

Talking to your patient. Abuse survivors are rarely great conversationalists (for a number of reasons - but there is no space here to go into this). Therefore you may find it hard work to keep a conversation going with your patient as you wait for the anesthetic to start working or for the x-rays to come back, and you may feel sorely tempted to do something else or chat with your nurse.

Can I suggest that you persevere? If you ignore your patient, they may start to worry again that you don't like them, wish that they weren't there, are cross with them - you get the idea. So, try out a few topics to see what works - and it'll get easier over time, as your patient gets to know you more. In my case, I don't like to talk about family, holidays, hobbies, as this feels too personal. But I can talk quite happily for hours about my job (which I think is terribly interesting and fascinating, but which probably puts others to sleep).

Being empathetic and understanding. As I wrote above, being in the dentist's chair may bring back powerful memories and emotions of the abuse and your patient may slip into their "child-self." Behaving like a small, frightened child, your patient may try to hold onto your hand or even lean against you. (I did this once when my previous dentist had to take impressions.) Understanding this will enable you to be gently reassuring, as you would be with any actual child patient.

Whatever behavior your patient has exhibited, once the treatment session is ended and your patient recovers their "adult self," they may feel very shamed and embarrassed by their previous behavior. This may include feeling that they can't possibly come back for further treatment, because they can't look you and your nurse in the eye again. It can therefore be very helpful if you can be as matter-of-fact and reassuring as possible, and at the end of the session tell your patient that you look forward to seeing them again.

If your patient behaves "oddly" and your response to this is not respectful and understanding, they will feel stupid and shamed. Patients who are abuse survivors still want you to talk to them and discuss their treatment with them.

My previous dentist convinced me that she had to hold patients leaning against her pretty much every day of the week, and this was entirely normal and nothing out of the ordinary. Whilst I did not fully believe this, her matter-of-fact reaction helped me to return for further treatment.

"Quick fix"

If you did all of the above with all of your patients just in case one of them was an abuse survivor, you wouldn't be able to see many patients. Clearly, it isn't possible to do all of the above all of the time.

However, I'd like to think that the following are fairly simple and can be fitted in even if your schedule is very busy:

Asking your patient if they want to sit up or lie down for treatment (and telling them they can change their mind later if they want to...)

Having a soft blanket handy that you can offer to your patient each time before you start treatment is also easy to do. (You can probably imagine how extremely difficult it will be for a patient to tell you that they were sexually abused as a child and now feel naked whenever they sit in the dental chair, and then ask you if they can please have a blanket). Where cross-infection control regulations don't allow this, let your patient know that they can bring a blanket along if they like.

Keeping an eye on your patient's breathing is also fairly simple. Offering reassurance and helping someone to breathe properly again also does not take a great deal of time.

Praising your patient, especially at the end of the session, is also quick and simple, and goes a long way to reassure your patient that you are not cross, annoyed and irritated with them and that they can come back.

Making a difference

If, every now and then, you are able to take a bit more time with a patient when you think you recognize the signs that someone is an abuse survivor, you are likely to make a HUGE difference in someone's life - not just to their oral health but also in contributing to healing the whole person.

At my first appointment with my current dentist, he gave me a special card with his home telephone number on it. He said that knowing how difficult dentist visits are for me, he didn't want me to have to deal with an unfamiliar dentist in an emergency. I was completely amazed at this act of kindness.

My current dentist also cleans my teeth, so that I don't have to see the hygienist, and I greatly appreciate this.

At my previous dentist, I once had to undergo a complicated procedure. When I arrived, the dentist told me that today neither she nor the nurse would be able to hold my hand or touch me in any way because they couldn't risk transferring germs to my mouth. However, she had arranged for a second nurse to be present, whose only job that day was to hold my hands. I was immensely touched that my dentist had clearly thought very hard how to make me comfortable and had gone to so much trouble.

Abuse survivors often feel full of shame, believe that they are dirty and disgusting, and can't imagine that someone would be prepared to bother with them. Coming across someone - you - who genuinely wants to help and is kind, gentle and non-judgmental can make an enormous difference.

Why tell me? I mentioned at the start of this section that your patient is unlikely to disclose that they were sexually abused as a child, but that there may be a few exceptions to this.

If one of your patients does tell you that they were sexually abused, you may not know how to respond and wonder why they are telling you of all people; after all, you barely know them and only see them a few times a year at most.

This may be precisely why they chose you as someone to tell! Many abuse survivors go through life fearful that anyone finds out their secret. As a child, it is likely that their abuser told them never to tell. If they did tell someone, it is likely that they were not believed, and that "telling" had disastrous repercussions. As adults, many abuse survivors feel full of shame, often guilty, believing that the abuse was somehow their fault, and that anyone who finds out will be repulsed. Therefore, those closest to them, such as a spouse, may not know that their partner was abused as a child. Past abuse can affect many aspects of your patient's life today, and they may have made a decision that they want to change that. This may include being (more) open about their past, i.e. talking about it.

If they talk to you about it, they are obviously hoping that you react positively. But they have probably also chosen you, because - no offence - you are not very important. If you react badly to what they are telling you, it is not that difficult to replace you and find another dentist. If they tell someone close to them, and that person reacts badly, that's much harder to deal with. In telling you, they may simply be trying to see what happens if they tell someone now.

You may still be left wondering what to say to your patient in those circumstances. It's probably best not to interrupt while they are speaking. Your patient will be very nervous, and they have probably "practiced" this at home and just want to get to the end of whatever they have decided to say. You may want to respond with something along the lines of: "I am very sorry that happened to you. And I am very glad that you felt able to tell me. Is there any way I can help now?"

I hope this section has answered some of the questions you may have asked yourself about some of your patients. Understanding the particular difficulties and needs of a patient who was abused as a child, and knowing how to respond to these, will make visits to the dentist as comfortable as possible for both patient and dentist.

For more help or information, visit www.dentalfearcentral.org, which offers helpful articles and a support forum.