

Review to NFH Bulletin

I had the privilege of attending the 2023 NFH meeting in Oslo. We were a pretty large group of Danes gathered, and I enjoyed a couple of days discussing special care dentistry in good company and beautiful surroundings in the new district of Oslo, Bjørnsvika.

One of the lectures was "Coping after Sexual Abuse – in Everyday Life and in the Dental Chair" by Ingar Tangvik Hvalvik and Martin Hristov. A topic of increasing importance in special care dentistry. Today there are 22 centers in Norway, helping survivors of sexual abuse.

The key words of the centers are self-help, approachability, no need for registration or commitment, meaning accessing help must be as obstacle free as possible for the victims. The purpose is not to resolve the pain, but to make it possible to live with, through both group- and individual therapy. The attenders must be above 16 years of age.

The prevalence of sexual abuse in Norway is as high as 1:5 in women and 1:10 in men. The duration from the assault takes place until being shared is approx. 17,5 years. Generally, the prevalence of sexual abuse is assumed to be much higher, because of the many unreported cases.

There is reason to believe, that the prevalence in people with disabilities is much higher, and for each additional disability, the risk, longevity and severity of the assault is increasing.

We, as special care dental staff, are important because we see these people in an environment where the issues of the victims are exposed to the maximum. In the dental chair, the victims lose control and might experience flash backs, which makes dental treatment demanding or even impossible. Furthermore, the oral cavity is often neglected.

The speakers encourage us to be critical. Patients in the special care dental office often exhibit symptoms similar to those seen in victims of sexual assault. For instance, severe dental anxiety, tactile sensitivity in the oral cavity, the avoiding of physical contact and showing dissociating behavior, but without the patient history revealing sexual assault. A negative patient history, however, does not rule it out.

The lecture was interesting and clarifying, although I missed some practical advice concerning dental treatment.

Many victims of abuse neglect the oral cavity and avoid tooth brushing. In the process of optimizing oral health, might we as dental staff, aggravate the condition of a victim? Dos and don'ts? How to progress? Nevertheless, the lecture emphasizes the need for a systematic, multi- and interdisciplinary approach comprising dental staff, therapists, psychologists and social workers.