Providing dental care to survivors of childhood sexual abuse

Treatment considerations for the practitioner

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"Yeah, [going to the dentist is] a little difficult for me, because of what had happened to me in the past. I just get that feeling … when you have no control because you're in the chair, your mouth is frozen, and you're pretty much at the mercy of that person."

—A male survivor of child sexual abuse

ABSTRACT

Background. Adults who experienced childhood sexual abuse frequently find dental treatment difficult to tolerate. Increased understanding of common long-term effects of this trauma may help dental professionals to respond more sensitively to patients who have experienced it.

Methods. The authors recruited 58 men and 19 women with self-reported histories of childhood sexual abuse from social agencies serving this population and interviewed the participants about their experiences with health care professionals, including dentists. The authors analyzed interview transcripts using the constant comparative method to identify main themes and patterns.

Results. Participants reported aspects of dental treatment that can be particularly difficult for them and offered ideas about how dental health professionals could make the experience more tolerable for them. The data analysis produced suggestions about how dentists might respond sensitively to patients who frequently cancel appointments, are distressed by certain body positions, need a sense of control and fear judgment. The authors also report participants' thoughts about questions from dental practitioners regarding a history of childhood sexual abuse.

Conclusions. Adults who report a history of childhood sexual abuse are more likely to experience dental treatment more positively when dental professionals have some understanding of the long-term effects of such abuse, including how it can affect dental treatment interactions. Such knowledge enables dental professioinals to respond to their needs in a sensitive manner.

Key Words. Sexual child abuse; long-term survivors; client-centered practice.

Many adults do not anticipate a visit to the dentist joyfully. However, some people experience dental care as a frightening ordeal to be avoided if at all possible and endured only when necessary. This article reports the findings of a research study that investigated how some adults with self-reported histories of childhood sexual abuse experience dental treatment. On the basis of this study, we present some ideas that dentists might wish to consider as they reflect on their interactions with patients.

Adults who experienced childhood sexual abuse frequently find dental treatment difficult to tolerate.

In view of the prevalence of a history of childhood sexual abuse in the general population, dentists probably see patients with such histories several times a week. While prevalence rates vary among studies, reliable evidence indicates that up to 13 percent of females and between 5 and 10 percent of males have been exposed during childhood to acts of sexual abuse that involved penetration.[1] When studies include less intrusive forms of sexual abuse, the proportion increases to between 15 and 30 percent of females and between 3 and 15 percent of males.[1]

The term "child sexual abuse" is used to describe a wide range of acts, but

legal and research definitions require two criteria:

- the act, involving a child, is intended for sexual stimulation;
- "an "abusive condition" such as coercion or a large age gap between the participants indicating lack of consensuality."[2(p32)]

Children who are sexually abused often are physically or emotionally abused as well.[1]

To consider the clinical implications for the dentist working with formerly abused adults, it is important to first reflect on the dynamics and sequelae of sexual abuse. The sexual abuse of a child usually occurs in a situation in which the child is alone with an older person; this person is seen by the child as having more knowledge, experience and authority than the child, and the child frequently feels confused, helpless or frightened by the older person's behavior. Abusers often "groom" their victims, beginning with activities that seem harmless, such as giving a back massage, and they frequently attribute positive motives to their sexual behavior, suggesting that it represents love or necessary education.[3] It is only later that the child realizes that he or she was manipulated into cooperating, and that his or her needs and interests were not the concern of the offender. Frequently, the sexual activity involves the child's mouth, genitals or both.

It is not difficult to see the parallels between some aspects of the abuse experience and elements of dental care. Patients are expected to trust the professional to do what is best for them. The professional often assures them, much as their abusers did, that while the experience may be painful or unpleasant, in the end it will be good for them. The treatment requires that a part of the body be touched or intruded on. The patient is expected to lie passively in a chair with the clinician working above him or her. Often, the patient is alone in the room with the dental professional.

Some of the psychological effects of childhood sexual abuse can interfere with a person's ability to benefit from dental care. Partly because when, as children, they tried to tell someone about the abuse, they either were not believed or were blamed for the inappropriate sexual behavior, many adult survivors feel guilt and expect that others will judge them negatively. This can lead to increased sensitivity to perceived criticism and difficulty in asserting themselves.[4] Understandably, reluctance to trust others and attempts to control a situation when feeling vulnerable are not uncommon behaviors in adults who were abused as children.[5] Sexual abuse in childhood now is recognized as frequently leading to post-traumatic stress reactions involving changes in neuroanatomy.[6] People who have experienced traumatic events often dissociate as a way of coping with overwhelming stimuli.[4] (Dissociation is defined as "a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment."[7(p477)]) The tendency to use dissociation to avoid anxiety-provoking stimuli can be transferred to situations that simply remind the person of the traumatic event.

Given the long-term impacts of childhood sexual abuse and the fact that dentists are likely to treat—knowingly or unknowingly—patients who have such a history, it is important for the dental team to gain some insights about how they can work with these patients more effectively. We have found no previous research investigating how adults with childhood sexual abuse histories experience dental treatment. Our study did not focus exclusively on participants' experiences with dental care, but in the course of talking about their experiences with a range of health care professionals, the participants talked about their experiences when seeking dental treatment.

METHODS AND SUBJECTS

We conducted individual interviews with 49 men and 19 women, and we talked with nine additional men in a group setting; all identified themselves as having experienced childhood sexual abuse.[2] (We also interviewed 27 women sexually abused as children for a previous study focusing on experiences with physical therapists.[8]) We recruited participants through agencies, and by contacting people who provide counseling and support for survivors of childhood sexual abuse. (Mental health professionals commonly use the term "survivor" to refer to people who report childhood sexual abuse because it emphasizes the strength of these people's coping strategies rather than their victimization.) We sent a written description of the study and posters to the service providers. People interested in participating in the study were invited to contact the researchers. Our ethics review boards required that we ask potential participants if they had a therapist or other support person with whom they could talk afterward if the interview was upsetting to them.