Dental issues for survivors of sexual assault

Sexual assault survivors are resistant to dental treatment for much of the same reasons that they have difficulty with health issues. Feelings of un-deservedness, low self-esteem and self-worth, poor parental modelling and instruction of good dental care, and denial of dental health care needs are the primary issues that underscore the sexual assault survivor’s lack of dental care. ¹

An adult who has a history of being abused as a child for example, may have experienced being pinned down, nearly suffocated, and painfully invaded. These feelings can easily be triggered by dental or medical procedures. Even a simple office visit may trigger memories of past abuse; generating overwhelming feelings of helplessness and fear of physical harm. ²

Fears of sexual assault survivors may include:

- Having to lie back or horizontal for treatment.
- Having objects such as instruments and cotton rolls placed into the mouth.
- Having a dentist’s hand(s) over the mouth and / or nose. Even another person’s hands anywhere near the face can provoke a panic attack.
- Extreme difficulty or anxiety with certain types of treatment being performed such as impressions, or the use of rubber dam.
- A fear of not being able to breathe.
- A fear of not being able to swallow.
- A fear of severe gagging or being sick during the treatment.
- A fear that the treating dentist may get angry or become impatient with them during treatment.
- A fear that an anxiety or panic attack may occur that cannot be controlled and the patient may behave in an irrational manner resulting in extreme embarrassment.
- A feeling of being ‘naked’ in a dental chair due to the loss of control that being in the horizontal position invokes.
- Being alone in a room with a person who is perceived socially or professionally to be ‘more powerful or educated’ than oneself.

Dentists are not mind-readers, and it is reasonable for them to think patients are afraid of needles and pain. So, if you need to sit up and not lie down, then let your dentist know. If they cannot treat you unless you’re lying down, look for someone who can.

When choosing a dentist, you may also want to think about whether you’ll be more comfortable with a male or a female dentist.

Make an initial appointment to talk with the doctor about the procedure or examination³⁴

Opening up communications with your dentist is the most important thing.

- Talk about your concerns and difficulties, and what will help you get through it. You can ask questions ahead of time about procedures that will be performed (like what will be done, what you will see, feel, and smell).
- Organise a stop word or signal that will indicate you need a break or need to sit up.
- Inform your dentist that you may suffer flashbacks, panic attacks or dissociation (whatever applies to you) and ask them to remind you to breathe etc.
- If you do not have an opportunity to have a talking appointment before your examination, tell your dentist that you find these examinations difficult and discuss these things at your appointment.
- You do not have to disclose that you have a history of abuse.
• Some things you might say are:

  – When you speak to me, please speak slowly and plainly. Wait for me to respond. If I don’t respond, or if my answers seem incomplete, ask me again. Make sure that I am engaging in conversation with you. If I seem distant or distracted, speak softly to me and remind me where I am. This keeps me present and aware. When giving instructions about medications or treatment, ask me to repeat back what you’ve told me.

  – When you are going to touch me, with your hands or with instruments, please tell me exactly what you are going to do before you do it. This will help me with the intense apprehension of waiting for what will happen next.

  – When I’m being examined, I might dissociate. This could be as simple as staring at the ceiling, or it could mean that I switch into a separate “personality.” I might act differently; I might act childish or defensive. If this happens, just reassure me that I’m safe and remind me again where I am and what is happening. The reminders of traumatic events can trigger the “parts” of me who experienced those traumas. Saying something as simple as “I’m Dr. Smith, and you’re here for your appointment” will help me be more aware. Most importantly, if my behaviour changes, don’t be alarmed. My biggest fear is that you will think I’m crazy or you will be afraid of me.

  – Be gentle in your actions and words. Quick movements can scare me. If your speech is loud or fast, I might feel intimidated or frightened. I need your touch to be gentle and deliberate. I need your speech to be slow and calm.

Mental techniques that you can practice ahead and while at the dentist

• Slow, deep breathing

• Imagining a safe place

• Self talk: I can get through this. It will be over shortly. I am safe now. I am taking care of my health.

• After your appointment, plan something pleasant for yourself such as meeting with a friend, counsellor, or support person.

• Think about what you are going to do after the visit. This will remind you that life will continue after the visit.

Other things you can do

• Bring a friend.

• Bring a soothing audiotape; i.e. music or relaxation.

• Bring a comforting object such as a stuffed animal.

• For women, wear pants instead of a skirt and jumper or high necked top.

• Place a rolled up towel between your shoulder blades and the chair. This can make it easier to breathe.

• Have some loose change in your pocket. Try to identify the different coins by touch and count how much money you have.

References

