The Dental Health Needs of the Adult Sexual Abuse Survivor:

Collaboration Between Mental Health Practitioners and Dentists

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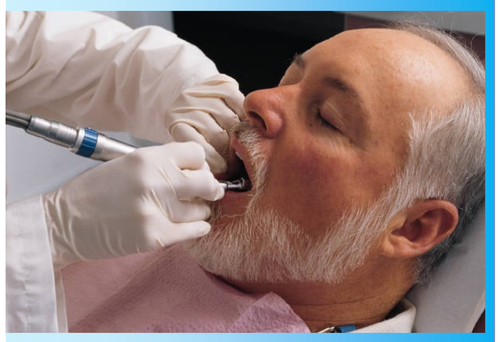

Incidence and Prevalence

Childhood sexual abuse is of epidemic proportion in the United States with statistics regarding acts of penetration ranging from 13% of females and 5 to 10% of males in the general population. The prevalence rates increase with less severe forms of sexual abuse: 15-30% for females and 3 to 15% for males. Given these prevalence rates it is likely that health and dental health professionals will encounter patients who have been sexually abused in childhood.

The Problem

The dental health care problems and treatment needs of adult childhood sexual abuse (CSA) survivors diagnosed with Posttraumatic Stress Disorder (PTSD) have only recently come to the attention of dental health care professionals. Long-term neglect of dental health can lead to dental problems and systemic health difficulties such as periodontal disease and cardiac conditions. Certain childhood sexual abuses interfere with patient health seeking behaviors, e.g. oral rape, impede dental procedures and follow-through that improve dental health.

Features the CSA Survivor May Display

Significant issues for this population include a range of difficulties with interpersonal relationships, intimacy, trust, loss of body control, and the self-perception of invisibility. Other issues include: dental phobia, fear of authority figures, and feelings of unworthiness. In sexually abusive families where denial is prominent, the patient's dental needs may have been dismissed, discounted, minimized, or ignored. Caregivers may not have modeled dental health and important self-care and hygiene lessons may not have been taught.

What To Look For

Dentists may want to be alert to behavioral aspects of anxiety such as hand wringing, sighing, perspiring, and reluctance to be seated in the dental chair, facial expressions of fearfulness, crying, and finally, panic.

The patient may also have flashbacks to the traumatic event and be re-triggered by the sensory experiences, e.g., latex gloves may smell like a condom. The patient may also experience dissociation – a separation of the normally unified fields of consciousness during and after over-whelming stress. They may also appear to have a flat affect or to be dazed.

What To Do in the Dental Office

The CSA survivor may be fearful of the examination, the dental protocol, and the dental equipment (drills, hypodermic needles), drilling, general anesthesia, and injections. Therefore, he/she may have difficulty with compliance and follow-through.

- Include previous abuse questions in the patient intake form.
- Interview the patient before they are put in the dental chair. The patient should be interviewed in an upright position.
- Discuss with the patient what will assist in making the dental protocol less anxiety provoking
- Discuss the treatment plan with the patient. Discuss what will be done during that visit.
- Develop a signal for when the patient is in distress.
- Have the patient use a hand signal to signify distress.
- Stop or re-start the exam, as needed.

Collaboration

Best practices include collaboration between the dentist and the mental health professional to create an environment that reduces patient anxiety, resistance, and dissociation.

The mental health professional can teach and review relaxation and stress reduction techniques.

Trauma treatment can also address patient resistance, avoidance, and anxiety regarding dental treatment.

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