



Sensitive, trauma-informed healthcare for health professionals

It is essential for health and medical professionals to have a basic understanding about emotional trauma. A sensitive, trauma-informed approach to practice not only reduces the risk of re-traumatising patients with a history of trauma, it also increases the likelihood that their healthcare needs will be met.

Difficulties experienced by sexual trauma survivors

Patients who have survived sexual trauma often have difficulties with touch and intimate examinations. Female survivors also frequently have difficulties with pregnancy, childbirth and breast feeding.

Many sexual trauma survivors feel a strong sense of shame about their bodies. Often the focus of medical appointments is on the same parts of the body that were involved in the original abuse or assault and the idea of being touched can be terrifying for abuse survivors.

Waiting for the appointment to start can be extremely anxiety provoking, especially at the first appointment, where there is additional fear of the unknown.

The idea of having contact with an authority figure can cause anxiety for child abuse survivors, as the abuser was often in a position of authority, and the patient may regard healthcare workers as authority figures.

Understanding trauma impacts

Trauma survivors are often susceptible to triggers which can include people, situations, words, sounds, smells and other environmental cues. These can set off a stress response, causing overwhelming feelings, body sensations and a flight-fight-freeze response.

Common triggers for patients at health appointments can include:

- ▶ being alone in a room with someone
- ▶ being asked to remove clothing
- ▶ being asked to lie down
- ▶ being touched
- ▶ having an instrument inserted in their mouth or other body parts
- ▶ being told to relax
- ▶ having gel or cream applied
- ▶ focussing on the body, or being viewed without clothing
- ▶ feeling powerless.

Patients can be triggered even when there is no real danger present, which can result in behaviours that may appear odd that don't match the situation. This is not a conscious response for the patient and can be frightening for them, as well as for the worker.

Many trauma survivors are hyper-aroused and on alert for danger, which is generally a protective mechanism formed during childhood. Other trauma survivors can be hypo-aroused which, if misunderstood, can be interpreted as being disinterested or uncaring. Some survivors swing between the two states of arousal.

Dissociation and flashbacks are common for trauma survivors.

Identifying trauma survivors

Many people have never told anyone about their sexual trauma; some have received unhelpful responses to their disclosures in the past, and many will not disclose even when asked. There are different approaches to identifying patients with a history of trauma.

Written screening

Careful consideration must be given to keeping this information secure and confidential.

An example of a written screening question is:

Please tick this box if you have a history of trauma, or other reasons, that might make your appointments difficult for you.

Verbal screening

It is important that this is done in a respectful way that normalises the situation for patients with a history of trauma. For example:

As part of routine practice, we ask all patients if they have experienced sexual abuse or sexual assault, so we can work together to make the treatment easier.



Be aware that ANY patient could have experienced sexual trauma in their past. A sensitive approach with ALL patients is recommended.

Be alert for signs that a patient or client may have been affected by trauma. Examples may include:

- ▶ frequent cancellations / DNAs
- ▶ extremely anxious / fearful
- ▶ intense gag reflex
- ▶ drug / alcohol misuse
- ▶ sudden strong emotional reaction
- ▶ extreme concerns about exposure to body fluids.
- ▶ self harming scars
- ▶ recoil / stiffen / startle at touch

During an appointment, if you sense that the patient may have a trauma history, you can clarify with them in a gentle, respectful way. Examples include:

Is there anything else you want me to know?

Is there anything from your past that might make this difficult for you?

Have you ever had difficulties with treatment like this before?

SARC has developed a 'Sensitive Practice Request' form (refer to the SARC website). This form can be given to the patient to complete. The information will help inform you on how to best assist the patient to get through their appointments.

Responding to a disclosure

If a patient discloses - always believe them and show empathy. You might consider thanking them and reassuring them that you want to work together to find ways of making their appointments easier. Never dismiss their concerns and always avoid physical contact immediately after a disclosure. Here are examples of sensitive responses following a disclosure:

I'm sorry to hear that but I'm glad you've told me.

Now I understand why you feel so anxious. Let's work together to make this easier for you.

Thank you for telling me. Let's spend some time talking about what you think will help you get through the procedure.

Trauma-informed practice

A trauma-informed approach involves the practitioner recognising the prevalence of trauma and its impacts on patients. In addition to a bio-medical focus, the practitioner adopts a psycho-social and recovery focus in their approach to care.

A partnership approach is recommended when working with trauma survivors.

Talk to the patient

Ask the patient

Involve the patient

Explain to the patient

Give choices & control

Things that might help

- ▶ Give the patient choices and control where possible.
- ▶ Ask "what could make this easier for you?"
- ▶ Offer the option of a support person being present.
- ▶ Explain the procedure, its purpose and the process.
- ▶ Offer written health information to take home.
- ▶ Establish a 'pause' signal to be used during the examination or procedure.
- ▶ Ensure the patient understands that they can withdraw consent at any time.
- ▶ Ask if the patient has any questions and provide answers.
- ▶ Never dismiss questions or concerns.
- ▶ Encourage them to practice calming strategies to use during procedures.
- ▶ Speak and act with respect at all times.

During procedures

- ▶ Give the patient choices and control.
- ▶ Limit the number of workers present and maximise privacy.
- ▶ Offer that the patient can watch or help with the procedure.
- ▶ Ask for permission to touch the patient before starting the process.
- ▶ Remind the patient to keep breathing slowly and deeply.
- ▶ Explain what you are doing each step of the way.
- ▶ Reassure the patient, use their name and check if they are okay as you go.
- ▶ Watch for non-verbal cues and pause as needed. Only restart when the patient is ready.
- ▶ At the end, provide a dot point summary of what was completed and any follow-up care.

The **Sexual Assault Resource Centre (SARC)** is a free 24-hour emergency service providing medical and counselling services for people who have experienced a recent (within 14 days) sexual assault. Counselling for any sexual assault/abuse experienced recently or in the past is also available to people of all genders aged 13 years and above. Call SARC on **(08) 6458 1828** or Freecall **1800 199 888**.