



A Message for Health Care Providers Concerning Survivors of Sexual Abuse/Assault

Childhood sexual abuse and sexual assault are hidden crimes, whose prevalence is often underestimated. For the sake of all involved, it is important for health care providers to remember that their clients may not have disclosed past abuse / assault. Despite, this, they almost certainly treat Survivors of sexual violence. Like all clients, Survivors require respectful care; however, they may also require care that is sensitive to the effects of sexual violence on victims.

Normal procedures and practices within the health care environment can be ‘triggering’ for Survivors. Common experiences within this environment can lead to a Survivor having flashbacks of the abuse / assault and / or to feel anxiety, anger, fear, or grief. In different studies, Survivors told researchers that having control during health care visits is critical. Survivors had no control and endured the violation of their personal boundaries, their trust, and their bodies during childhood sexual abuse / sexual assault. Another major concern for Survivors is their need to feel safe during visits to health professionals. Survivors may not fully benefit from or even continue with treatment if they feel unsafe.

This booklet will provide some ideas on how to support Survivors during medical or health procedures to ensure they receive effective health care.

Please remember:

- Survivors may experience flashbacks, panic, depression, difficulty trusting, and other effects of the abuse or assault.
- A client may not want to disclose her / his history of sexual violence.
- Every Survivor is different in terms of how much she / he remembers about their sexual abuse, what effect it had, how she / he copes with it, and if or how far along she / he is in the healing process.
- Survivors’ needs may change over time, as they heal from or cope with a history of sexual abuse / assault.

Safety & Sharing Control

- On intake forms, include questions about the client’s comfort level with different aspects of treatment or examinations, especially about touch and disrobing.
- Post signs indicating that clients can have someone with them at all times, if they wish. Reinforce this verbally at the first visit. Be supportive if a client makes this request, as it is not personal.

- Before you begin, ask the client for suggestions on how you can make the visit more comfortable.
- Allow clients to stop or pause the procedure. Inform them of this right beforehand.
- Ask for consent for each step of the examination. It is important to remember that consent on one day does not necessarily equal consent for the next visit.
- For procedures involving a speculum, offer the client a chance to see and handle it, if they would like.
- When possible, allow the client as much control as possible. If the client does not feel she/he has any control, she/he may not feel safe and this could adversely affect treatment.

Privacy

- Knock and wait for permission before entering the exam room.
- Provide gowns for all sizes of clients.
- Wait until the client is dressed and sitting to discuss sensitive information.

Touch

- Ask permission before touching
- Use a gentle touch.

Body Position

- Be aware that lying flat on the back is usually the most difficult position, as it can resemble the original abuse.
- For procedures and examinations, position the client so that she / he can maintain visual contact.

Communication

- Communication can begin in the waiting room, by providing pamphlets on ‘what to expect’ from different procedures (e.g.: PAP smears).
- Share information about each aspect and step of the examination; this can help provide both a sense of safety and control.
- If the client seems confused or disoriented, stop treatment and try to reorient her / him to the present situation. For example, you might gently let the patient know where they are, that they are in a safe place, etc.
- Educate yourself on childhood sexual abuse and assault and their effects.

If You are Going to Help Me

1. Please be patient while I decide if I trust you.
2. Let me tell you my story. The whole story. In my own way.
3. Please accept that whatever I may have done, whatever I may do is the best I have to offer and seemed right at the time.
4. I am not ‘a’ person. I am this person, unique and special.
5. Don’t judge me as right or wrong, bad or good. I am what I am and that is all I have got.

6. Don't assume that your knowledge about me is more accurate than mine. You only know what I have told you. That's only part of me.
7. Don't ever think that you know what I should do – you don't. I may be confused, but I am still the expert about me.
8. Don't place me in a position of living up to your expectations. I have enough trouble with mine.
9. Please hear my feelings, not just my words – accept all of them. If you can't, how can I?
10. Don't save me. I can do it myself. I knew enough to ask for your help didn't I?

Source: Anonymous

Sources:

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2. Burian, J. Helping survivors of sexual abuse through labor. (www.gentlebirth.org/archives/abuselbr.html). Project funded by the Perinatal Foundation, Wisconsin Association for Perinatal Care, Madison.
3. Schachter, C.L.; Radomsky, N.A.; Stalker, C.A.; & E. Teram. (2004). Women survivors of child sexual abuse: How can health professionals promote healing? Canadian, Family Physician, 50:405-412.
4. Schachter, C.; Stalker, C.; & E. Teram. (2001). Handbook on sensitive practice for health professionals: Lessons from women survivors of childhood sexual abuse. Family Violence Prevention Unit, Health Canada.