Family Violence: Implications for Patients and Practice
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Nurture or nature? Genetics or environment? Which shapes us more? Whichever side of the argument you find more persuasive, we can all agree that every person is a product of experiences in life.

That is true for each of us that wants to prevent family violence—defined as abuse or neglect of children, adults or the elderly. It is also true of the survivors we treat in the dental practice. When each member of the dental team learns more about how family violence affects our patients and our practices, we will begin seeing this issue from a much different perspective.

When violence occurs in a home, no one escapes—whether they are physically abused or emotionally affected through witnessing violence. A child’s exposure to adult partner violence can include being hit while in a mother’s arms or being forced to watch physical assault. Children are also at risk of physical harm by attempting to intervene and stop violence.

The Adverse Childhood Experiences (ACE) study, surveying adult health outcomes of more than 46,000 patients in a managed care system, showed that child maltreatment can have monumental affects on adult health status. A history of child sexual abuse can lead to adult problems of obesity, depression, hypertension, and diabetes.

If we are all products of our experiences, it is no surprise that adverse experiences lead to adverse outcomes later in life.

Dentistry faces two great challenges in dealing with family violence—the magnitude of family violence and the apparent lack of involvement from dental professionals. The size of the family violence epidemic is constantly growing, but is difficult to measure. Recent statistics have shown that the incidence of child abuse and neglect—the only universally reportable forms of family violence—continues to rise. Typical data show as many as three million children each year are reported to child protective service (CPS) agencies in the U.S. Moreover, as many as 4,000 children are fatalities of abuse and neglect each year.

The incidences of intimate partner violence (formerly called domestic violence) and elderly abuse are each as pervasive as child maltreatment. Dr. Donna Shalala, the former Secretary of Health and Human Services, put the magnitude of spousal abuse into perspective by stating, that it is “as common as birth in this country because it occurs four million times each year.”

Obviously, the size and seriousness of these epidemics are staggering, but dentistry’s major involvement has traditionally focused on child abuse and neglect. However, dentistry’s commitment to preventing child maltreatment is not commensurate with the epidemic. Although as much as 75% of child abuse injuries occur to the head, neck and face, few dentists apparently ever recognize or report a case of child maltreatment.

A 1995 national study of child protective service agencies pointed out several facets of dentistry’s involvement in the reporting process. The data on dentists’ reporting of child maltreatment must be extrapolated from a small sample because only eight states currently track the number of dentists that make reports. However, in those states, covering 201,944 total reports of child abuse and neglect, only 637 reports came from dentists. This figure represents a reporting rate of only 0.32%.

Some of the failure to report lies within state legislation and the child protective services bureaucracy. Although dentists and other health care providers in every state are mandated by law to report suspected cases of child abuse and neglect, the survey shows that only 18 states have any protocol for training mandated reporters. This failure leaves mandated reporters with a requirement to report suspected child victims, but no formal training to help diagnose these victims.

Other reasons given for failure to report suspected victims include fear of losing patients from a practice, uncertainty about the diagnosis of abuse or neglect, little coordination in child protective service agencies, and fear of dealing with anguished parents. In a national survey of pediatric dentists, seven percent of respondents said they would not report suspected cases of abuse or neglect under any circumstances.

The change in dentistry’s attitudes about family violence in the past decades has hopefully improved that grim outlook.

When dealing with adult victims, health care professionals must learn that their role is to serve as facilitators by providing information, support, and encouragement. Therefore, dentists and the rest of the health care team must learn to communicate with all patients, support their patients’ decisions, and be knowledgeable about available community resources. Every health care provider must develop attitudes that will allow them to assist all victims of family violence—attitudes of urgency, respect, concern, and community.

The Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.) program began in Missouri and is now in place in 44 states and 12 international coalitions. The Illinois P.A.N.D.A. program has been in place since 1996. Show concern for every patient’s total health and your willingness to help. Dentistry can be at the forefront of preventing family violence. Working together with other health care professionals and community groups, we can make a difference against this exponentially growing problem. Remember the importance of preventing family violence. Your attitudes and actions cannot only protect someone from abuse or neglect, but they may also save a life.

Dr. Mouden is the co-founder of P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness) and Director of the Arkansas Office of Oral Health. He is a consultant to American Dental Association’s Council on Access, Prevention and Interprofessional Solutions. He holds faculty appointments at the University of Tennessee College of Dentistry, the UAMS School of Dentistry and the UAMS College of Public Health.

REFERENCES

3. da Fonseca, MA; Feigal, RJ; ten Besel, RW. “Dental Aspects of Child Abuse and Neglect.” The Journal of Pediatric Dentistry, 1992; 14(3); 152-7
5. Mouden, LJ; Bross, DC. “Legal issues affecting dentists’ role in preventing child abuse and neglect” JAADA August 1995; 125(6): 659-60

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