety is likely to be endangered by the disclosure.”
Family Violence

- Child Abuse and Neglect
- Domestic Violence:
  - “Spousal abuse" or “Intimate Partner Violence"
- Elder Abuse and Neglect
- Human Trafficking
The Need for Education

Survey of RDH’s in Texas

- >50% no abuse education in curriculum
- 81% unknowledgeable on reporting elder abuse

The Need for Education

UCSF School of Dentistry

- 88% of dentists didn’t screen for domestic violence
- Those who received education more likely to screen and intervene

Family Violence and Dentistry

- Majority of physical abuse involves injuries to the head or neck area
- Abusers often avoid the same physician, but return to the same dental office
- Children & adults are more likely to have regular preventive care in the dental office
HISTORY OF ABUSE AND NEGLECT
History

• New York 1874
• Mary Ellen Wilson
• 9 years old

Out Of The Darkness
The Story Of Mary Ellen Wilson

Eric A. Shelman
Stephen Lazoritz, M.D.
American Society for the Prevention of Cruelty To Animals (ASPCA) 1823-1888

- Carried Mary Ellen into court in horse blanket

- Asked she be treated like a “Dumb Animal”

- Place her in the “Sheltering Arms of ASPCA”

Henry Bergh, Founder ASPCA
Mary Ellen Wilson

One year later

Pictures with permission of ASPCA: www.aspca.org
Dr. John Caffey

Radiologist 1946

Long Bone Fractures

Journals wouldn’t publish research

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Dr. C. Henry Kempe: Arizona Pediatrician

1960: Battered Child Syndrome

1970: Child Abuse

1972: The Kempe National Center for the Prevention of Child Abuse and Neglect
CAPTA
Child Abuse Prevention and Treatment Act
P.L. 93-247

1974: Federal CAPTA

1980: Child Maltreatment


2003 CAPTA: Revised

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Child Maltreatment: 2009

National Victimization Rate

Unique Count: 9.3 victims per 1,000 (702,000)
Child victims counts a child only once regardless of the number of times found to be a victim during the reporting year.

Duplicate Count: 10.1 per 1,000 (763,000)
Counts a child each time found to be a victim.

Child Maltreatment

Maryland: 11.3

District of Columbia: 28.8

Delaware: 9.5

WHAT IS A CHILD

AS DEFINED BY CHILD PROTECTIVE SERVICES (CPS): A CHILD IS UNDER 18 YEARS OF AGE.
DEMOGRAPHICS OF CHILD MALTREATMENT

Race
• Caucasians largest segment then African-American, Hispanic & Other Ethnicities

Soc & Geo
• All socio-economic strata & all geographical areas

Age
• Highest rate: Infants (0-1)
• Followed by: Children (1-3)

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Munchausen Syndrome By Proxy (MSBP)

Form of Child Abuse

- Recurrent illness/no cause identified
- Unusual symptoms/no clinical sense
- Observed only by parent
- Frequent hospital/dental visits/normal findings
- Discrepancy: History and physical signs
- Numerous, different hospitals/dentists
- Presence of drugs in toxic screen

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• 2009 U.S. & local CPS investigated 3.6 million reports of child maltreatment

• CPS classified >1.5 million of these children as victims
  - 53.4% males
  - 45.8% females
  - 0.8% unidentified

• Approx. 1,770 children died as a result of abuse & neglect

DEFINITIONS BY LOCALITIES OF CHILD ABUSE AND NEGLECT
Physical injury of a child by a parent or other person who has permanent or temporary custody or responsibility for a child, or by any household or family members, under circumstances that indicate that the child's health or welfare is significantly harmed or at risk of being harmed; or sexual abuse of a child, whether physical injuries are sustained or not.
Child Abuse: DC:
DCCA 16-2101.23A

Inflicting or failing to make reasonable efforts to prevent the infliction of physical or mental injury upon a child, including excessive corporal punishment, an act of sexual abuse, molestation, or exploitation.
Physical injury by other than accidental means, injury resulting in a mental or emotional condition which is a result of abuse or neglect, negligent treatment, sexual abuse, maltreatment, mistreatment, non-treatment, exploitation or abandonment.
Leaving a child unattended or other failure to give proper care and attention to a child ... under circumstances that indicate the child's health or welfare is harmed or placed at substantial risk of harm.
Failure to provide adequate food, clothing, shelter, or medical care, which includes medical neglect, and the deprivation is not due to the lack of financial means of [the child's] parent, guardian, or other custodian.
Delaware definition of "abuse" (including negligent treatment, non treatment and abandonment)

Lack of proper care

Neglecting or refusing to provide proper or necessary subsistence, education, morals or well-being
Goal of Good Parenting

Enabling a child to grow up with feelings of:

<table>
<thead>
<tr>
<th>Satisfaction</th>
<th>Security</th>
<th>Self-Respect</th>
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Perpetrators

Biological Parents (84.7%)

Women (53.5%)

Men (44.4%)

Ages 20-49 (83.2%)

Special needs children are at a 2 to 3 times greater risk of being a victim of maltreatment than children not reported as having special needs.
Contributing Factors to Child Abuse

“Learned Behavior”

Extremely Isolated Families

Difficulty controlling anger/stress

Serious economic, housing or personal problems

Alcohol and/or Drug Abuse

"It shouldn't hurt to be a child."
Possible Indicators of Abuse

- Bruises, welts, bite marks, ‘tattoos’
- Lacerations or abrasions
- Burns
- Fractures
- Head Injuries
- **DELAY OF TREATMENT!**
Adult Bite Marks
Warning Signs

- Repeated injuries (multiple bruises)
- Inappropriate Behavior
- Neglected Appearance
- Super Critical, Super Strict Parent
- Extremely Isolated Families
Behavioral Indicators

- Wary of parents
- Fear of touch
- No eye contact
- Dramatic mood changes
- Withdrawn

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Usual Sites for Accidental Injuries

- Bony protuberances
- Chin
- Elbows
- Hands
- Knees

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Typical childhood injury?
Bruises

- Newest: Swollen, tender, red
- New: Blue, purple
- Old: Green
- Older: Yellow
- Oldest: Brown & cleared
Typical Sites for Inflicted Injuries of Abuse

- Buttocks & Lower Back
- Genitals & Inner Thighs
- Cheek
- Ear
- Lip & Labial Frenum
- Neck
- Arms & Hands
Inflicted Facial Injuries

- Contusions & Echymoses
- Abrasions & Lacerations
- Burns
- Bites
- Fractures
Slap Mark

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Physical Findings That May be Mistaken for Abuse

- Accidental
- Genetic
- Acquired
- Infectious
- Cultural

Idiopathic thrombocytopenia purpura (ITP)

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Ehlers Danlos Syndrome: Connective Tissue Disorder
Sturge Weber or Port wine stain
Cupping Therapy
Coining Therapy or CAO GIO
Possible Signs of Child Sexual Abuse

- Oral lesions: STD
- Bruising of hard or soft palate
- Pregnancy
- Difficulty in sitting or walking
- EXTREME FEAR OF THE ORAL EXAM
Condyloma

• Caused by human papilloma virus or syphilis
• Raised growth resembling a wart
• Can be acquired by sexual abuse.
Oral Rape
Dentofacial Trauma of Abuse

- Avulsed Teeth
- Non-Vital Teeth
- Lip Lacerations
- Tongue Injuries
- Frenum Injuries
- Jaw Fractures

Force Feeding

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Hard slap

Bite, child with no teeth

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Identification of Dental Neglect

- Untreated, Rampant Caries
- Lack of continuity of care once informed
- Willful failure to seek and follow through with treatment to ensure oral health
- Untreated: pain, infection, bleeding, trauma

AAPD Definition
Clinical Protocol: Assessing

- General Physical
- Behavioral
- Histories – Parent and child
- Oral Examination
- Documentation
- Consultation
Patient Histories
(The Stories)

Obtain histories (stories) separately: Do they Match?

Is the injury/timeline/excuse/consistent?

Have there been similar injuries/emergencies documented?

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Approaching the Parent/Caregiver

*Alone in Private*

- Refer to your legal obligations regarding reporting
- Determine whether to discuss your suspicions with the adult
- Do not – accuse or be judgmental
What to say if you decide to talk with the adult

(Think Safety)

Because I care about children and I care about your child...

I am concerned about your situation...

In my practice I care about my patients overall health and well being...

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Adult Response

If parent’s responses or attitude seem suspicious and you are not sure... you may consult other health care providers or contact Child Protective Services (CPS).

If you feel the child may be in danger...contact CPS

If the stories or histories match...all is fine!
Documentation

• Write clinical & behavioral findings in patient’s chart
  – Document what is said and who has said it by name with quotes
  – Document rationale for treatment or non treatment in chart
• Clinical photographs and radiographs
Whom to Consult?

- Dentist or staff
- Physician
- Social services
Remember!

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

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Consequences of Not Reporting

- Painful physical, cognitive and emotional effects
- Victim becomes an adult offender
- Death!

When To Report?

• NOW! If you have reasonable cause...REPORT IT!
• Should be immediately,
• Within 72 hours.
FAMILY VIOLENCE
Over 3 million children...

- 87% are aware of Domestic Violence (DV)
- 69% Witness
- More than 60% are also victims
- 90% under 10
- 64% under 2


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Problem: Spousal/Partner Abuse

- >1.5 million women physically, sexually abused by an intimate partner yearly in the U.S.
- 1 in 5 female high school students reports physical or sexual abuse by a dating partner
- 1 out of 4 U.S. women have been physically or sexually abused by an intimate partner
- 1 out of 14 U.S. men reported

Department of Justice, Youth Risk Behavior Survey (YRBS) August 2001, National Violence Against Women Survey
Definition of Domestic Violence

A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.

The United States Office on Violence Against Women (OVW)
History of DV

• British Common Law
  Men allowed to “chastise” their wives with “any reasonable instrument”

• 1870’s: Women reformers in England against child abuse highlighted male violence

• 1880’s: Carried to the US
U.S. Victims

- 1935: Battered women offered economic help if left batterer (Aid to Dependent Children: SSA) repealed in 1996
- 1978: National Coalition Against Domestic Violence
- 1984: VOCCA: The Victims of Crime Act Established Crime Victims Fund: federal criminal fines & penalties used to support state victim compensation & service programs
- 1994: Violence Against Women Office: Justice Department
Facts: Spousal/ Intimate Partner Abuse
National Coalition Against Domestic Violence

• Crosses all barriers:
  - Age
  - Race
  - Economic level
  - Educational level
  - Ethnic group
• 85%-90% Women
Statistically Significant

31% lifetime Prevalence: more than breast or cervical cancer

20-30% ambulatory patients are battered women only 1-20 are correctly identified
Power & Control Wheel

Duluth, Minnesota Domestic Violence Program

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Emotional/Verbal

• Constant criticism, name calling, mind games...
Intimidation & Threats

- Using looks, actions, gestures, voice to scare partner
- Throwing, smashing things
- Showing weapons
- Play fighting
- Threatening to commit suicide
Financial & Economic

• Preventing partner from getting or keeping a job
• Using someone for their money
Coercion

- Making threats to hurt partner.
- Making partner do illegal things.
- “Playful” use of force during sex.

eastlondoncommunitylawservice.org.uk
Using Children

- Pressuring Partner to get Pregnant
- Hurting or threatening to hurt children
- Threatening to report partner to child welfare

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Denying, Minimizing & Blaming

- Saying partner brought on the abuse.
- Denying the abuse.
- Act as if the abuse is not that serious.

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estlondoncommunitylawservice.org.uk
Isolation & Extreme Jealousy

• Controlling:
  – Who can be partner’s friends
  – Where to go
  – What partner can do
• Separating from family
• Keeping close and constant tabs
Using “Male”/Dominant Privilege

- Treating Partner like a servant
- Discriminate based on gender
- Use belief that males are superior

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Indicators of Partner Abuse

- Inconsistent “Stories”
- Substance Abuse
- Evasiveness, depression
- Shyness, freight
- Lack of care
- Non Compliance

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Look for the Signs

- Trouble swallowing
- Voice changes
- Contusions, abrasions, lacerations
- Chronic pain, headaches
- TMJ
- Inconsistent explanation of injury
- Evasive
- Depression or substance abuse

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R.A.D.A.R.

- Routinely ask about abuse
- Ask questions in private at all times
- Document Findings
- Assess patient’s safety
- Refer to area resources

Massachusetts Medical Society, 1992
Screening Questions: Adults

Because Domestic Violence is so common we are asking all of our patients because we know health is affected by this.

Tell me about your home life?

Has your partner ever threatened you?

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Responses: Adult

- If patient denies any issues...let it go.
- If patient discloses...“It is not your fault, help is available and I can give you information if you would like.”
- If patient denies but you suspect...Your response may be: “I’m concerned, there is help for you. I have information if you would like.”
Guidelines: Adults

Document: same as child

Adult must make the call to the Police - not you or your staff

Contact local DV Program for more information
## Guidelines: Adult

### Non mandated reporter exceptions

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<thead>
<tr>
<th>Location</th>
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<tbody>
<tr>
<td>Allegany</td>
<td>Anne Arundel County, Charles, Kent, Prince Georges, Somerset,</td>
</tr>
<tr>
<td></td>
<td>Talbot, Wicomico</td>
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<tr>
<td>Auto accident</td>
<td></td>
</tr>
<tr>
<td>Injury caused by gunshot</td>
<td></td>
</tr>
<tr>
<td>Moving vessel</td>
<td></td>
</tr>
<tr>
<td>Lethal weapon</td>
<td></td>
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</tbody>
</table>

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DV Affects Health

The Adverse Childhood Experiences Study
(ACE Study)

www.acestudy.org

A decade long and ongoing collaboration between:
Kaiser Permanente Department of Preventive Medicine
in San Diego, California

&

Centers for Disease Control and Prevention
(CDC)

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ACE Categories

- Recurrent emotional abuse
- Sexual Abuse
- Recurrent Physical Abuse
- Alcohol and/or drug abuser in household
- Incarcerated household member
- Someone who is chronically depressed
- Mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

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ACE Score

Simple scoring: 1 for each if exposed
• 0 (ZERO) Person reports no exposures
• 9 Person reports exposures to all categories

ACE Findings
These experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

To Date
• Over 50 scientific articles have been published
• Over 100 conferences and workshop presentations

www.acestudy.org

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Photos courtesy of National Center on Elder Abuse
Last 15 years approx. 582,000 that are 60 or older; have experienced abuse, neglect and or self neglect.

According to the Administration on Aging
Facts: Elder Abuse

56% victims are women

Half are over 80

Only 1 in 14 abuse incidents comes to the attention of the authorities

Risk Factors

• Dependent on the abuser
• Abuser dependent on victim
• Impairment
• Social isolation
• Living alone
• Has assets
• Ageism
• Sexism
Indicators

Same as children and adults including...

Confusion  Nervousness
Evasiveness  Dehydration
Swelling  Lack of medical devices
# Barriers to Seeking Help

- Not believed
- Afraid
- Alone
- Powerless
- Embarrassed, Ashamed
- Not able to prove
- Don’t talk about it

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Vulnerable Adult

Any adult who lacks physical or mental capacity to provide for one’s daily needs

• Not all elderly adults are vulnerable
• Not all vulnerable adults are elderly.
How can you help?

American Academy of Cosmetic Dentistry
“Give Back A Smile”

If you are interested please check out their website.
http://www.aacd.com/
Did you know...

Human Trafficking is abuse and neglect, therefore, Dental Professionals need to be educated on this growing form of human maltreatment.
Human Trafficking
Worldwide 800,000 – 900,000
United States 100,000 to 300,000
U. S. Children are at risk for sex trafficking each year

U.S. State Department
http://mollytkacik.theworldrace.org/?filename=human-trafficking-i-want-to-help-stop-it

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What is it?

• Fastest growing criminal industry in the world
• Second largest criminal industry in the world
• Modern form of slavery
The Victims

- Young children
- Teenagers
- Adults
- Male & Female

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• 14,500-17,500: estimated number of people trafficked into the United States each year
• 50% of people trafficked into the U.S. each year are children
• 800,000 people are trafficked worldwide each year
• East Asia/Pacific is the region that is the largest source of people who are trafficked into the U.S. each year.

Sources: U.S. Department of Health and Human Services
U.S. Department of Justice; Free the Slaves
How victims are controlled?

Same tactics as victims of abuse

Physically
- Beatings
- Burns
- Rape
- Starvation

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How victims are controlled?
Same tactics as victims of abuse

Emotionally
• Isolation
• Drugs
• Threats
• Stalking
• Psychological
  — “Stockholm Syndrome”
How victims are controlled?
Same tactics as victims of abuse

Financially
• Debt Bondage
• Threat of Deportation
• Money controlled by “owner”
The Traffickers

Family members

Mom and Pop organizations

International Criminal syndicates

Community members

Neighborhood or nationally known gangs

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Indicators

- Brought by another
- Very shy
- Another is in charge of them
- They have no identification/papers
- Does not speak or understand English
Tragic Truths & Realities

As many of 30% of victims will encounter a healthcare professional...and these individuals will NOT be recognized as victims by the healthcare provider.

Most victims suffer from malnutrition...therefore are subject to severe dental decay and pain.

Over 50% of all victims are children.


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Dental Visit

• Trafficker wants best dental work...cost no object
• Looks more important than health
• Will take victim to more than one office
Y.I.M.B.Y.
Yes In My Backyard

• **Westminster**: Woman sentenced to 10 years for sex trafficking a child

• **Reisterstown**: Couple charged in sex trafficking conspiracy involving three minor girls

• **Prince Georges County**: Defendant pleads guilty in human trafficking conspiracy

• **Montgomery County**: Two defendants charged in human trafficking conspiracy

http://www.usdoj.gov
Polaris Project

Named after North Star that guided slaves to freedom along the underground railroad

Provides comprehensive approach to combating human trafficking since 2002

National Human Trafficking Resource Center (NHTRC)

1-888-3737-888

www.TraffickingResourceCenter.org
If You Suspect Abuse or Neglect

- Child or Vulnerable Adult - You are a mandated reporter
- Contact the National Human Trafficking Resource Center Hotline

National Human Trafficking Resource Center (NHTRC)

1-888-3737-888

www.TraffickingResourceCenter.org
What is being done?

2007 Human Trafficking Task Force formed

New laws provide help for victims regardless of their immigration status

FBI, Dep’t of Homeland Security working with local, state and federal enforcement agencies
Maryland in Forefront

Polaris Project Commends Maryland Governor for signing Anti-Trafficking Legislation: April 28, 2009

More effective prosecution:

*New law makes it illegal to persuade, induce entice, or encourage another to be taken or placed in any place for prostitution.*

*It allows Maryland to go after *pimps* as *sex traffickers!**

This is a landmark step which is a model for other states.
Establish Office Procedures

Discuss with staff what you have learned.

Post the important numbers for all staff.

Discuss reporting procedures.

Have hot line numbers and pamphlets available.

Discuss privacy and safety for staff and patients.

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The Three Rs

1. Recognize
2. Report
3. Refer

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Making a Difference

You are a part of a growing community of concerned and proactive professionals that make a difference in the lives of “dehumanized men, women, children, minorities and migrants” to make long-term systemic change.

http://www.polarisproject.org
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