



AUSTRALIAN
DENTAL HEALTH FOUNDATION

ADVANCING AUSTRALIA'S ORAL HEALTH

TREATING PATIENTS IMPACTED BY

Domestic Violence

A Guide for Dental Teams



INFORMATION ON DV TO INFORM BEST DENTAL PRACTICE

The Australian Dental Health Foundation's Rebuilding Smiles® program aims to co-ordinate and facilitate the delivery of dental care to individuals who have been impacted by domestic violence (DV) and/or family violence. This guide has been developed to inform, assist and support dental professionals to prepare and respond appropriately when treating impacted patients.

What is domestic violence?

It is common for dentists to be aware of or suspect that a patient attending their practice has experienced DV. Living with trauma, as a result of DV, can impact the experience of a patient attending a dental practice for treatment. DV involves a dynamic between two individuals where one partner feels they have an inordinate right to control and dominate the other and instil fear.¹

Types of behaviour used by abusers to facilitate DV are:

- Coercive control
- Sexual abuse
- Physical abuse
- Emotional/psychological abuse
- Financial abuse
- Social abuse
- Cultural/spiritual abuse

Sexual and physical abuse are both known to trigger trauma reactions within a dental setting.

Some relevant information on DV:

- DV that occurs within intimate partner relationships is called intimate partner violence (IPV). IPV can occur in all kinds of relationships including those that are newly formed and LGBTQIA+.
- Although DV predominantly occurs within intimate partner relationships it can also occur within familial relationships such as between siblings, extended family members, kinship groups or between an elder and a carer.^{2,3}
- DV creates a harmful family environment which in turn impacts oral health.
- Abusers will often continue abuse of an ex-partner through child contact.
- DV may not end when a relationship ends but may then escalate and even become fatal.
- Research continues to show that women and children are disproportionately the 'victims' of male violence as 16% of women compared to 6% of men experience violence from a partner.^{3,4}
- Dentists treating victims of IPV commonly see physical injuries both intra- and extraoral, such as broken teeth, swollen lips and bruises. Non-lethal strangulation is a form of physical violence that many women experience as part of IPV and is a high risk factor for IPV homicide and can cause major health complications after the event. Petechiae (tiny red spots) on the face, in the eyes, or in the mouth, scratch marks and unusual bruising around the neck are some indicators of non-lethal strangulation.⁵ If these types of injuries are visible, patients should be referred for medical attention.

What is trauma?

A patient who has experienced DV is likely to be living with trauma and the impacts of trauma. In the context of DV, trauma is generally defined as an experience where a person perceives a threat to their life or significant harm to their body or their sense of self. Trauma responses are unconscious, protective reactions of the body and brain when seeking to cope and process a perceived threat.

It is often assumed that experiencing trauma at any time relates solely to one's personal reaction to a single, substantial event (e.g. a war injury or a car accident). Individuals who have or who are experiencing DV may however experience trauma as an ongoing series of traumatic, invasive and interpersonal events (e.g. emotional/psychological abuse). This becomes what is known as 'complex trauma'.

The impact of complex trauma on an individual can be cumulative, pervasive and longer lasting than the trauma that follows a single incident. As a result, individuals start to live in a 'trauma world', which means that they continue to relive past ordeals while simultaneously experiencing new traumatic incidents.

Recovery from trauma takes time and is not as simple as leaving a violent relationship – DV often has lasting effects, especially when the abuse continues after separation.

It is important to recognize that a high percentage of our population has experienced trauma at some time in their life. Many patients may choose to keep this to themselves and not disclose their experience at all. Patients will have personal perceptions about what has been a traumatic incident for them, within their own interpersonal relationships and/or cultural settings.

For further information on Trauma refer to <https://www.youtube.com/watch?v=4-tcKYx24aA> ⁶ Although created in the context of a police investigation the content is relevant and transferable.



PRESENTATION OF PATIENTS WHO HAVE EXPERIENCED DV

If a patient has experienced DV, it is likely to affect their experience as a dental patient so it is critical that dental teams engage with all patients in a trauma-informed way. Complex trauma can be triggered by everyday stimuli such as smell, taste, touch, a place, facial expression, specific words, tone of voice, a song, a physical position or a sensation. Many of these sensations take place every day and within each dental appointment. Such sensations trigger physiological and psychological signs and symptoms that are unique to each patient.

What are some signs of trauma in patients?

The impact of trauma will present differently for each patient. The presentation of trauma may be subtle or obvious depending on the circumstances. For example, a patient's decision making in relation to general life choices can be affected by trauma, which consequently can negatively impact overall oral health and general well-being.

Some common signs of trauma in patients are:

- Disrupted cognition including difficulties with memory and recall.
- Disability including acquired brain injury and depression.
- Increased fear and anxiety.
- Inability to trust people (particularly those perceived to be in positions of power, such as dentists).
- Extreme anxiety (rapid breathing, hypervigilance, poor decision making).
- Displaying signs of feeling powerless and having difficulty communicating.
- Presenting with a range of challenging, unexpected or unusual behaviours.
- Presenting as overly concerned and asking many questions regarding treatment.
- Shifting into 'fight, flight or freeze' mode.
- Showing signs of feeling unsafe with staff of a particular gender.
- Inability to attend an appointment without a support person present.
- Appearing scattered and seemingly unable to focus during discussions.
- Presenting with uncontrollable physiological reactions such as body shaking, hyperventilating, tears/crying, sweating, difficulty breathing.

Patients who have been impacted by DV may often present as unreliable with keeping appointment times – they may cancel appointments at short notice when they feel incapable of presenting to the dental practice.

Common triggers for trauma reactions in the dental practice:

- Approaching the patient wearing personal protective equipment (PPE) without taking time to establish rapport and trust beforehand.
- Laying the patient back in the dental chair (this could feel like a vulnerable position).
- Placing instruments inside the patient's mouth.
- Close positioning of the dental staff in relation to the patient, especially if the staff members have not been introduced.
- Inadvertently touching the patient around the face or shoulders during dental procedures.
- Shining the dental light into the patient's face and eyes.
- Some smells and sounds can be perceived as threatening or prompt recollection of violence.

TREATING DENTAL PATIENTS WHO HAVE EXPERIENCED DV

The importance of time and communication

Be prepared to take as much extra time as required with each Rebuilding Smiles® patient. Communication processes may take longer, frequent breaks during treatment may be required and less treatment may be completed within each appointment. Taking more time is hugely beneficial for building trust as well as for achieving positive oral health outcomes.

- Schedule appointments at a time of day when time is not an issue (e.g end of the day/before lunch).
- Where possible, schedule an initial consultation for discussion and to build rapport prior to commencing treatment.
- Avoid leaving impacted patients for a long time in the waiting room – offer alternative options instead (e.g going for a walk / coffee).
- Maintain momentum when treatment is going well and while the patient's circumstances permit by scheduling.

Taking adequate time is of utmost importance in building trust and safety

Effective, empathetic communication is also critically important for achieving good patient outcomes. Each patient who has experienced DV is unique as is their specific trauma. Below are some methods for appropriate communication:

- Ensure that you communicate clearly with each patient while considering their unique individual communication requirements.
- Be prepared to repeat information and/or provide it in different forms (e.g oral and written) and in a language and at a level the patient understands.
- Offer options to the patient - do not make choices on their behalf.
- Avoid giving instructions, instead extend invitations (e.g would you like to sit?)
- Check in with the patient routinely during procedures.
- Some patients may want to be informed during treatment of what you are doing, while others may prefer to cope by attempting to disconnect from any knowledge surrounding the procedure specifics.
- Remain non-judgmental about the abuse as well as the patient's oral health and lifestyle choices.
- Remain aware of the patient's body language and facial expressions.

Being flexible with practice procedures

- If possible, where there is potential for re-traumatizing or triggering trauma, adapt usual practices.
- Explore options to help minimize triggers or re-traumatization with the patient such as bringing calming music, inviting a support person or exercising mindfulness techniques.
- Keep checking in with the patient and/or allow them to lead the appointment.
- If you need to leave the room, ensure the patient is comfortable and not in a compromised position. Ask whether the patient would prefer someone to remain with them.
- Patients will not always be aware of what may trigger them, be prepared for trauma reactions and ensure you have the training to help the patient regulate their emotions.

Improved confidence and good oral hygiene are both excellent outcomes that can be achieved for a person who has experienced DV, through having a positive clinical experience.

How to respond to personal stories of DV

It is a big decision for a patient to inform you of abuse, never place pressure on them for further explanations or specific details. Patients are at risk of triggering their trauma or re-traumatization when they retell their story. Instead, it is appropriate to assess the need for referral to a relevant support service as well as discuss any possible trauma triggers with the patient in order to aim for the best possible patient experience.

Always remember that the patient has visited the practice for support with their oral health, not for counselling or psychological support services. The delivery of routine dental treatment to achieve good oral health outcomes in a way that supports the building of trust and safety for impacted individuals is the goal.

Clinical documentation for DV related treatment

- As with all dental treatment, comprehensive notes using factual and objective language are required. However, in instances of suspected DV be mindful that patient records may be used to substantiate abusive incidents; clinical photos can be useful for this purpose.
- Discuss with the patient privately the implications of notes and who has access.
- Be mindful of what images and records are displayed and topics discussed during a consultation as the abuser may be present.
- Ensure you check in regularly with the patient in case their circumstances have changed, for updates or if a referral is needed.

How can the dental practice play a role in the patient's recovery?

In order to achieve the best outcome possible for a person impacted by DV, the dental team will need to adopt a trauma-informed approach to practice. This means that the practice will need to both commit to and act upon the core principles of safety, trustworthiness, choice, collaboration and empowerment. This whole-of-practice approach of modelling healthy, safe and respectful interpersonal relationships will assist the patient through supporting a psychological recovery well beyond treatment completion.

For further information on trauma-informed care please refer to:

<https://www.traumainformedcare.chcs.org>

Your dental practice can do this by implementing the following strategies:

- Establishing an environment and professional relationship with the patient that is built on trust and safety.
- Ensure patients feel safe in both clinical and non-treatment areas.
- Understanding that each patient and what makes them feel safe will be different so discuss and agree on suitable boundaries with the patient.
- Respecting gender and cultural diversity by avoiding assumptions and stereotypes.
- Operating within facilities and services which are welcoming and appropriate for Aboriginal and Torres Strait Islander as well as culturally and linguistically diverse patients.
- Implementing cultural safety practices such as ensuring that the information provided is in a language and at a level that each individual will understand.
- Training for all staff (clinical and administrative) as well as considering further training courses such as Recognize, Respond and Refer (RRR) to Domestic and Family Violence.
- Implementing clear policies and procedures for staff in responding to patients impacted by DV.
- Building partnerships with local DV support services and national support lines.



SELF-CARE AND EXTERNAL SUPPORT OPTIONS

When working with people who have experienced trauma, we can often experience trauma ourselves – this is called vicarious trauma. It is normal and can be managed by:

- Debriefing with an appropriate person within your own working environment ensuring that the highest level of confidentiality and respect is present within discussions.
- Accessing supports that might be available to you such as an Employee Assistance Program (EAP), support through ADA membership or call Lifeline on 13 11 14.
- Taking time for yourself and implementing self-care practices.
- Attending relevant CPD training.

Referral

Domestic violence services have trained professionals with specialized knowledge and skills which allows them to support individuals who have been impacted by DV at all stages of their abuse experience. It is important to get to know your local services and that your practice develops a network of services which works for you. Good places to start are:

National DV Support and Referral Service

<https://www.1800respect.org.au/>
ph: 1800 RESPECT / 1800 737 732

Queensland: DV Connect

<http://www.dvconnect.org/>
ph: 1800 811 811

ADDITIONAL INFORMATION

The Australian Dental Health Foundation's Rebuilding Smiles® program aims to co-ordinate and facilitate the delivery of dental treatment to individuals who have been impacted by domestic violence by treating immediate dental trauma and ongoing oral health problems related to a lack of dental treatment over time. Improved dental team skills in delivering that treatment can be life changing for the impacted individual. Additional information and resources on this topic can be located on the Australian Dental Health Foundation website: <https://www.adhf.org.au/resources/>

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