

Getting Through Medical Examinations A Resource for Women Survivors of Abuse and Their Health Care Providers

Health Care Providers

Have clients ever indicated that certain medical tests or procedures were especially difficult?

Have there been any particular medical conditions or behavioural clues with clients that have made you wonder about a background of abuse?

Have any clients voluntarily disclosed that they are survivors of childhood abuse?

Despite the prevalence of abuse in society, child sexual abuse is not adequately dealt with in professional schools. Increasingly, we know that several profound, long-term effects may result from childhood abuse and in turn, may influence current encounters with health care providers without the awareness of one or both parties. Some of the long-term effects of child sexual abuse include post-traumatic stress disorder (PTSD) symptoms, psychological problems, interpersonal problems, self-abuse, pain, and other somatic complaints. In an effort to provide appropriate care for survivors, it is essential for health care providers to understand the origin of somatic symptoms, and to consider an abuse history in patients with multiple complaints without an organic cause.

Studies have found that health examinations requiring touch by a person in a position of power can present difficulties for women with a history of child sexual abuse and in some cases may even trigger PTSD symptoms. With prevalence rates as high as one third of women, it is important to retain a high level of awareness regarding the possibility of an abuse history with all patients.

Our research study ¹ showed that health care providers would like more information and specific way of addressing child sexual abuse issues in practice. There are many ways you as a provider can make the medical encounter easier for both you and patients with an abuse history. These suggestions are categorized by health care providers groups:

- Physicians and Primary Care Nurses
- Dental Providers
- Breast Screening - Mammographers and Breast Screening Nurses
- Sonographers

Suggestions for Physicians and Primary Care Nurses

As primary care providers, physicians and nurses are most likely to have the opportunity to build an ongoing professional relationship with patients. If you anticipate having a long-term professional relationship with a patient, you may consider incorporating a question about a history of abuse in taking the family history. Primary care practitioners are in an important role to coordinate the treatment plan for abuse survivors and help ease referrals. The following are ways to help survivors of abuse.

1. Practitioners in our study suggested an approach of "Universal precautions"
 - Routinely ask patients how you could help them feel more comfortable with the examination, procedure, or test, and if there is anything they think you should know before proceeding. Consider a possible abuse history if patients show signs of anxiety or tension. A "universal precautions" approach indicates an awareness of the prevalence of abuse, and sensitivity to any signals that may suggest an abuse history. It also demonstrates respect for the patient and offers them control and input into the test, examination, or procedure *without necessarily needing to disclose their history*.
2. Become more informed about childhood abuse
 - A patient's disclosure of past child abuse can be very intimidating for health care providers who may feel ill equipped to address the implications. Educate yourself about the long-term effects of abuse in ways appropriate to your scope of practice.
 - Be aware of possible effects of abuse over the course of a woman's life cycle (e.g., in relation to pregnancy); in relation to specific chronic conditions or health concerns.
 - Learn about strategies survivors have used for addressing particular fears they may have in a clinical setting.
 - Become knowledgeable about educational resources for women and caregivers that address the link between abuse experiences and health and how and where to find supportive health services.
3. Make your clinical setting more client-friendly
 - Most medical environments are intimidating rather than accommodating to patients. Provide a comfortable office environment for patients, particularly if they choose to disclose an abuse history.
 - Making small changes to the physical environment (e.g., cartoons, artwork, adjustable lighting, music, and informational posters on walls) can ensure a safe and welcoming environment to anxious clients.
 - Pamphlets or articles in waiting areas should describe what patients can expect from medical examinations. Materials that mention abuse and that it can be a part of a patient's history may also help.
4. Approaching patients
 - Use a gentle touch, it is less frightening.
 - Use relaxation techniques with women who have difficulty with certain examinations.

- Be aware of cultural and/or other differences where women have disabilities, are immigrants or visible minorities from diverse cultural backgrounds, are aboriginal, have literacy challenges, or are lesbians.

5. Respect boundaries

- Use curtains, ample cloth gowns appropriate for all sized women, knock or gently announce before entering the examining room, and discuss sensitive information only when women are sitting and dressed.
- Ask patients beforehand if they would mind somebody in training being involved in the examination or procedure. Include a description of the sex and status of the person, and ask this question ahead of time without the person standing there, so patients are given the option, without having to say in front of somebody, "No I don't want you there."

6. Find ways to provide patients with a greater sense of control and comfort over procedures

- Offer an initial appointment just to talk.
- Involve the survivor in care and plan treatment together.
- Provide a checklist that helps women identify which concerns they have about the health care encounter (e.g., discomfort with certain procedures, boundary issues and others).
- Ask patients for ideas to make the examination or procedure more comfortable (e.g., specific signals to stop or have a time out)
- Start with a straightforward procedure with patients who require a lot of time and are fearful. Also, suggest the patient come back another day.

7. Use interdisciplinary team meetings, hold case conferences, debrief with others, and share ideas and strategies for different ways of improving care for women survivors of abuse.

8. Help patients stay in the present and avoid dissociating

- Use the patient's name.
- Help them to stay connected by asking for example, "Are you able to hear me? Is this okay?"
- Engage the patient in what is being done in each part of the examination, test or procedure (e.g., what you are doing and why), rather than in talk that distracts from what you are doing.

9. Integrate survivors' suggestions into your work situation

The women interviewed with histories of CSA made suggestions for providing care to make things easier for them.

- Having a support person with them
 - Being asked before any examination what might make it easier
 - Having examinations or procedures fully explained
 - More privacy in terms of gowns/drapes
 - Dimmer lights or brighter rooms
 - Being able to see a practitioner of a specified gender to perform certain procedures
 - Giving patients the option to stop or pause the procedure
10. Let the patient know that she can stop the procedure or exam at any time if she finds it too uncomfortable and that you will respect her wishes and limitations.

Let patients choose to use clinic-issue drapes or keep on some of their clothing during an examination. Leaving their shirt and socks on under their gown is warmer and may make them feel less vulnerable.

Allow the patient to see and handle a speculum and use the smallest speculum that allows adequate visualization.

During prenatal visits when you listen to the fetal heartbeat, explain to patients how this will be done; e.g. "This is the gel and unfortunately it will feel cold..." etc.

For a woman with unusual fear of surgery, work out a plan. This may involve offering to accompany her into the operating room and staying with her throughout the operation.

Use examining tables that can be height adjusted for women with disabilities, and improved supports for legs during pelvic examinations.

During pelvic examinations and other procedures where draping a sheet is used, arrange the sheet so that the patient can maintain eye contact throughout the procedure.

Adjust the exam table to enable the patient to be partially sitting for the exam. This may help her feel more empowered and enables visual contact to be maintained.

Allow ample time and flexibility for examinations by deferring Pap tests until the patient is ready or divide the examination into several office visits.

Use clear, respectful language in examinations such as Pap smears, internal exams, STD checks, routine breast exams, and pelvic ultrasounds.

Suggestions for Dental Providers

The potential effects of childhood sexual abuse on dental/oral health and wellbeing are barely recognized within the profession of dentistry and dental hygiene. Dental providers may see patients on an ongoing basis, and so there is a high potential for developing rapport and trust. Yet, oral care is not structured to encourage regular discussion between client and practitioner. The work dentists and hygienists perform is invasive, and for patients who may have experienced oral sexual abuse, preventative or restorative dentistry may involve procedures that create acute anxiety and allow the client very limited means of control. The following are ways to help survivors of abuse.

1. Practitioners in our study suggested an approach of "Universal precautions"
 - Routinely ask patients how you could help them feel more comfortable with the examination, procedure, or test, and if there is anything they think you should know before proceeding. Consider a possible abuse history if patients show signs of anxiety or tension. A "universal precautions" approach indicates an awareness of the prevalence of abuse, and sensitivity to any signals that may suggest an abuse history. It also demonstrates respect for the patient and offers them control and input into the test, examination, or procedure *without necessarily needing to disclose their history*.
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 - Learn about strategies survivors have used for addressing particular fears they may have in a clinical setting.
 - Become knowledgeable about educational resources for women and caregivers that address the link between abuse experiences and health and how and where to find supportive health services.
3. Make your clinical setting more client-friendly
 - Most medical environments are intimidating rather than accommodating to patients. Provide a comfortable office environment for patients, particularly if they choose to disclose an abuse history.
 - Making small changes to the physical environment (e.g., cartoons, artwork, adjustable lighting, music, and informational posters on walls) can ensure a safe and welcoming environment to anxious clients.
 - Pamphlets or articles in waiting areas should describe what patients can expect from medical examinations. Materials that mention abuse and that it can be a part of a patient's history may also help.
4. Approaching patients
 - Use a gentle touch, it is less frightening.

- Use relaxation techniques with women who have difficulty with certain examinations.
- Be aware of cultural and/or other differences where women have disabilities, are immigrants or visible minorities from diverse cultural backgrounds, are aboriginal, have literacy challenges, or are lesbians.

5. Respect boundaries

- Ask patients beforehand if they would mind somebody in training being involved in the examination or procedure. Include a description of the sex and status of the person, and ask this question ahead of time without the person standing there, so patients are given the option, without having to say in front of somebody, "No I don't want you there."

6. Find ways to provide patients with a greater sense of control and comfort over procedures

- Offer an initial appointment just to talk.
- Involve the survivor in care and plan treatment together.
- Provide a checklist that helps women identify which concerns they have about the health care encounter (e.g., discomfort with certain procedures, boundary issues and others).
- Ask patients for ideas to make the examination or procedure more comfortable (e.g., specific signals to stop or have a time out)
- Start with a straightforward procedure with patients who require a lot of time and are fearful. Also, suggest the patient come back another day.

7. Use interdisciplinary team meetings, hold case conferences, debrief with others, and share ideas and strategies for different ways of improving care for women survivors of abuse.

8. Help patients stay in the present and avoid dissociating.

- Use the patient's name.
- Help them to stay connected by asking for example, "Are you able to hear me? Is this okay?"
- Engage the patient in what is being done in each part of the examination, test or procedure (e.g., what you are doing and why), rather than in talk that distracts from what you are doing.

9. Integrate survivors' suggestions into your work situation

The women interviewed with histories of CSA made suggestions for providing care to make things easier for them.

- Having a support person with them

- Being asked before any examination what might make it easier
 - Having examinations or procedures fully explained
 - Dimmer lights or brighter rooms
 - Being able to see a practitioner of a specified gender to perform certain procedures
10. Let the patient know that she can stop the procedure or exam at any time if she finds it too uncomfortable and that you will respect her wishes and limitations.

Position the chair to make the person more comfortable. If the patient prefers, place the dental chair in a more upright position.

Have the dental assistant present if the patient finds that helpful.

Be careful about inadvertent touching.

Allow the patient to hold the suction if she would wish to.

Offer a mirror to see what is going on, headphones, a body covering (e.g., a blanket or x-ray cover). A support person or dental assistant can be available or a hand to hold if the patient wishes.

If possible, allow for some private space. Have a separate room in the practice where private discussions could take place and clients could feel less anxious, perhaps hire a counsellor part-time to provide support as needed.

Consider an expanded role for the dental assistant, especially if gender of the provider is an issue. Women may feel more comfortable speaking with a female hygienist or assistant.

Some women may feel more comfortable keeping the door open during an examination or procedure.

Survivors of abuse are often hypersensitive to their environment (e.g., sounds, smells to warn of coming danger). Dentistry is full of smells and sounds which can overwhelm patients. Advise the patient ahead of time what sounds they might hear during the procedure (e.g., suction, drilling).

Tell the patient ahead of time what the procedure may feel like. Dental procedures which entail considerable physical work can be very frightening to patients with an abuse history.

Suggestions for Breast Screening - Mammographers and Breast Screening Nurses

Breast screening is often recommended for women between the ages of 50 and 69 as a preventive health strategy. Breast examination and mammography procedures can be experienced as intimate and intrusive and can influence a woman survivor's experience and perception of this screening process.

Mammographers occupy different roles from physicians and nurses in diagnostic testing and screening. Usually, they see a patient only once, and have almost no information beyond what is specified by a physician on a requisition form. The interviews indicated that most mammographers regularly encountered patients with severe anxieties who were unable to proceed with certain invasive tests, sometimes to the detriment of a needed diagnosis. It is often difficult to secure an accurate mammogram without the patient being in a somewhat relaxed state. Some background information about patients may be helpful to have before examinations and procedures. This would allow for specific provisions for people who need it (e.g., increased support and time, allowing the patient to apply compression on their own). The challenge is to make patients feel more relaxed in a relatively short period of time, knowing almost nothing about them. The following are ways to help survivors of abuse.

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 - Routinely ask patients how you could help them feel more comfortable with the examination, procedure, or test, and if there is anything they think you should know before proceeding. Consider a possible abuse history if patients show signs of anxiety or tension. A "universal precautions" approach indicates an awareness of the prevalence of abuse, and sensitivity to any signals that may suggest an abuse history. It also demonstrates respect for the patient and offers them control and input into the test, examination, or procedure *without necessarily needing to disclose their history*.

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 - Be aware of possible effects of abuse over the course of a woman's life cycle (e.g., in relation to pregnancy); in relation to specific chronic conditions or health concerns.
 - Learn about strategies survivors have used for addressing particular fears they may have in a clinical setting.
 - Become knowledgeable about educational resources for women and caregivers that address the link between abuse experiences and health and how and where to find supportive health services.

3. Make your clinical setting more client-friendly
 - Most medical environments are intimidating rather than accommodating to patients. Provide a comfortable office environment for patients, particularly if they choose to disclose an abuse history.
 - Making small changes to the physical environment (e.g., cartoons, artwork, adjustable lighting, music, and informational posters on walls) can ensure a safe and welcoming environment to anxious clients.

- Pamphlets or articles in waiting areas should describe what patients can expect from medical examinations. Materials that mention abuse and that it can be a part of a patient's history may also help.

4. Approaching patients

- Use a gentle touch, it is less frightening.
- Use relaxation techniques with women who have difficulty with certain examinations.
- Be aware of cultural and/or other differences where women have disabilities, are immigrants or visible minorities from diverse cultural backgrounds, are aboriginal, have literacy challenges, or are lesbians.

5. Respect boundaries

- Use curtains, ample cloth gowns appropriate for all sized women, knock or gently announce before entering the examining room, and discuss sensitive information only when women are sitting and dressed.
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- Ask patients for ideas to make the examination or procedure more comfortable (e.g., specific signals to stop or have a time out)
- Start with a straightforward procedure with patients who require a lot of time and are fearful. Also, suggest the patient come back another day.

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10. Let the patient know that she can stop the procedure or exam at any time if she finds it too uncomfortable and that you will respect her wishes and limitations.

The voluntary nature of breast screening clinics may be a deterrent for many women with backgrounds of abuse. Recruiting letters should inform women that finding a cancer early improves the chances for full recovery. Patient fear may be reduced by advising in the letter that the visit will be one on one, confidential and private.

Make pre-screening educational sessions available to women. Include a discussion of why women may not wish to attend breast screening and how the staff could be available for support.

During examinations be aware that for many women, the nipple area may be sensitive; prepare her for this before touching. If possible, use positioning of the body rather than manipulation of the breast to achieve the proper location of the breast for Xray.

To allow for a greater sense of control, some women may feel more comfortable if they are given the option of positioning their breast themselves for Xray with the help of the mamographer.

Suggestions for Sonographers

Sonographers usually see a patient only once, and have little if any information about the patient. The interviews indicated that most sonographers regularly encountered patients with severe anxieties who were unable to proceed with certain tests, sometimes to the detriment of a needed diagnosis. Those interviewed also noted the difficulty of securing an accurate ultrasound without the patient being in a somewhat relaxed state.

Ultrasound testing is perceived by sonographers (and others) as inherently technical in nature, and not a setting in which to pay particular attention to psychosocial issues of the patient. Despite this perception, some of the tests done are highly personal and invasive. They may be fraught with meaning, related to pregnancy and loss, past traumas, and anxieties. Some background information about patients may be helpful to have before examinations and procedures. This would allow for specific provisions for people who need it (e.g., increased support and time, allowing the patient to insert the probe herself). The following are ways to help survivors of abuse.

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10. Let the patient know that she can stop the procedure or exam at any time if she finds it too uncomfortable and that you will respect her wishes and limitations.

For examinations requiring a vaginal probe, tell the patient how far it will be inserted and whether it will involve any pain.

With endovaginal ultrasound, show the woman the probe, explain that it is sterilized and that a condom is placed over it. Inform her that she has choices of external scanning or an internal probe. Let her know how far it is inserted and what she will feel.

If it would be helpful for the patient and the exam can be adequately carried out, consider having the patient insert the endovaginal probe herself.

If the patient is interested, show on the screen how the ultrasound is able to picture the area being examined; this is informative and leads to a sense of being included in the procedure.

Allow patients who may be uncomfortable with undressing, to keep as many of their clothes on as possible. This can mean for a breast ultrasound the patient keeps the side not being scanned covered. For an abdominal scan, pants can be lowered but not removed.

Be sensitive and respond to reasons other than pain for which a woman might want a scan stopped.

1. Tudiver, S., McClure, L., Heinonen, T., Scurfield, C. & Kreklewitz, C. (2000). *Women Survivors of Childhood Sexual Abuse: Knowledge and Preparation of Health Care Providers to Meet Client Needs*. Report of research for the Women's Health Bureau of Health Canada through the Prairie Women's Health Centre of Excellence.