



SENSITIVE PRACTICE GUIDE

Lessons from Survivors of Childhood Sexual Abuse

This booklet was written and prepared by members of the
Wolverhampton Sexual Abuse Forum committee.
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USEFUL CONTACTS

Stop It Now ! for confidential help and advice “a new national and local public health campaign” **Free Helpline 0808 1000 900**

Social Services Emergency Out of Hours 01902 552999

Medical Emergency Out of Hours By phoning your GP out of surgery hours you will be given the contact for **Doctors on Call** or **Accident and Emergency**

NHS Direct – Call 24 hours a day **0845 4647**

NSF Help Line – Free phone: **0800 387 034**

Sane Line – **08457 67 8000**

The Haven, Wolverhampton Help and advice for victims of domestic violence
01902 713001

B-Glad Birmingham Gay and Lesbian anti-Depressants. Contact: Gay & Lesbian Switchboard **0121 622 6589**

Bristol Crisis Service for Women PO Box 654, Bristol, BS99 1XM.
Telephone counselling and information service relating to self-injury.
0117 925 1119 (Office) (Help-Line Friday and Saturday night 9:00 pm – 12:30 am)

National Self-Harm Network NSHN, PO Box 7264, Nottingham NG1 6WJ
The NSHN was formed over 10 years ago with the prime objective of supporting those people who self-harm. **E-Mail: info@nshn.co.uk Website: www.nshn.co.uk**

AWAAZ Asian Women’s Organisation 01902 571260

ACCI African Caribbean Community Initiative 01902 571231

Wolverhampton Women’s Well Being Centre The Boot Factory, 22 Cleveland Road, Wolverhampton, **01902 454130 E-mail www@creativesupport.org.uk**

Wolverhampton Voluntary Sector Council
Jane Viner, Mental Health Empowerment Co-ordinator
Di Drew, Administration Resource support Worker
Liz Sewell, Self Support Co-ordinator
01902 328978

ACKNOWLEDGEMENTS

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Also our thanks to David Bate for help with the Opticians section; Kathryn Gutteridge and Marie Davis for assistance with the Midwifery section.

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WHAT IS CHILDHOOD SEXUAL ABUSE?

Child sexual abuse includes any exploitative sexual behaviour towards a child by an adult or older child.

Childhood sexual abuse affects 1 in 5 girls and 1 in 7 boys and often impacts later in life as:

Depression	Lacking a sense of self	Difficulty trusting
Anxiety	Intrusive memories	Drug abuse
Self harm	Low self esteem	Alcohol abuse
Feeling unreal	Lacking confidence	Phobias

Many adult survivors of childhood sexual abuse find it difficult to attend and / or engage with various professionals, eg:

Doctors	Mental Health Workers	Nurses
Dentists	Gynaecologists	Midwives
Opticians	Physiotherapists	Hairdressers

Such situations create great fear and anxiety and may trigger issues for the survivor because of close proximity and being touched by the practitioner. As a result adult survivors often neglect their own health and well-being which can lead to serious, possibly even fatal, consequences.

This booklet supports the following and other national policies and programmes

Patient-focused outcome = "Everyone feels safe, secure and supported with experiences that promote clear pathways to well-being" [Essence of Care – benchmarks for safety of clients, Department of Health, 2003, p2]

"The purpose is to ensure that services and professionals in all sectors and settings are equipped to identify and to respond to the needs of those whose mental and physical health has been affected by domestic and sexual violence and abuse" [Tackling the Health & Mental Health Effects of Domestic & Sexual Violence and Abuse – Victims of Violence & Abuse Prevention Programme (VVAPP) Implementation Guide, Department of Health, 2006, p5]

, Department of Health, 2002, p73 highlights "The importance of including sexual abuse in assessment and care planning These processes need to be developed alongside training to increase awareness and skills in the sensitive exploration of abuse issues, developing appropriate interventions, ensuring staff support is provided and generating interagency working that addresses sexual abuse."

USEFUL CONTACTS

AXIS Counselling, Shrewsbury, Tel ford and Ludlow. *Counselling for over 16's adult survivors of childhood sexual abuse.* **10:00 – 4:00 pm**
01743 357777 or 01952 278000

A.P.H.I.S.T. Abused People's help in Sexual Trauma. *Self-help group of Men and Women Who Have Experienced Childhood Sexual Abuse.* Referrals Only **01902 445628**

Victim Support, Wolverhampton 1st Floor, Victoria House, Mander Centre. *Free and Confidential Service for Adult Victims of Rape and Childhood Sexual Abuse.* **01902 572500**

Survivors UK *Help for men who have been sexually abused.* **0845 122 1201**

NAMSAS *Association of Organisations who work with mail survivors across the UK.*
020 7357 6222

Reaching Out *Support Group for Adult Survivors in Walsall, running women only group and mixed group.* **07930 194585**

Base 25 A service for young people aged 11 – 25. **01902 572040** *Offer a Counselling Service and a Freephone Help-Line: Mon, Tues, Wed, Thurs 1:00 pm – 6:00 pm, Fri 1:00 pm – 5:00 pm. Gay, Lesbian and Bi-Sexual Sat 12:00 noon – 3:00 pm* **0800 073 023**
Text Talk – 07800 002222 *Instant information, support and advice*

EMERGE *Working with Adult Survivors of Childhood Sexual Abuse and their families*
01785 225991

Relate *Have a specialised counselling service for adults who were sexually abused as children* **01902 428447**

Samaritans *24 hour Help-Line* **01902 426422** and **08457 90 90 90**

First Person Plural *National Survivor Led Association of Dissociative Survivors of Abuse*
PO Box 2537, Wolverhampton, WV4 4ZL

Safe *Supporting Survivors of Sadistic Abuse* PO Box 1557, Salisbury **01722 410889**

NAPAC *"Supporting adults who where abused in childhood"* **0800 085 3330**

SUGGESTED READING

- **BEGINNING TO HEAL** - a first book for men and women who were sexually abused as children, by Ellen Bass & Laura Davis, Harper-Collins, 2003
- **BREAKING FREE** - Help for survivors of childhood sexual abuse by Carolyn Ainscough & Kay Toon, Sheldon Press, 2000
- **BREAKING FREE WORKBOOK** - Practical help for survivors of child sexual abuse by Carolyn Ainscough & Kay Toon, Sheldon Press, 2000
- **THE SURVIVOR'S GUIDE** to recovery from rape or sexual abuse by Robert Kelly & Fay Maxted, Rugby RoSA, 2005
- **GETTING THROUGH THE DAY** – Strategies for adults hurt as children by Nancy J Napier, Norton, 1993
- **VICTIMS NO LONGER** (2nd edition) – The classic guide for men recovering from sexual child abuse by Mike Lew, Harper-Collins, 2004.
- **LIVING WITH THE LEGACY OF ABUSE** - How to make your relationship work when your partner is a survivor of childhood sexual abuse by Beverley Engels, Camden Press, 1998
- **AMONGST OURSELVES** - A self- help guide to living with dissociative identity disorder by Tracy Alderman & Karen Marshall, New Harbinger Publications, 1998
- **UNDERSTANDING DISSOCIATIVE DISORDERS** by Kathryn Livingston in consultation with members of First Person Plural, Mind, 2002
- **SOMEONE I KNOW HAS MULTIPLE PERSONALITIES** – a book for significant others, family, friends and caring professionals by Sandra J Hocking, Launch Press, 1994
- **UNDERSTANDING DISSOCIATIVE DISORDERS** – a guide for family physicians and health care professionals by Marlene E Hunter, Crown House Publishing, 2000

FEELING SAFE

This Sensitive Practice Guide focuses on various situations and offers practical advice and expectations which may assist survivors and their supporters when attending and engaging with various professionals, hopefully promoting better health, well-being and ensuring the survivor feels safe.

Feeling safe is crucial, a feeling or sense of safety is a vital need for the survivor because of the violations experienced in the past.

The need to feel safe is compelling in all aspects of a survivor's life including interactions with health and well-being professionals.

Practitioners will not necessarily know that a particular patient or client is a childhood sexual abuse survivor. It is advised that the professional adopt a 'universal precautions' approach which indicates an awareness of the prevalence of abuse and sensitivity to any signals that may suggest an abuse history. Such an approach shows respect for the patient or client; offering them control and input into the test, examination or procedure without necessarily needing to disclose their history.

The following eight principles which are adapted from "Handbook on Sensitive Practice for Health Professionals—Lessons from Women Survivors of Childhood Sexual Abuse" underpin sensitive practice which will facilitate the survivor's sense of safety. Subsequent sections offer examples of specific actions and advice for both the professional and the survivor.

A NOTE on LAYOUT of GUIDE:- There is overlap and some repetition across the sections. This makes it possible for the reader to selectively quickly read a section of particular relevance without losing too much of the overall picture. For the best results readers are advised to scan through all sections and always read both General Tips sections (pp 23 - 27) in conjunction with any one or more other section.

PRINCIPLES OF SENSITIVE PRACTICE

RESPECT: Like everyone else abuse survivors need to feel appreciated and valued for who they are as an individual. This is what respect is. Because s/he will have had much experience of being disrespected, especially during past abuse, a survivor may be very sensitive to any hint of disrespect.

RAPPORT: Making a positive connection is a very important part of helping a survivor feel safe. From a very first contact with a survivor paying attention to building and maintaining rapport is crucial. The professional should show genuine caring while keeping appropriate boundaries. Find a balance between professionalism and friendliness - neither be overly distant and cold nor too familiar in your style.

RESPECT BOUNDARIES: In this context boundaries refer to limits around areas of our body & body space (physical boundary) or information about us (psychological boundary) that are personal and should be under our control. Breach of these without permission can leave a survivor feeling violated and very unsafe. Touching or even coming within an individual's personal body space without consent breaches a physical boundary. Asking very personal questions un-necessarily or without sensitivity breaches a psychological boundary. Survivors may only be beginning to have a sense of entitlement to personal boundaries or an appreciation of their importance. By demonstrating respect and sensitivity to boundaries the professional can serve as a model for learning to establish healthy boundaries.

SHARE CONTROL: As an abused child a survivor never had control over her/his own body and what happened to it. Thus, as an adult s/he connects lack of control with being unsafe. You can share control with the survivor by encouraging her/him to become a respected, active participant, rather than a bystander or merely a subject of your treatment or care. Act as a facilitator working with, rather than on the patient/customer. Combine your expertise and knowledge with his/her knowledge and experience to offer choices of solutions / treatments / actions whenever possible.

GENERAL TIPS FOR PRACTITIONERS

Grounding techniques to help when survivor is triggered



- Use the person's preferred name.
- If a patient has been triggered, stop treatment immediately and try to help ground them in the present.
- Reassure them that they are in a safe place now.
- Encourage them to take slow, deep breaths.
- Encourage them to sit up and put their feet on the floor.
- Ask them to look at you and keep you in focus.
- Ask how they are feeling.
- Avoid touch.
- Continue to talk to them and reassure them, using a calm voice, but do not bombard with questions.
- Give them the necessary time and space to recover from their experience. A quiet room may be helpful.
- Do not ask for details of the abuse that contributed to their being triggered.
- Acknowledge that people sometimes react to circumstances in the present that remind them of past experiences.
- Ask them what they need right now: Do they want company, or to be alone?
- Remind them their reaction is not uncommon and it is understandable and OK.

GENERAL TIPS FOR PRACTITIONERS

- See the patient in a fully dressed state after each session to reinforce that you see the patient as a whole person.
- Monitor the patient's body language and address sympathetically with him/her any apparent discrepancies between verbal and non-verbal responses
- Remember that survivors can be very perceptive to non-verbal cues, so monitor your own body language. Is it conveying the same message as the words you use?
- Use active listening skills to clarify that you have correctly understood the meaning of what the patient is trying to tell you

Survivors and their experience of pain



- For many survivors the experience of physical pain is associated with past abuse and their ways of coping can make their current experience of pain unusual.
- Survivors may have difficulties communicating with you about their experiences of pain which might have serious repercussions
- Some survivors numb their pain or dissociate from it; the full force of the pain may not be felt at the time. This can mean that more probing and force than is usual could inadvertently be used in examinations, tests, exercises etc. Try to avoid this. Be aware that it may cause significant distress later.
- Other survivors may feel the full force of both current pain and the pain of the abuse, so that a gentler approach to examinations etc may be necessary to avoid intolerable levels of pain.

PRINCIPLES OF SENSITIVE PRACTICE

SHARE INFORMATION: Be prepared to share information at all stages of your involvement with the patient/customer. Pay attention to helping her/him find ways of retaining information about his/her body and treatment when she leaves his/her appointment. During necessary physical contact or examinations explain what you are doing and why at each step. Take responsibility for ensuring there is a two-way flow of information. Check frequently how your patient/customer is reacting to what you are doing.

FOSTER MUTUAL LEARNING: By applying these principles in your interactions with survivors you can be providing opportunities for learning about safe relationships. Encouraging this learning; helping the person become an active participant who shares responsibility for their treatment and care will enhance feelings of safety. The relationship also provides the professional with opportunities for learning about working with survivors through listening and through paying special attention when errors are made. Mistakes and uncomfortable situations are inevitable. The professional should recognise, own and apologise when mistakes are made. And discuss the situation with the survivor to resolve any problems that have resulted from the error and to learn from it.

CONSIDER EBBS AND FLOWS: A survivor's tolerance for interventions and the degree to which s/he is able to co-operate will vary over time. These ebbs and flows may occur rapidly (even within a single appointment) or over longer periods. Do not assume that consent once given is continuing. Check it out repeatedly and be willing, when possible, to adjust your approach accordingly.

SHOW AWARENESS: A survivor who sees evidence that the professional has some awareness of the long term effects of childhood sexual abuse is more likely to feel safe. Displaying posters or pamphlets from local services for abuse survivors is one possible cue for such awareness. Integrating these principles and guidelines for sensitive practice into routine practice is a strong indicator of the professional's awareness.



G.P.s and PRIMARY CARE NURSES

What the GP or Primary Care Nurse can do to help

- Become informed about childhood sexual abuse and its long term effects, particularly, for example, in relation to a woman's life cycle and specific chronic health conditions which can be associated with an abuse history
- Routinely ask if the patient has any concerns about a particular examination or treatment procedure and how you can help them feel more comfortable about it.
- When a range of tests are needed start with the most straightforward. Ask whether the patient prefers to get through all the tests / examinations as quickly as possible or come back another day for the further procedures
- Invite the patient to view / touch examples of any instruments that will be used in a procedure e.g. speculum used for pap smears
- Make your clinical setting as patient-friendly as possible – making even small changes to the physical environment (e.g. artwork, adjustable lighting, informational posters) can help alleviate survivors' anxiety
- Have pamphlets / posters in waiting area which mention abuse and acknowledge that it can be part of a patient's history
- Use touch only when clinically necessary, explain what you will do and why.
- Be particularly sensitive when examining breasts or chest area, genitals, anal area and mouth/throat

GENERAL TIPS FOR PRACTITIONERS

- The control should always be with the survivor
- Ask by what name you should call the patient
- Don't use any endearments e.g. love, dear
- Don't ask lots of intrusive questions about the survivor's history.
- Complete the medical history before you ask the patient to remove any clothing required for the physical examination.
- Explain the relevance of your enquiries.
- Ensure privacy for undressing and changing. Ask nurses to leave the area too. Confirm that the survivor is ready; knock and wait for permission before entering.
- Offer a cover to ensure modesty.
- Ensure the patient clearly understands that s/he can ask you to pause or slow down during physical examinations.
- Ask the patient if s/he is comfortable and ready to continue, during the examination when moving from one part of the body to another and if his/her body language indicates discomfort.
- Before shifting the physical examination from one part of the body to another, let the patient know that you would like to examine a different part of his/her body and explain why.
- Ensure doors are closed and people do not enter the room.
- Be prepared so that there is no delay.
- Explain any equipment being used.
- Allow enough time for answers during clinical history taking, many survivors have learned to ignore their bodies and may require extra time to articulate a description of their symptoms.
- If the survivor appears uncomfortable or is having difficulty responding to one aspect of the subjective assessment, it may be helpful to move on to another part of the assessment and return to the questions later.
- Don't assume that because a survivor has given their consent to be touched at one appointment that it is OK for the next appointment.
- Emphasise that you are willing to be flexible during the evaluation and subsequent treatment.
- Ask the patient about the best time of day for appointments.
- Explain the clinicians and patients roles before treatment begins. Don't ask unnecessary questions about scars and don't draw attention to any piercing or tattoos.



MEDICAL PROCEDURES

What Your Practitioner Can Do To Help

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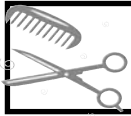
GENERAL TIPS FOR SURVIVORS

The following are strategies survivors of childhood sexual abuse have found helpful. You may find it useful to give a copy of this information to your practitioner, highlighting and/or adding the things that you would find helpful.

- Bring a friend
- Bring someone who will help 'speak up' for your wishes
- Bring soothing music
- Bring a comforting object
- For women wear trousers instead of a skirt
- Talk with your health care specialist about the possibility of using medication to relieve anxiety
- Ask for a longer appointment
- Ask to have procedures and options fully explained beforehand.
- If you don't feel comfortable or you don't feel the care is adequate, trust your feelings and if you can, speak up about your needs.
- Remember that you have the right to refuse treatment and / or the same service or a particular health practitioner at any time.
- You can request that extra staff that may be present (such as medical students) leave the room.
- Let the practitioner know if there are any particular products, sounds or smells that are a trigger for you:

(tick the boxes below or add your own)

- | | | | |
|-----------------------|--------------------------|-------|--------------------------|
| Vaseline | <input type="checkbox"/> | | <input type="checkbox"/> |
| Spray Sounds | <input type="checkbox"/> | | <input type="checkbox"/> |
| Latex Gloves..... | <input type="checkbox"/> | | <input type="checkbox"/> |
| Perfume | <input type="checkbox"/> | | <input type="checkbox"/> |
| Cigarette Smell | <input type="checkbox"/> | | <input type="checkbox"/> |



HAIRDRESSERS

What Your Hairdresser Can Do To Help

- The hairdresser can explain what is going to happen step by step, how long it will take, etc, so you know what to expect in advance.
- You can discuss anxieties with the hairdresser beforehand so she / he can take steps to reassure you during the process.
- The hairdresser should be open to your suggestions about what might be helpful.
- The hairdresser can keep the door open if you prefer.
- The hairdresser can give you the choice to try clippers, etc against your arm first so you can see them and know what to expect.

What You Can Do For Yourself

- You can devise a signal with the hairdresser (eg putting your hand up) if you would like to sit up during the hair washing, so you can have control over the situation.
- If you indicate that you feel uncomfortable at any the time, the hairdresser can stop.
- You have the option to ask a chatty hairdresser to be quiet; or alternatively to chat with a quiet hairdresser whichever you prefer.
- Ask the hairdresser if you have a preference for sitting facing forwards or backwards for hair washing.
- Tell the hairdresser if you prefer them not to wear gloves during treatment.
- See **GENERAL TIPS FOR SURVIVORS** on page 23

MEDICAL PROCEDURES



What You Can Do For Yourself

- Having someone with you.
- Breathing technique.
- Give yourself a treat after the appointment.
- See **GENERAL TIPS FOR SURVIVORS** on page 23



INVASIVE MEDICAL PROCEDURES

Gynaecological examinations, cervical cancer screening (pap smears), breast cancer screening (mammograms), inserting or removing a urinary catheter, and digital or ultrasound rectal examinations (e.g. for suspected prostate cancer in men) are examples of intimate medical procedures which may be particularly anxiety-provoking for survivors of sexual abuse. It can be difficult to secure an accurate result from intimate screening and diagnostic procedures unless the patient is quite relaxed. Sensitive practice in such procedures are thus of critical importance.

Practitioners can help by:-

- Educating yourself about the prevalence and long-term effects of childhood sexual abuse. Most survivors will feel less anxious if they know or sense the practitioner has such awareness. It will also help you feel less intimidated by a patient's disclosure of a history of abuse and better equipped to address the implications for your practice.
- Learning about ways of coping that survivors have used for addressing their fears (see General Tips for Survivors p23)
- Routinely asking all patients (not only those you know are survivors of sexual abuse) how you could help them feel more comfortable with the examination or procedure, and if there is anything they think you should know before proceeding.
- Giving permission for the patient to ask you to stop at anytime during the procedure.
- Getting the right balance between a patient's needs for privacy (e.g. drawn curtains, closed doors, modesty screens) and their need to feel safe (e.g. not being in the room alone with you)
- When sheets or similar are used to provide modesty screens during procedures which expose the genitals positioning them so that the patient can still have eye contact with you, if they choose.
- Learning and using relaxation techniques with patients who are tense and anxious

OPTICIANS



What to expect at the opticians

- Helpful reception staff that will reassure and answer any of your questions and concerns.
- The choice of male and female optometrist may be available (in some practices)
- A sympathetic, unhurried test, where all procedures are explained.
- Any sensitivities you may have will be respected.
- Full confidentiality.
- The option to discuss an open access policy where staff can enter the test room without having to ask.
- Privacy can be given.
- Your wishes not to undertake any of the procedures are respected.
- The optician will need to turn off the lights during examination and will use a bright light to examine your eyes.
- A printed chaperone policy on request.
- Sight tests may feel invasive and intimate in nature.
- Your face may be touched when your frames are being fitted.

What You Can Do For Yourself

- Ask staff about any concerns.
- Bring a friend or relative to accompany you during the test.
- Feel free to ask for an explanation at any time.
- See **GENERAL TIPS FOR SURVIVORS** on page 23



DENTISTS

What Your Dentist Can Do To Help *

Your dentist might consider the following to help ease your anxieties:

- Offer an initial appointment just to talk.
- Place the dental chair in an upright position.
- Keep the door open.
- Have the dental assistant present.
- Not touch the patient's body.
- Offer audio tapes of relaxing music.
- Check in frequently with you so you feel more in control of what the dentist is doing.
- Offer a body covering e.g.. an x-ray cover.
- Explain procedures throughout the visit.

What You Can Do For Yourself

Anything that increases your sense of control:

- Talk to your dentist or hygienist about your concerns.
- Ask your dentist to explain all procedures.
- Ask your dentist to forewarn you of pain.
- Develop an agreed signal indicating you want to stop.
- Tell your dentist when you are afraid.

Mental techniques you can practice before and when at the dentists:

- Slow, deep breathing.
- Imagining a safe place.
- Self talk: *I can get through this. It will be over shortly. I am safe now. I am taking care of my health.*
- See **GENERAL TIPS FOR SURVIVORS** on page 23

* Dental Tips for Survivors (Journal of Child Sexual Abuse 5, 65-74)

INVASIVE MEDICAL PROCEDURES



- Providing written patient information sheets about what to expect during the procedure.
- Taking time to explain the procedures and showing sensitivity about the vulnerable positions patients may need to be in for the procedure.
- Providing a checklist that helps patients identify what their concerns are about the particular procedure and responding with reassurance and/or information to their concerns.
- Helping patients avoid dissociating by engaging the patient in what is being done during each part of the procedure (e.g. what you are doing and why), rather than in talk that tries to distract the patient from what you are doing.
- Using grounding techniques if the patient is triggered during the procedure (see General Tips for Practitioners page 26)
- For breast screening, preparing the patient before touching, e.g. telling her before touching the sensitive nipple area. If possible, use positioning of the body rather than manipulation of the breast to achieve the correct location of the breast for X-ray. Consider offering the patient the option of positioning her own breast under your direction and guidance.
- Making pre-screening educational sessions available for intimate screening programmes (e.g. pap smears, breast cancer screening). Include discussions of why women may not wish to attend and how staff could be available to support.

What You Can Do For Yourself

- See **GENERAL TIPS FOR SURVIVORS** on page 23



MIDWIFERY

What Your Midwife Can Do To Help

- The first visit is called a booking visit, where we take your whole medical history, you will be asked about previous pregnancies, general and family health.
- This visit is usually done at home, we recognise that this may be problematic, if so we can arrange to meet you somewhere you feel more comfortable.
- We recognise that many survivors may have concealed earlier pregnancies; miscarriages, terminations and family history, and we understand that this may be difficult for you to talk about.
- If all is going to plan you will usually expect to see your midwife every 4 weeks, these visits may include, blood tests, blood pressure tests, checking your tummy, and routine scans at 12 and 20 weeks.
- The only time that you will have an internal examination would be if there is medical concern, internal examinations are not done routinely.
- You will not be told the gender of the baby unless you ask.
- Your bloods will usually be tested twice during your pregnancy (although this can vary).
- You can ask your phlebotomist//midwife to talk you through this process and explain what tests will be done.
- You can choose to have your blood test at the hospital or at your own doctors, whichever feels preferable for you.

MENTAL HEALTH WORKERS



- The CPA process should involve you as fully as possible in developing an individual care plan which identifies all your mental health and social care needs, if and how these will be met and specifies a named mental health worker to be your Care Co-ordinator.
- Your Care Co-ordinator is responsible for ensuring that the treatment, care and support agreed in your care plan is provided for you and for arranging regular care plan reviews.
- You should be told who your Care Co-ordinator is and given a copy of your care plan.
- Unless you are assessed as meeting criteria for detention under the provisions of the Mental Health Act (i.e. unless an assessment results in you being 'sectioned') you can choose to accept or refuse the treatment, care or support offered.

What You Can Do For Yourself

- Have a friend or relative with you during the assessment.
- Depending on the circumstances, you may be able to choose where the assessment takes place. It can be done in your own home, a health centre or other suitable community building e.g. a private room in a youth club or similar. Where do you feel safe?
- If you have a preference ask for a male or female worker to do the assessment, be your Care Co-ordinator and/or provide your ongoing treatment, care and support.
- Ask your Care Co-ordinator about completing an Advance Directive. This is a document which you complete at a time when you are feeling relatively well. In it you can express your preferences for what you want to happen and not happen at times of crisis when you are less able to say what your wishes are.
- See **GENERAL TIPS FOR SURVIVORS** on page 23



MENTAL HEALTH WORKERS

The situations in which survivors of childhood sexual abuse are seen by a mental health worker are various. This section focuses primarily on the first contact for an assessment which is often done at a time when the individual is experiencing a crisis, at their most vulnerable and least able to communicate their needs and wishes. There are high rates of correlation between a history of childhood sexual abuse and mental health needs in adulthood. It is, therefore, particularly valuable for all mental health workers, whether doing initial assessments or in their ongoing care of clients/patients, to develop the kinds of sensitive practice outlined throughout this Guide.

What to expect from & after an initial mental health assessment

- The assessment will take approximately one hour.
- One or more practitioners may do the assessment. They could be a mental health nurse, a social worker, an occupational therapist, a psychiatrist, a psychologist, a specially trained community support worker.
- The person(s) doing the assessment may or may not be those involved in your previous or subsequent mental health care.
- The person will ask you a range of questions about your medical and life history, any medications you are taking, how you are feeling and how you are currently managing life. These may or may not include asking you about any history of childhood sexual abuse.
- Options for further treatment care and support should be fully explained to you.
- Following initial assessment, treatment care and support will be provided under the Care Programme Approach (CPA) which should be explained to you.

MIDWIFERY



What You Can Do For Yourself

- If you are finding it difficult to manage your appointments keep in touch with your midwife by phone and discuss what would help you to attend further appointments.
- Tell your midwife if you feel uncomfortable about meeting in your home, ask her to arrange an alternative venue. You may change your mind about this if you wish after you have got to know your midwife.
- If you have a needle phobia please let your midwife know.
- See **GENERAL TIPS FOR SURVIVORS** on page 23

A more detailed fact sheet “Sensitive Practice for Maternity Survivors of Sexual Abuse” by Kathryn Gutteridge is available.

Please contact

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PHYSIOTHERAPY

What the physiotherapist can do to help

- At the start of each treatment session discuss with the patient any difficulties of adhering to exercise instructions; respond to the feedback, offering alternatives whenever possible to avoid parts of the treatment that she/he cannot tolerate.
- Do not use blame or guilt as tools to achieve adherence.
- Ask patient about any preferences for gender of practitioner and respond to these whenever possible.
- Provide a written introduction before the first appointment to help patient understand what physiotherapy involves and what she/he can expect.
- Allow patients to have someone of their choice with them at all times during assessment and treatment and be sure patient knows they have this option.
- At the first appointment explain what the initial evaluation process involves before proceeding.
- Balance offering descriptors of symptoms (e.g. is the pain sharp or dull?) with encouraging the patient to identify and therefore 'own' his/her symptoms
- Offer explanation in layman's terms about how the body works, especially when examining areas other than the immediate site of symptoms.
- Ask about and whenever possible respond to the patient's needs for balancing feelings of safety with privacy. These will differ for each patient and possibly for the same patient at different times. One might be most comfortable in a private room while another might forgo some privacy because they feel safer in a larger, common space.
- Consider whether the treatment environment and procedures can be changed to meet the patient's comfort and safety needs.
- Take time to familiarise patient with the treatment area. Many survivors feel safest when they can see or be near the door. Some survivors are strongly affected by lighting levels.



PHYSIOTHERAPY

- Assuming a position facing the floor or ceiling may be problematic for some survivors.
- Exercises involving separating the legs can feel very unsafe for many survivors.
- Before using ultrasound, TENS or similar describe the procedure carefully, including use of gels, electrodes etc and what it will feel like.
- Describe the touch that is required during a treatment procedure and be sure you have the patients consent each step of the way if necessary.
- Be aware of the physical distance between the patient and yourself.
- Avoid being in very close proximity except when treatment requires it.
- Avoid unnecessary body-to-body contact and when it is required (e.g. when treatment requires bracing part of the patient's body against your own body) explain this and why it is necessary.
- Offer a brief written summary of each treatment session and provide clear written and oral instructions for any exercises and activities to be done before next session.

What You Can Do For Yourself

- See **GENERAL TIPS FOR SURVIVORS** on page 23