

Recognizing and Responding to Relationship Violence in the Dental Setting

CareQuest Institute Continuing Education Webinar

October 19, 2023



Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, October 27**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!

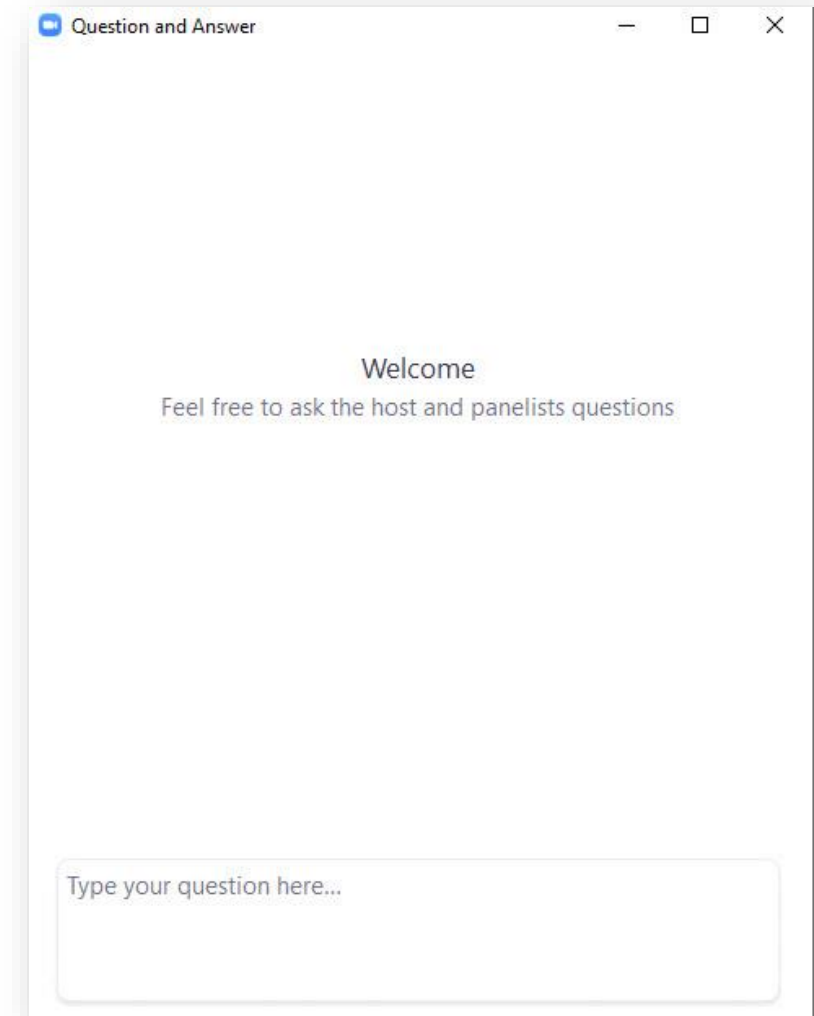
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Recognition Program

The CareQuest Institute for Oral Health is an ADA CER.P Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CER.P.

*Full disclosures available upon request

Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



Thank You!



GIVE BACK A SMILE™
AACD CHARITABLE FOUNDATION INC.

Learning Objectives

At the end of this webinar, you'll be able to:

- Identify resources and tools to help oral health professionals recognize signs of violence and communicate sensitively with patients.
- Recognize the value of—strategies for—implementing and providing trauma-informed dental care to patients.
- Discuss examples of how relationship violence affects oral health and overall well-being.

Recognizing and Responding to Relationship Violence in the Dental Setting



WEBINAR | Thursday, October 19, 2023 | 7–8 p.m. ET | ADA CERP Credits: 1

MODERATOR & PRESENTER



Lisa Fitch, CAE

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Charitable Foundation

PRESENTER



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Common Terms

- Domestic violence
- Domestic abuse
- Intimate partner violence
- Gender-based violence
- Intimate partner abuse
- Relationship violence
- Interpersonal violence
- Dating violence

Gender
Domestic
Based
Interpersonal
Violence
Intimate
Abuse
Partner
Dating
Relationship

Content Advisory

This content contains material that could be distressing, including descriptions of domestic violence. Please prioritize your well-being if needed.

Domestic/Relationship Violence

A pattern of behaviors used to gain or maintain **power and control** over a partner.

- Physical abuse
- Emotional abuse
- Sexual abuse
- Financial abuse
- Digital abuse
- Stalking



Who's Impacted

Domestic/relationship violence can happen to **ANYONE** regardless of:

- Race
- Age
- Sexual orientation
- Religion
- Gender identity
- Education levels
- Socioeconomic backgrounds

Statistics

20

people per **minute** are physically abused by an intimate partner in the United States.

1 in 3

women and **1 in 4** men experience some form of intimate partner violence.

72%

of murder-suicides involve an intimate partner.

Statistics

3

women a day are murdered by their husbands or boyfriends in the United States.

15.5

million children in the United States live in families in which partner violence occurred at least once in the past year.

1 in 3

adolescent girls in the United States is a victim of physical, emotional or verbal abuse from a dating partner.

Give Back a Smile

Connects adult survivors of domestic/sexual violence who have received traumatic dental injuries to the front teeth with volunteer dentists who restore their smiles.



GIVE BACK A SMILE™

AACD CHARITABLE FOUNDATION INC.

Give Back a Smile

- Established in 1999
- More than 2,000 smiles restored
- 150 people currently receiving dental services nationwide



GIVE BACK A SMILE™

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Impacts to Oral Health – Patient Perspective

- Physical trauma
- Neglect (Not allowing access to oral health)
- Grinding from stress
- Forced drug use
- Forced oral sex
- Drug/alcohol use to cope
- Bulimia from stress
- Intentional erratic driving
- Stolen or thrown away dentures



Applicant Description of Injuries

“My ex threw a phone at me in anger chipping my front teeth. He also would throw away my toothbrush and not allow me to take care of my teeth.”

“I was driving our car. He accused me of cheating, then smashed my face against the steering wheel.”

“I woke up in the ICU with no memory of what happened. I was told I had been pistol whipped and raped. My teeth were shattered and lacerations all over my face and skull.”

Employment Impact

- Victims of intimate partner violence lose a total of **8 million days** of paid work each year.
- Between **21-60% of victims** of intimate partner violence lost their jobs due to reasons stemming from abuse.

“I can’t get a job because every time I go to an interview, they assume I’m on drugs because of my missing and broken teeth.”

“Jane’s” Story

- Injuries occurred between 1995-2019
- Shoved into doors
- Teeth became loose
- Teeth fell out from being punched
- Got a partial but he hid it
- Left the relationship in 2019
- YWCA Advocate referred her to GBAS



“Jane” Presented With

- Dental anxiety
- Multiple missing teeth
- Caries in most remaining teeth
- Teeth decayed and fractured at the gumline



Treatment Plan (With Patient)

- Lower teeth retained and restored except for #18
- Oral, conscious sedation used
- 23-27 restored with composite
- 21, 22 & 28-31 were prepped for crowns
- 21 & 22 had root canal therapy
- Immediate denture fabricated
- Oral surgeon extracted all upper teeth, placed implant in #20 spot



Restored Smile

“I came from such a hideous abusive relationship a thousand days ago. I not only have lost 80 lbs., I have changed my whole entire look. If I ever ran into my abuser, he would never ever recognize me. I feel like I have a new lease on life and I'm so grateful for you and your amazing program that has got me to where I am today. I was broken and today I can honestly say that I am NOT and Never will be again. Thank you for everything.”



Restored Smile

- Third wedding anniversary
- Husband beat her with a hammer and raped her
- Hospitalized for a month
- Traumatic brain injury
- Counselor referred her to GBAS
- Smile restored with fixed bridge and implants



Long-Term Effects

Low Self-Esteem

Feeling not worthy or needing to re-learn how to smile.

Trust Issues

Fear of being mistreated.
Challenges with showing gratitude.

Brain Trauma

Difficulties with understanding and retaining information

Anxiety

Fear of dental appointments.
Requesting sedation.

Other Resources

Futures Without Violence Dental Folio:

<https://www.futureswithoutviolence.org/dental-folio/>

Six-page folio with specialized tools to enhance dental professionals' response to domestic violence.

Give Back a Smile's Tips to Implement Trauma-Informed Care in the dental office:

<https://tinyurl.com/3j3c8jve>



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IPV AND ORAL HEALTHCARE: PRACTICAL STRATEGIES FOR CLINICAL PRACTICE



DISCLOSURES

SHEELA RAJA HAS NO RELATIONSHIPS TO DISCLOSE.

LEARNING OBJECTIVES

- Understand how universal trauma precautions can be used in oral healthcare settings (apply the trauma-informed pyramid)
- Discuss how to respond to disclosure of trauma and the how to ask about an acute injury (AVDR approach)



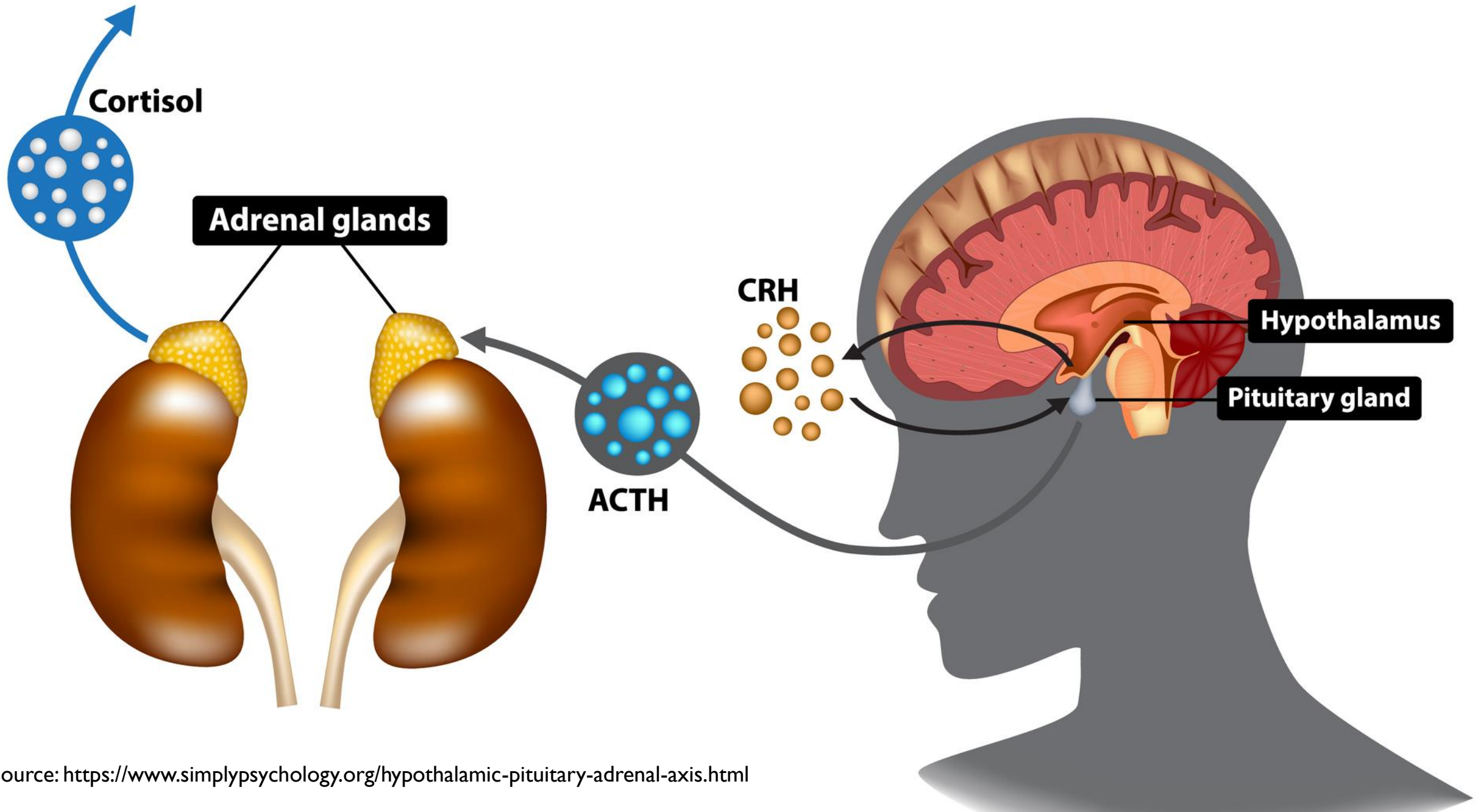
INTIMATE PARTNER VIOLENCE

- Nearly 1/4 women and 1/9 men in the US report interpersonal violence (sexual, physical, stalking)
- In 2021, over 1600 females were murdered by males in single victim/single offender incidents (~5/day)
- 91% of women murdered knew their attackers. 56% of murders involve a firearm. Black females were murdered at 3x the rate, compared to white women
- 1/15 children witness domestic violence, perpetuating the cycle of violence

Sources: <https://vpc.org>; <https://ncadv.org/statistics>; <https://bjs.ojp.gov>



FROM NEURONS TO NEIGHBORHOODS



THE NEUROPHYSIOLOGY OF STRESS

Sympathetic Nervous System (SNS) and HPA
chronic reactivity is damaging to the body

Impedes hippocampal development (and can
impaired memory)

Chronic increase in blood pressure can lead to
damaged blood vessels and heart disease

Chronic increases in blood sugar may lead to
increased insulin production, and eventually,
insulin resistance



DISSOCIATIVE FREEZE (TONIC IMMOBILITY)

- Seen in both animals and humans
- Occurs in the face of an inescapable danger, when fight or flight response is unsuccessful
- Body may respond by releasing analgesics, stopping movement (freezing) and reducing cognitive activity
- Allows survivor to localize sound and develop a clear image of the possible threat, time for cognitive processing about how to proceed

Source: Briere, Scott & Weathers, 2005; Perry, Pollard, Blakley, Baker, & Vigilante, 1995



Coping with Trauma

- Smoking
- Alcohol/Substance Abuse
- Overeating
- High Risk Sexual Behavior

Source: https://www.ptsd.va.gov/gethelp/negative_coping.asp

PTSD and Oral Health

Disease Burden

- Periodontal Disease
- Missing and filled surfaces
- Orofacial Pain
- Dental Anxiety

Sources: Kisely, Steve et al. (2016). The oral health of people with anxiety and depressive disorders – a systematic review and meta-analysis. *Journal of Affective Disorders* , 200, p. 119 – 132.





**What if you are a survivor of childhood sexual abuse or domestic violence?
“Just lie back and relax. Try not to move suddenly...”**

Activators/Triggers

A teal stethoscope is positioned on a white medical form. The form has several fields with labels: 'NAME', 'ADDRESS', and 'MEDICAL CENTRE'. The stethoscope's chest piece is in the foreground, and its tubing extends towards the top right. The background is a soft, out-of-focus light blue.

- Having to lie down for treatment
- Objects used during exams
- Fear of flashbacks
- Fear of authority
- Fear of being touched
- Fear of pain
- Anxiety regarding potential diagnoses



TRAUMA-INFORMED CARE

SPECIFIC SUGGESTIONS: WHAT IS TRAUMA-INFORMED CARE?

Every part of an agency or institution (from front desk staff, administrators, to care providers) understand the effects of traumatic events, sensitively interact with trauma survivors, avoid re-traumatization, and engage in trauma screening and prevention as appropriate

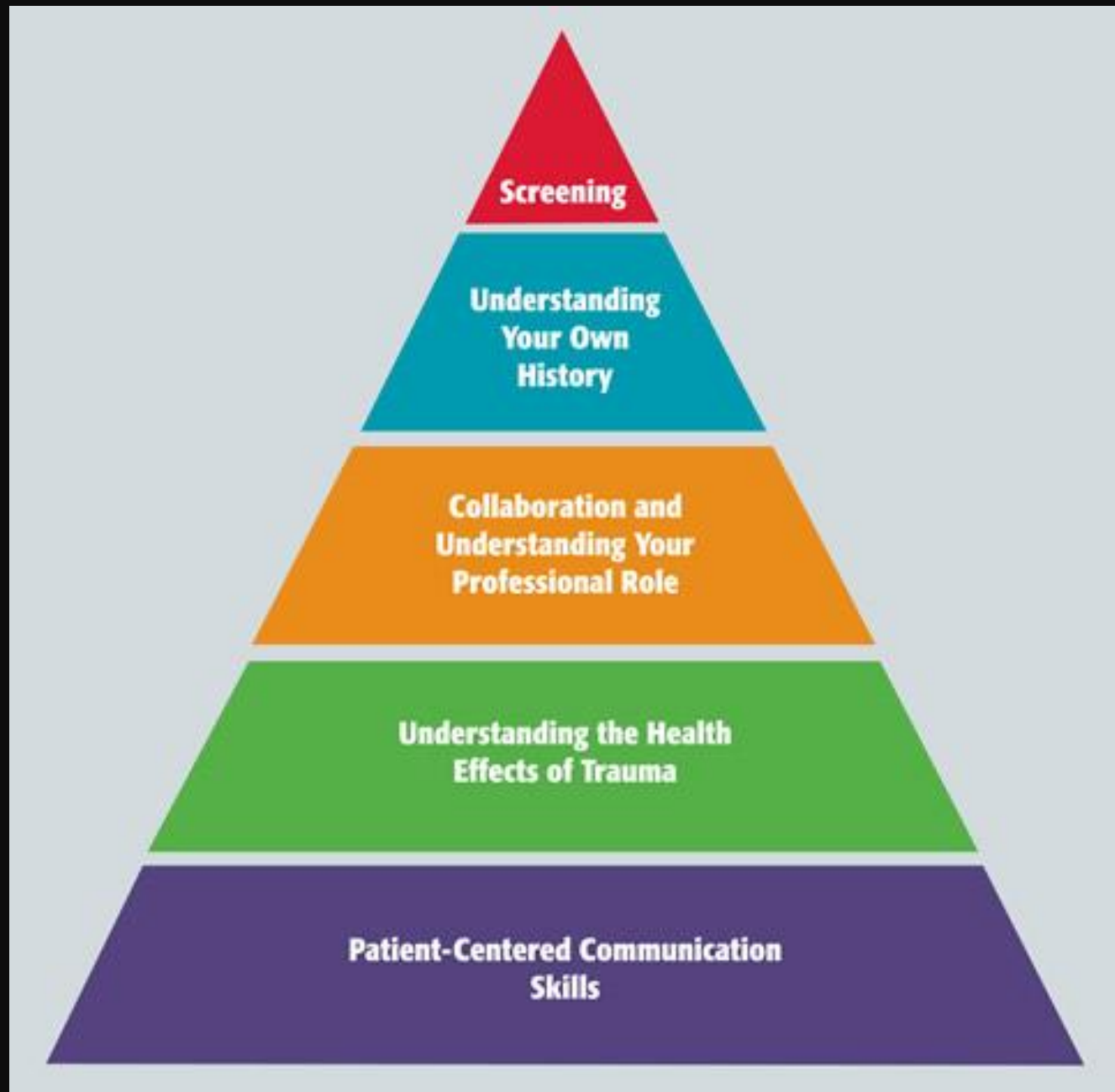
6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's **Office of Public Health Preparedness and Response (OPHPR)**, in collaboration with SAMHSA's **National Center for Trauma-Informed Care (NCTIC)**, developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by **OPHPR** and **NCTIC** was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

THE TRAUMA INFORMED CARE PYRAMID



SOURCE: RAJA, ET AL., 2015

UNIVERSAL TRAUMA PRECAUTIONS

- Patient-centered communication skills
- Explain that stress can influence coping and physiology (in understandable, lay language)
- Collaboration
- Professional self-care

PATIENT-CENTERED COMMUNICATION SKILLS

Ask	Ask your patient if there is anything you can do to make them more comfortable.
Ask	If the patient seems worried or anxious about a specific procedure, ask them to think about what has helped them with a stressful situation in the past.
Use	Use tell-show-do modeling to let the patient know what you are going to do in advance—give them an overview of the whole appointment.
Let	Let the patient know that they can raise their hand (or another signal) and you will stop the, if it is medically safe to do so.
Do	Don't just rely on distraction techniques (use PMR, guided imagery, etc.)

UNDERSTANDING THE HEALTH EFFECTS OF TRAUMA

Does not involve the provider delving into trauma history

Awareness of the health-related effects of traumatic events

Educating patients in lay terms

- Negative coping behaviors (e.g., smoking, drinking, overeating, high risk sexual behavior) may be related to stressful life experiences
- Consistent with patient-centered communication skills and the principles of Motivational Interviewing

COLLABORATION & UNDERSTANDING YOUR PROFESSIONAL ROLE

Maintain a list of referral sources for patients who do disclose a trauma history

Keep information readily available to all patients (including local referral sources and national hotlines)

COLLABORATION & UNDERSTANDING YOUR PROFESSIONAL ROLE

Understanding your mandated reporting & inform patients when confidentiality needs to be breached (in most states, in the case of child and elder abuse)

Respect the wishes of survivors to report (or not report) abuse when mandated reporting is not required (for example, in some states domestic violence does not need to be reported)

UNDERSTANDING YOUR OWN HISTORY

- Providers are human beings too
- Your own history may interfere with your ability to ask questions or be empathic to a survivor
- Focus on present-centered communication that is within your expertise
- Support good self-care for your staff
 - Compassion fatigue—inability to renew/regenerate
 - Vicarious/secondary trauma—cognitive shift in worldview
 - Burnout—can be influenced by institutional factors
 - Moral distress—inability to respond in a way that is ideal

WHAT IS RESILIENCE?

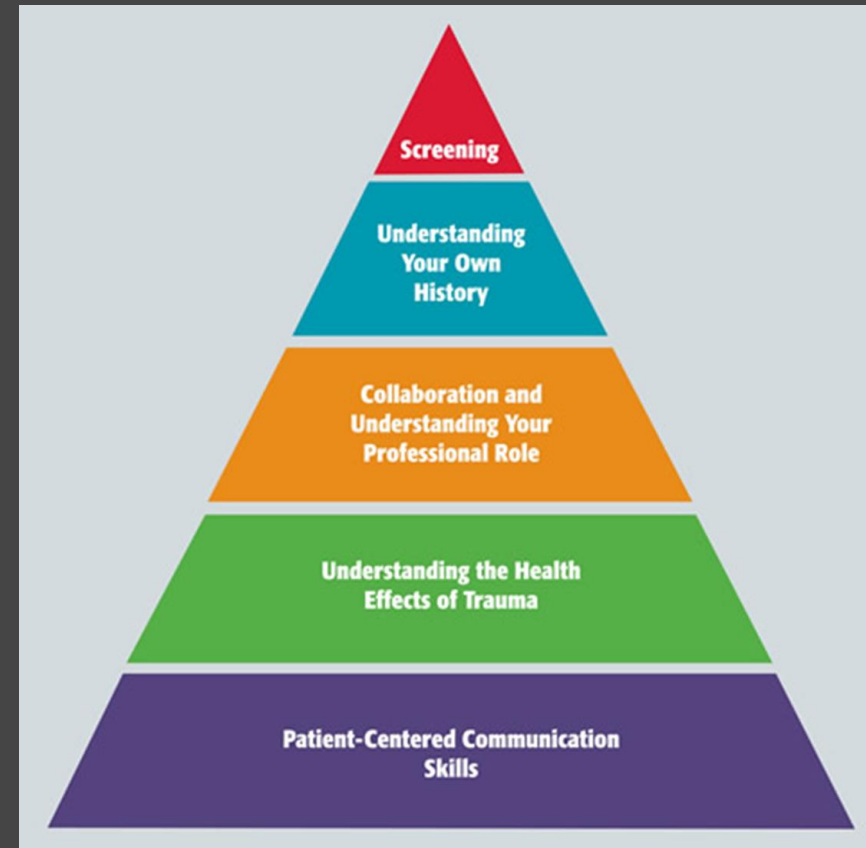
1: A set of skills that help you develop a healthy mind and body.

2: Techniques that help you develop strong and healthy emotional connections and sense of purpose.

3: A set of practices that help you cope in healthy ways during times of stress.

MOST THE TRAUMA-INFORMED PYRAMID

- Does not require screening, asking, delving...
- Just Universal Trauma Precautions!



AFTER UNIVERSAL TRAUMA PRECAUTIONS

1. What if a patient spontaneously discloses a trauma history?
2. What if you see an acute injury
How do you know if you need to report?
3. When should providers routinely ask about violence trauma?

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RESPONDING TO SPONTANEOUS DISCLOSURE

- Provide validation and empathy: *“I’m sorry that happened to you.”*
- Provide education and normalization: *“Many patients have had experiences like yours it’s normal for these things to affect you. People can recover with help.”*
- Assess current difficulties: *“How much does this continue to affect your daily life today? In what ways?”*
- Assess social support: *“Have you been able to talk to others in your life about this?”*
- Assess implications for care: *“Do you think this might affect your healthcare?”*
- Provide referrals: *“I appreciate you telling me this. I’m not the expert, but a few referrals if you feel like you need more support?”*

Source: Amy Street, PhD

Sheela Raja, PhD



RESPONDING TO AN ACUTE INJURY

“AVDR”

- Ask: “How did you get this injury? Sometimes when I see this type of injury, it can be caused by X, Y, or Z...”
- Validate: “Thank you for telling me. No one deserves this...”
- Document: “This is what I will need to put in the chart.”
- Refer: “Please let me know if I can give you a referral to someone who might be able to support you through this. Of course, I really appreciate you trusting me...”

Source: Hsieh, 2006

ROUTINE SCREENING OF EVERY PATIENT

- If you practice in high-risk seeing like foster care, juvenile justice, VA hospital
- If you work in an interprofessional setting
 - Screen for traumatic events
 - Screen for current functioning (does the patient need a referral for mental health)
 - Screen for triggers/activators

SUMMARY

- Traumatic events are prevalent
- Trauma affects the way people cope, their neurophysiology and physical health
- The Trauma-Informed Pyramid can be used to sensitively engage patients in healthcare
- Screening can take many forms and can play a role in healing

ANOTHER SUMMARY

BY GETTING SOMEONE INTO CARE, YOU MIGHT SAVE A LIFE



A NEW HARBINGER SELF-HELP WORKBOOK

A WORKBOOK
INTEGRATING SKILLS from
ACT, DBT, and CBT

OVERCOMING TRAUMA and PTSD

SHEELA RAJA, PhD

FOREWORD BY
SUSAN M. ORSILLO, PhD

*Manage recurring flashbacks and nightmares
challenge anxiety, anger, and self-blaming thoughts
Learn techniques to feel calm and grounded*

an instant help book for teens

the sexual trauma workbook for teen girls

a guide to recovery from
sexual assault & abuse

- * learn from real life **survivor stories**
- * deal with **difficult thoughts & emotions**
- * create a **circle of support**

RAYCHELLE CASSADA LOHMANN, MS, LPC
SHEELA RAJA, PhD

instant help solutions

the resilient teen

10 key skills to
bounce back from
setbacks & turn stress
into **success**

SHEELA RAJA, PhD

instant help solutions

the **ptsd** survival guide for teens

strategies
to **overcome**
trauma,
build resilience
& **take back**
your life

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Questions & Answers

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2021 Oral Health Information Technology Virtual Convening	Care Coordination	Presentation
Dental Fear Is Real. Providers Can Help.	Expanding Access, Health Equity	Visual Report
Why We (Still) Need to Add Dental to Medicare	Adult Dental Benefit, Expanding Access, Health Equity	Report
A Cross-Sectional Analysis of Oral Health Care Spending over the Life Span in Commercial- and Medicaid-Insured Populations	Expanding Access, Health Equity	Article
Time Is on the Side of Change in Dentistry	COVID-19 and Oral Health, Health	Article

www.carequest.org/resource-library

Missed Connections
Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

- 63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.
- 33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.
- 45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.
- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

Webinar Evaluation

Complete the evaluation by **Friday, October 27** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

Strategies to Address Opioid Abuse in a Dental Setting on **October 25 at 7 p.m. ET.**

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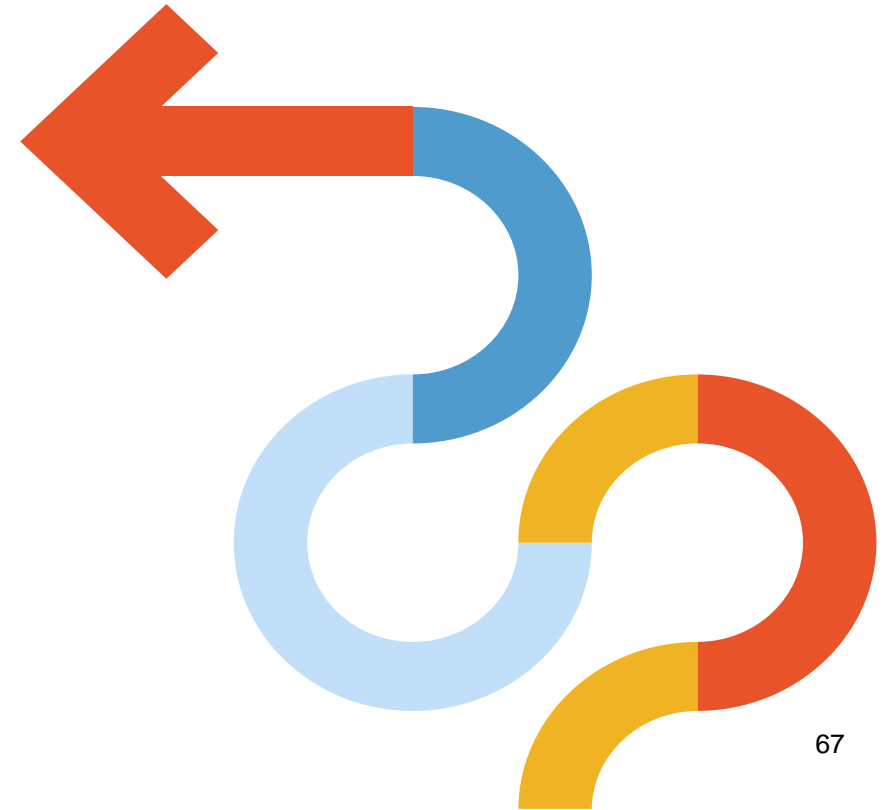
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