Posttraumatic stress correlated with dental anxiety manifested by victims of childhood sexual abuse

Dr. Gabriela Iorgulescu,
MDD, MA, BA, PhD Medical Psychology,
Lecturer Behavioral Science Departament
„Carol Davila” Univ. of Medicine and Pharmacy, Bucharest
Email: gabriella_iorgulescu@yahoo.com

Abstract
The strong and prolonged effect of a trauma can lower the alarm threshold, creating biological and psychological conditions necessary to be stored on long-term memory of a stable cognitive structures. Stored in the neural system, it will create a stable network, which connects the memory of the event, the meanings that have been attributed to it, the psychological responses with emotion, mental images and the behavior resulted from here. The network is permanently reactivated by perception of potential dangers or by flash-backs, outside of any context. The emotion, activated by a minimal and symbolic remembrance of the event, will therefore place in resonance the whole grid. The information about a threat is situated at a preconscious level for people who have suffered an abuse. Their attention is selective in relation to potentially threatening events, because in their case is activated networks of anxiety mobilized in the moment of the trauma. The sexual abuse is a strong traumatizing factor that can lead to psychopathological behaviors, one of these being dental anxiety.

Keywords: sexual abuse, dental anxiety, posttraumatic stress

Introduction
Countless events can create stress, but the most obvious are traumatic events - extremely danger situations that are outside the usual shape of human experience. A type of traumatic event encountered tragically often in our society is sexual abuse. The impact of a rape or any other type of sexual violence on the physical and emotional health of the victim is huge (1).

Numerous studies have shown that during the first six months after a rape or other type of aggression, the victims shows high levels of depression, anxiety, fear and many other indicators of emotional suffering (2).

For some victims, this emotional suffering decreases over time. To others, this kind of suffering takes a long time, however.
Burnam et al. (3) have discovered in a study that victims of aggression were two times more likely than other persons to have been diagnosed with depressive disorders, anxiety disorders or disturbances of abuse of the substance at some time after aggression. They were most inclined to develop this disorders if they had been abused in their childhood. Actually, the persons who have been abused in their childhood remain with a higher risk of developing mental disorders during entire life.

The stress reactions occur at both psychically through anxiety, anger and aggression, apathy and depression, cognitive difficulties as well as the physiological level by increasing metabolism rate, increased heart rate, dilation of the pupils, high blood pressure, faster breathing, muscle tension, endorphin and ACTH secretion, releasing the deposits of sugar in the liver, etc.

The most common response to a stressful agent is the anxiety. People that cross through events which exceed the normal level of human suffering, sometimes develop serious symptoms related to anxiety, known under the name of PTSD (post-traumatic stress disorder).

There are four groups of posttraumatic symptoms. The first set is the detachment from everyday life. They become indifferent, apathetic, non-reactive, they becomes estranged from others as if they do not care neither family members nor friends. They lose their interest in all aspects and can stay for hours and hours by staring blankly.

The second set of symptoms is reliving the traumatic psychological event. Is it possible to dream the trauma and to be afraid to fall asleep. Sometimes even in the waking state, they can relive the trauma as though it would happen again. A person who has suffered a rape can relive scenes from his trauma and can see his attacker's face into another man.

The third set of symptoms include the sleep disturbance, difficulties in concentration, the state of excessive tension. Those who have suffered traumas may behave as if they always be attentive to signs that are announcing the repetition of the trauma. Even if they have not recurrent nightmares can have nights where are not resting and remain in the waking state until exhaustion.

Posttraumatic stress disorder may occur immediately after trauma or it could manifest through a minor stress felt for weeks, months or even years after the occurrence of the event.

The traumas caused by human beings, such as physical or sexual aggressions, have a higher probability to cause PTSD. Such traumas put into question our fundamental beliefs about human goodness, and when these beliefs are shaken the occurrence of PTSD is more likely (3).

The studies made on the survivors of some rapes have been found that 95% are feeling post-traumatic stress symptoms severe enough to be diagnosed with the disorder in the first two weeks after the rape. Approximately 25% are still suffering 4-5 years or even longer, after the rape (4).

Another frequently reaction to a generating stress situation is anger, which can lead to aggression.

When the circumstances prevent the direct attack of the cause of frustration, the aggression may be displaced: the aggressive action may be directed to a person or an object that are not guilty instead the real cause of frustration.

The opposite reaction - withdrawal and apathy, is common in the case in which the continuous stress conditions and adaptation is difficult. Learned helplessness theory (5) explains the way in which the feelings of some uncontrollable negative events can lead to apathy and depression.

Besides the emotional reactions, people often manifests important cognitive difficulties when they are confronted with powerful stress agents. The cognitive difficulties often leads people to adhere to rigid patterns of behavior because they can not take into account alternative patterns.
Main characteristics of the sexually abused children

To fully understand the social and psychological dimension of the sexual abuse, it should be mentioned a few aspects of this phenomenon, highlighted by Gallup in 2008 at the request of the collective of the sociology of deviance and social problems within Sociology Institute of the Romanian Academy, on a sample of 1000 students from high school colleges or school groups from the country (6).

According to the investigation from the point of view of gender of sexually abused children, over 76% are girls and approx. 24% are boys. Throughout the investigation of the 1000 children investigated, approx. 10% said that they had disharmonious relationship with their father, compared to the percentage of 5% at boys.

Age category which is most frequently abused is the one between 16-17 years old (more than 71% of subjects included in this category declared that they had been sexually abused by a close relative), followed by age category in the range between 17 - 18 years (24%). From the group aged 14-15 years, approx. 5% of subjects have been sexually abused.

From the point of view of the provenance environment the highest share (54%) is held by people who live in rural areas, compared to the percentage of 46% of those who live in urban areas. From the point of view of ethnic origin there are no significant differences between the investigated subjects. In relation to the component number of people in family, the highest proportion of subjects who were sexually abused belonging to the families formed by two (4.8%) and three persons (9.5%). According to the family structure, the absence of one of the parent seems to represent a risk factor for the sexual abuse cases. On the other hand, linked to the absence of parents (working abroad), a risk factor is represented by the cohabitation with other relatives.

In relation with the qualification level of the parents, their occupation shows that the highest percentage of sexually abused subjects (28.6%) have home moms, mothers who practice intellectual occupations (19%) or mothers who works in services sector and trade (14.3%). Regarding the father's occupation more than 38% of them have fathers who are workers (qualified, craftsmen) or mechanics (19.1%).

Depending on the victim's gender, girls were victimized more closely, as I mentioned, in order, by a neighbor, by an unknown person or a close relative.

More than a half of aggressors have been adults, aged between 24-50 years and over 14% of them have between 16-17 years old. A percentage of 14.1% of the subjects refused to indicate the age of the aggressor.

Ways to commit the sexual abuse

The most frequent ways are the proposals made by the aggressor to the victim (38%), the kisses or the caresses made by the aggressor (29%), forced contact with the victim (24%), the exposure of sexual organs of aggressor in front of victim (aprox.24%), attempts to have sexual contact with the victim (19.0%), touching the genital organs of the victim by an aggressor (19.0%) and masturbation performed by the aggressor (9.5%) (source: Gallup, 2008).

More than 52% of sexual aggressions victims, especially the girls, were confronted with such aggressions after they have reached the age of 14 years and 19% of the victims were aggressed when they were aged between 11-12 years.

Regarding the frequency of sexual abuse, approximately 67% of the victims were aggressed only once and approx. 29% of them have been victimized twice or several times.

Regarding the most common locations in which were committed the sexual abuses, these were, in order, the following: on the street, in block stairwell or in the car (aprox. 43%) in the victim's residence.
(aprox. 24%), in the house of the aggressor (14.3%), in a public place (over 14%), etc., while the boys were aggressed, mostly in the aggressor’s house.

The consequences of the abuse committed upon them were manifest in a wide variety of physical effects, among which we mention feelings of depression (over 57%), restless sleep (more than one third of the total number of victims), the feeling of being abandoned (19%), nightmares (over 14%), suicide attempts (over 14%).

Be mentioned is the fact that over 76% of victims told their parents or friends what happened, and just approx. 24% of these victims hiding their sexual abuse committed upon them.

Be noted is the fact that about 18% of the entire sample investigated, said that either their colleagues or their friends told them that during childhood or teenage years, faced with an act of sexual abuse, which leads us to the conclusion that the incidence of abusive acts is more higher than official statistics highlighted. This explains the fact that there is a major reluctance as regards the confession of extremely intimate events in their lives.

**The main factors with favorable role in committing the sexual abuse**

From the qualitative data of the investigation, the most frequent favored factors to commit acts of sexual abuse have been highlighted the following (6):

1. Poor material condition favors the sexual abuse through living together in a confined space, respectively in the same room, of the victim and the aggressor;
2. The absence of a partner (death, divorce, departure abroad) which turns his daughter into a "surrogate wife";
3. The stepfather who can develop incestuous feelings towards the his daughter born from a previous relationship of the mother;
4. Excessive alcohol consumption, sometimes correlated with immorality of the mother or her departure abroad;
5. Excessively authoritarian fathers who severely dominates and controls their daughters, including through physical, emotional and sexual abuse.

It is noteworthy that concerning the origin of families of the aggressors, they had confronted with negative events, such as parental divorce, detention of one of the parents, indifference towards their education, neglect or physical and emotional abuse made by their own parents.

Behold that the negative influence is overwhelming sometimes, the abused becoming, in their turn, abusers - with a limited capacity of adaptation in the social environment and a marked lack of respect for social norms and values.

According to the theory 'differential associations', which supports the idea that the socialization process is the determining factor in modeling the sexually aggressive behaviors, we can say that the individuals had acquired the beliefs, values, respect or lack of respect for norms and social rules depending on their exposure to various conditions and patterns of conflict between them. Thus, if during childhood, the intensity of exposure to socializing patterns (7) which promotes violence is higher than the exposure on patterns of socialization that promotes pacifism, the individual will adopt later, as adult, a different behavior of aggressiveness. Those individuals who have lived during childhood in a family environment characterized by abuses or have been abused themselves, will adopt at maturity the behavior of the abuser, becoming, in their turn, abusers.
The impact of sexual abuse on child can be strongly felt in the evolution of his later personality, influencing his aggressive tendencies in interrelation with other people and shaping a different behavior of violence and aggression (8).

Another point of view (9) claims that there is a high correlation with the level of psihotism of rapists, highlighting behavioral traits through aggression, indifference, egocentrism, impulsivity, cruelty, antisocial reactions.

The effects of childhood sexual abuse are different, depending on the personality and formation of defense mechanisms of each, most often them being maladaptive, triggering states of affect with disorganized character (anger, fear). Depending on the reaction to traumatic factors we can outline two directions:

1. the abused becomes the abuser - high level of psihotism;
2. the abused developing posttraumatic stress reactions - high level of neuroticism, who are inclined towards anxiety, disgust, anxiety, lack of social courage.

The correlation between childhood sexual abuse and dental anxiety

As I mentioned, the effects of childhood abuse can be felt at all levels of life as a relationship, posttraumatic stress being highlighted in various situations to the victim must face. The behaviors influenced by dysfunctional models, the cognitive distortions structured from childhood, such as the lack of security, powerlessness, fear of abandonment, etc., can be reedited when the victim is confronted with situations that involve the relationships with others.

The cognitive distortions are early maladaptive schemes: develops in childhood as a result of the interaction between the innate temperament and negative daily experiences that appear in child's relationship with close persons; are responsible for generating a strong emotional distress, leads to unfavorable consequences to the person or those around him; prevents the development of the autonomy, of their own expressing, acceptance and of a good interrelationships; its are basal belief, deeply rooted patterns, the central themes of self and self-perpetuated; its are activated by daily events congruent with schemes which are related to a biological condition.

Carmen Santos (10), in her doctoral book, having the title "Identifying and treating the adult women subjected to a sexual abuse, with dental anxieties" (1977), highlights certain aspects of dental anxiety that are related to sexual abuses suffered in childhood. The authoress has been found that there is a basic similarity between the people with dental anxiety and those who have experienced of sexual abuse, but can not say that everyone who have this fear have suffered abuses. It is to be mentioned that fear is not related to pain or other traumatic dental experience. People who have suffered traumas may indicate similar problems, but may present symptoms such as fear, anxiety, nausea, dissociation, memories and feelings of shame regarding their oral health or fear that other people would find out about the abuse happened.

The visit to the dentist can trigger memories and feelings by making the necessary dental treatments, as well as:

- placing in a horizontal position;
- approach and touch by someone;
- objects placed in the mouth;
- to be alone with someone more powerful than themselves;
- finding it unable to speak or swallow;
- confrontation with the pain felt during the abuse.
A series of dental experience can remind to the patient that those suffered as a result of abuse, in which is producing uncomfortable sensations of suffocation, such as the use of rubber dams, feeling gagged or feeling of restraint in motion.

Many times it is possible that the victims do not understand the relationship between dental anxiety and the abuse suffered, so that there is the probability that they receive inadequate treatment, being misunderstood by everyone involved in the healthcare system.

Many people who have been subjected to sexual abuse fail to realize the negative consequences with prolonged echo in time and fail to associate receiving of necessary treatment in relation to their history of abuse. Because of that, dental treatment is avoided, without a clear understanding why, even if the patient is conscious he doesn’t want to disclose the information.

Regarding the lack of awareness of the connection between sexual abuse and the problems that they are confronting, Carmen Santos describes the defense mechanism through dissociation as a defense strategy used by those subjected to traumas to try to face anxiety, but this is a maladaptive mechanism. A few signs of dissociation may be: does not respond to questions or orders; the patient seems confused; cry spontaneously without explaining why; empty look or dizzy; scare easily, has trouble breathing; sometimes it may seem that the experience is unreal - seen from a distance.

The patients sexually abused do not prefer the sedation whereas it may increase the risk of losing control and the emergence of feelings of helplessness, being preferable to obtain the agreement to allow the presence of a closed person in the cabinet, in which he trust.

The patients who have suffered the traumas of the abuse prefer to have a dentist who empathizes with them, who can understand them, to be patient and willing to listen to them, to have control over dental care benefits.

Also, Carlos Santos, recommends to the patients a few tips, such as: the use of means of relaxation (headphones with music or other calming records, establishing a non-verbal signal that indicate the increased anxiety and the message to stop the treatment, the presence of a trustworthy person during the examinations, additional time for their comfort, providing information regarding each procedure performed, etc.). The purpose is to change the emotions that have monopolized him and schemes of danger, leading him to raise the alarm threshold. New information, which are incompatible with fear, will favor a series of emotional experiences to cancel the dangerous schemes.

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The sexual abuse is a major disruptive factor because it can cause dysfunctions and adjustment difficulties, hard to remediated in the conditions in which the trust in people has been severely affected, especially if that fact happened in childhood. Therefore, it requires a good knowledge of pathological phenomena caused by posttraumatic stress and the application of some techniques aimed at reducing the anxiety.

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