

# Understanding Survivors of Childhood Abuse

Discover the tenets of “sensitive practice”  
and how they create The Umbrella of Safety



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## Synopsis

This course provides insight into the failure of some patients to seek dental treatment or perform adequate self-care and the relationship to mental health issues caused by childhood abuse. The incidence and the reasons for underreporting of childhood violent abuse and sexual abuse is discussed. Common triggers that are likely to cause flashbacks and anxiety are discussed, as well as the principles of “sensitive practice,” which can foster a patient’s feelings of safety during dental appointments and facilitate compliance. We also discuss why sensitive practice should be a standard of care for all patients.

## Educational objectives

After completing this course, the participant should be able to:

- 1 Discuss the relationship between childhood sexual abuse and dental phobia.
- 2 Describe the factors that contribute to underreporting of childhood sexual abuse.
- 3 Be aware of the possible triggers that could cause flashbacks and anxiety during a dental appointment and how to minimize them during treatment.
- 4 Discuss survivor issues that could impede self-care or attendance for dental care.
- 5 Describe strategies to allay abuse-related fear during treatment and facilitate compliance.
- 6 Describe and implement the principles of “sensitive practice” and motivational interviewing.

by Linda M. Douglas

Hygienetown Clinical Director **Linda M. Douglas** graduated as a dental hygienist from the Royal Dental Hospital in London in 1982. After graduation she worked in periodontology before moving to Toronto, where she has worked in private practice since 1990. Her desire to support patients with dental phobia has instigated an in-depth study of sensitive practice.



### Disclosure:

The author declares that neither she nor any member of her family has a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing dental education program.

## Introduction

Have you ever encountered patients who totally mystify you? As clinicians, we've likely all seen patients who are noncompliant—sometimes to the point of being negligent. Even if they have insurance coverage, such patients might frequently cancel their appointments or attend only for emergency dental care with advanced disease. Perhaps they look as if they haven't brushed their teeth since their last visit despite having good manual dexterity, and defy our best efforts to motivate them. Some of us might be perplexed by patients who flinch in anticipation before we touch them or even dislike us on sight for no apparent reason. I recently read the *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Sexual Abuse*<sup>1</sup> and discovered that it provides some insight into what might be happening with these individuals.

## Survivor issues can impede attendance

Individuals with dental phobias are often irregular attenders; they frequently cancel scheduled appointments or just don't show up. Dental phobia is classified as a specific phobia within the *Diagnostic and Statistical Manual of Mental Disorders*.<sup>2</sup> Dental phobias might be a consequence of negative experiences with childhood dental care or a history of being childhood victims of violence or sexual abuse.

Survivors of abuse have experienced violation of their personal boundaries; they have been traumatized, betrayed, and often are stigmatized and made to feel powerless. Childhood sexual abuse, particularly of young children, may also be oral in nature, causing many survivors to experience difficulties tolerating various aspects of oral health care.

A history of being abused could lead to depression or low self-esteem and feeling

unworthy of proper health care. Survivors might also have an aversion to being touched or having their personal space invaded; some survivors find that even a gentle pat on the shoulder is actually painful.

Certain aspects of a dental visit could trigger flashbacks, making the survivors feel as if they're being abused again. This can manifest as distrust, anxiety, hypersensitivity, irritability and a tendency to startle easily; some individuals display anger or aggression. Triggers vary greatly, from sights, sounds and smells to something about a clinician's appearance that reminds a survivor of his or her abuser. For example, the view of the ceiling while lying in the dental chair could be a trigger, which reminds the survivor of the position he or she was forced into while being abused.

Some victims of abuse cope with the violation of their body or personal space by entering a dissociative state, to detach themselves from the abuse they're powerless to fight off. In this state, they experience altered perception, sensation and sense of time. These individuals have also learned to ignore or dissociate from pain, which

could lead survivors to ignore symptoms of disease and delay seeking help, thus delaying an accurate diagnosis.

## Prevalence of childhood abuse

The incidence of child abuse, especially sexual abuse, is underreported because the victims are usually coerced into secrecy with threats of harm; many survivors maintain this secrecy into adulthood, partly out of shame. A 2003 study found that 32.3 percent of women and 14.2 percent of men reported sexual abuse in childhood, and 21 percent of adults who reported histories of childhood sexual abuse also experienced other physical maltreatment.<sup>3</sup> Research has shown that child abuse occurs in all countries studied<sup>4</sup> and is not limited by demographic or socio-economic status. Children with disabilities are more likely to be abused than children without disabilities.<sup>5</sup> Studies suggest that sexual abuse of male children by adult females occurs more frequently than was previously thought. Sadly, this is often taken less seriously—as an experience any boy should be glad to have or could have prevented, when boys are just as vulnerable and experience as much violation and trauma as other survivors.

## Survivor issues can also impede self-care

Survivors of sexual abuse are often stigmatized, feeling hate, shame and guilt about their bodies that can lead to a distorted sense of self and low self-esteem. This could contribute to a failure to care for oneself, manifesting as risky behaviors, self-harm, poor health practices and poor hygiene.

Survivors who became dissociative during episodes of abuse might continue to dissociate whenever they are under stress. If they consider visits for dental care stressful, they might be inattentive during oral health counseling or appear apathetic.

## What can we do to help?

These nine principles of “sensitive practice” are crucial to facilitate feelings of safety for our patients; they form the framework of The Umbrella of Safety:

- 1 Providing respect.** Acknowledging the inherent value of each individual and suspending critical judgment. Respect means a great deal to survivors of abuse; we can show respect by listening to patients and heeding their concerns.
- 2 Taking time.** Making patients feel genuinely heard and not rushed.
- 3 Fostering rapport.** Display caring, concern and empathy; use “active listening” techniques.
- 4 Sharing information.** Advise patients of their choices so they can give us their informed consent. They also need to know what to expect during their treatment, and the rationale for each procedure. Follow up verbal oral health counseling with written materials.
- 5 Sharing control.** Helping patients feel a sense of control during treatment by working *with*, not just *on* the patient addresses abuse-related fears and facilitates compliance. We should ask them what they can tolerate. In addition to obtaining informed consent before a procedure, we should reaffirm consent at different stages of the appointment. Patients should be assured that they can stop for a break at any time and that they can

indicate if they’re not comfortable by communicating with previously agreed hand signals.

- 6 Respecting boundaries.** The total disregard of personal boundaries during abuse teaches victims that their wants and needs are of no consequence. We should ask for consent before entering a patient’s personal space, as well as before beginning a procedure.
- 7 Fostering mutual learning.** Abuse survivors may need encouragement to assert autonomy and participate fully in their own health care. Clinicians can also learn from the patients how best to manage their care.
- 8 Understanding nonlinear healing.** A patient’s ability to tolerate examination and treatment might vary from one visit to the next as they experience good days and bad days.
- 9 Demonstrating awareness and knowledge of interpersonal violence.** We can do this by having educational brochures on this topic in the office; this also shows survivors they’re not alone and helps them to feel more comfortable about disclosing their history to us.



One important consideration after disclosure is to ensure patients are comfortable with how we record their histories in our notes, and whether they want other health care providers to know. One male survivor mentioned that health care providers wrongly assumed he was an abuser—partly because of his gender but mainly because one clinician's notes were unclear: “history of sexual abuse” was written in his health record, instead of “survivor of childhood sexual abuse.” Contrary to what is commonly cited in the media, there is no evidence to suggest that male survivors of childhood sexual abuse are more likely to become perpetrators.<sup>6,7</sup>

### Oral health counseling for the survivor

Although well-meaning, we're often inclined to couch our health education in negative terms—we tend to inform patients of dire consequences if they don't comply with our oral hygiene instructions, rather than focusing on the positive results they can achieve by improving their self-care. Knowledge alone is usually not sufficient to motivate change within a patient; empathy and active listening on our part are necessary to facilitate change.

We can build trust by balancing clear guidance with positive feedback. Motivational interviewing<sup>8</sup> integrates well with the principles of sensitive practice, because it is a collaborative, nonjudgmental and nonconfrontational technique that fosters patient autonomy. This helps patients consider the benefits of good oral and systemic health that would be gained through improved

self-care. The motivation to change becomes more lasting and effective because it comes from within themselves.

### Conclusion

Child abuse, especially sexual abuse, is underreported; fewer than half of survivors disclose their experiences to anyone. Dental health professionals cannot always be aware which patients are survivors of abuse; we should implement the principles of sensitive practice with all patients. In short, sensitive practice should be a standard of care. ■

#### References

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#### Additional references

The handbook *Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Sexual Abuse* can be downloaded as a PDF from the Government of Canada website: <http://publications.gc.ca/site/eng/329299/publication.html>



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**1. Dental phobia:**

- A. Is a lay term coined by the media.
- B. Is classified as a specific phobia within the *Diagnostic and Statistical Manual of Mental Disorders*.
- C. Can be related to a history of negative experiences during dental care or being victims of violence or sexual abuse in childhood.
- D. Both B and C.

**2. A history of being abused could lead to which of the following:**

- A. Anxiety and depression.
- B. Low self-esteem and feeling unworthy of proper health care.
- C. An aversion to being touched.
- D. All of the above.

**3. Individuals in a dissociative state:**

- A. Experience altered perception, sensation and sense of time to detach themselves from stressful situations.
- B. Experience hypersensitivity and feel pain more acutely than normal.
- C. Have learned to ignore or dissociate from pain or symptoms of disease.
- D. Both A and C.

**4. Which of these statements is erroneous?**

- A. A 2003 study found that 14.2 percent of men and 32.3 percent of women reported sexual abuse in childhood.
- B. 21 percent of adults who reported histories of childhood sexual abuse also experienced other physical maltreatment.
- C. Male children feel less violated by sexual abuse if the abuser is a female.
- D. Incidence of sexual abuse is not limited by demographic or socio-economic status.

**5. Distorted sense of self could lead to failure to care for oneself and poor hygiene**

- A. True.
- B. False.

**6. How many principles of sensitive practice form The Umbrella of Safety?**

- A. Four.
- B. Six.
- C. Seven.
- D. Nine.

**7. Respect, the first principle of sensitive practice, means:**

- A. Acknowledging the inherent value of each individual and suspending critical judgment.
- B. Always addressing the patient formally.
- C. The patient must defer to the clinician.
- D. Respecting the clinician's right to enter the patient's personal space as they see fit.

**8. Sharing control does not mean:**

- A. Allowing patients to hold the instruments.
- B. Asking patients what they can tolerate and obtaining informed consent before a procedure.
- C. Reaffirming consent at different stages of the appointment.
- D. Allowing patients to indicate if they're not comfortable, via previously agreed hand signals.

**9. Nonlinear healing is:**

- A. The circle of healing.
- B. Patients might experience good days, feeling improvement or bad days, so their ability to tolerate treatment might vary from one visit to the next.
- C. When a patient's symptoms improve rapidly.
- D. The triangle of healing

**10. Motivational interviewing is:**

- A. Interviewing patients to correct deficiencies in their knowledge of oral care.
- B. The clinician motivating the patient by describing the dire consequences of noncompliance.
- C. Is motivation by embarrassing patients who have poor oral hygiene.
- D. A collaborative, nonjudgmental technique that fosters patient autonomy.

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## Understanding Survivors of Childhood Abuse

by Linda M. Douglas

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