

The experiences a person has as a child can have a powerful effect on that person's health at all stages of life. Understanding how childhood adversity and trauma affects oral health can help oral health providers implement trauma-informed practices that are responsive to the unique needs of those with adverse childhood experiences (ACEs).

## What are ACEs?

Adverse childhood experiences are potentially traumatic events or environments a person experiences or is exposed to before age 17. ACEs can include experiencing or witnessing violence, abuse, or neglect and living in an environment where there is mental illness, domestic violence, substance abuse, or instability due to parental separation/divorce or a household member's incarceration (CDC). Nearly **two-thirds of adults and 40 percent of children have been exposed to at least one type of childhood trauma** (Hammett et al.).

A landmark study by Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) looked at ACEs, assigning scores to individuals based on the number of ACEs experienced. The study found that "the more ACEs a person reported, the higher the likelihood he or she would experience a range of more than 40 adverse physical, mental, and social-emotional health outcomes in adulthood" (Hammett et al.).

## How do ACEs affect oral health?

Additional studies of ACEs have found a correlation between ACEs and oral health. One study linked ACEs with inadequate dental care during childhood; another "found that children who reported ACEs were more likely to have poor oral health and significant tooth decay, higher incidence of gum disease, or fungal or viral infections of the mouth." Other oral health conditions associated with childhood trauma include changes in saliva (change in flow and chemical composition), bruxism, and aggressive periodontitis. Neglect of oral hygiene is another result (Hammett et al.).

## How can oral health providers help?

In addition to the link between ACEs and poor oral health outcomes, ACEs can also affect the way people respond in situations or settings they perceive as stressful. This includes oral health care settings, where people may feel a lack of control or power when sitting in the dental chair.

Providers can help by providing a safe and supportive environment for their patients, and by educating themselves on trauma-informed care. This term can seem daunting, but it needn't be. **"Trauma-Informed care does not mean that you have to ask your patients sensitive or uncomfortable questions. Nor does it mean that a dentist has to take on the duties of a social worker or psychologist. Rather, trauma-informed care is a framework to help you make the work you are already doing its most impactful"** (Hammett et al.).



The Substance Abuse and Mental Health Services Administration (SAMHSA) (qtd. in Hammett et al.) has developed the following key elements of trauma-informed care:



- **Realize** the impact of trauma.
- **Recognize** signs and symptoms of trauma in patients, families, and staff within the organization.
- **Respond** by integrating knowledge about trauma into policies, procedures, and practices.
- **Resist** re-traumatizing patients and staff.

Other ways to mitigate the effects of childhood trauma and stress include open communication with patients regarding their treatment plan and training staff on ACEs and trauma-informed care.

### **Where can I find more information?**

Given the number of people affected by ACEs and the unique patient stressors in the dental office, knowledge of trauma-informed care is paramount. For more information on how to improve patient experience and implement a trauma-informed approach to care, review the Illinois ACEs Response Collaborative’s “Trauma-Informed Care and Oral Health: Recommendations for Practitioners” at [www.hmprg.org/wp-content/uploads/2019/01/Trauma-Informed-Care-and-Oral-Health.pdf](http://www.hmprg.org/wp-content/uploads/2019/01/Trauma-Informed-Care-and-Oral-Health.pdf).

Sources:

- CDC, “Preventing Adverse Childhood Experiences,” April 3, 2020, [www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html](http://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html).
- Hammett, Madison, Lara Altman, Courtney Severin, Audrey Stillerman, and Christian Villanueva, “Trauma-Informed Care and Oral Health: Recommendations for Practitioners,” Illinois ACEs Response Collaborative, accessed April 8, 2020, [www.hmprg.org/wp-content/uploads/2019/01/Trauma-Informed-Care-and-Oral-Health.pdf](http://www.hmprg.org/wp-content/uploads/2019/01/Trauma-Informed-Care-and-Oral-Health.pdf).