# HEAL PA

*HEALING - EMPOWERMENT - ADVOCACY - LEARNING - PREVENTION - ACTION*

# SEXUAL VIOLENCE AND CHILDHOOD SEXUAL ABUSE

## BACKGROUND FOR CLINICIANS: THE UNIQUE NEEDS OF SURVIVORS

Childhood sexual abuse is recognized as a distinct form of maltreatment with unique interpersonal characteristics (e.g., boundary violations, betrayal, sexual traumatization, stigma, secrecy) that result in developmental consequences not associated with other forms of maltreatment (Noll, 2008). A large body of literature has documented negative psychological and social outcomes for sexually abused children. These survivors are at significantly higher risk for sexual violence later in life, compounding the traumatic impact. Nationwide, 81% of women and 43% of men report experiencing some form of sexual harassment and/or assault in their lifetime.

Survivors of sexual abuse/violence often avoid medical and dental care entirely or become re-traumatized during care due to lack of understanding of their unique needs for control, safety, and consent for touch. In addition to the widely recognized post-traumatic stress fight/flight/freeze responses that may be activated during medical care, many develop responses associated with complex trauma, including collapse/submit and please/appease which can result in their being unable to express needs to a person in authority, such as a provider. Finally, some develop a range of dissociative disorders that may also impact their ability to stay present during medical appointments, to remember symptoms, and to follow treatment recommendations.

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Given the very high frequency of individuals who experience some form of sexual harassment and/or sexual assault in their lifetime and the broad range of negative consequences that can result, it is important that all clinicians and clinical practices understand and implement universal trauma-informed practices.

We hope that the basic guidance that follows will enhance the capacity of all clinicians to provide a safe and sensitive environment for trauma survivors and all others receiving treatment services.

**This resource sheet was developed in November 2021, in partnership with numerous professionals and organizations.**

# SEXUAL VIOLENCE AND CHILDHOOD SEXUAL ABUSE

## DEFINED: SEXUAL VIOLENCE

Sexual violence can happen to anyone regardless of age, gender, race, ethnicity, religion, geography, ability, appearance, sexual orientation, and gender identity and has tremendous impact on everyone: the survivor, their families, significant others, and their communities.

Sexual violence is a term meant to include any type of unwanted sexual contact or interaction without freely given consent of the victim or against someone who is unable to consent or refuse. This can include words and actions of a sexual nature including, but not limited to:

- Sexual assault
- Incest
- Grabbing or groping
- Sexting without permission
- Ritual abuse
- Sex Trafficking
- Sexual harassment
- Sexual or anti-LGBTQ bullying
- Exposure and voyeurism
- Forced participation in the production of pornography

Some forms of sexual violence are illegal, such as rape and incest. Others may not be illegal but may violate organizations' policies or anti-discrimination law, such as sexist and sexually violent jokes, street harassment and catcalling, but this does not make them any less threatening or harmful to the person victimized. A person may use force, threats, manipulation, or coercion to commit sexual violence.

## DEFINED: CHILDHOOD SEXUAL ABUSE

An adult, relative, family friend, stranger, babysitter, someone in a position of authority over the child, or an older child with more social power/ability engaging a child in sexual activity of any kind regardless of gender, gender identity, and/or sexual orientation. Child sexual abuse includes touching by either party over or under clothes; any act of oral, vaginal, or anal penetration; attempted/completed sexual intercourse, and sex trafficking. It also includes non-touching acts such as being photographed for sexual purposes, sexual communication via phone or internet, indecent exposure, or voyeurism. It excludes consensual sexual activity when a child is age 14 or older with another person 14 or older within 4 years of your age, provided that person was not a family member, relative, care giver or person with authority over the child.

## ADDITIONAL RESOURCES

Pennsylvania Coalition Against Rape: *pcar.org*

National Sexual Violence Resource Center: *nsvrc.org*

Lancaster County Trauma-Informed Initiative: *LetsTalkLancaster.org*

Safe Communities: *safecommunitiespa.org*

Resilient PA: *ResilientPA.org*

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## GUIDANCE FOR CLINICIANS & CLINICAL PRACTICES

The following suggestions and guidance are offered for clinicians and medical staff in order to provide a safe and sensitive environment for survivors of childhood sexual abuse or sexual violence.

### Generally At All Levels

- Don't assume that a patient's anger or hostility should be interrupted or changed
- Avoid shaming people
- Don't take noncompliance personally; instead say, "We're so glad you're back."

### On Your Website

- Help reduce anxiety by explaining what to expect - photo of waiting room, fees, rules, what to bring, and what will occur at the appointment
- Create a video outlining steps to help make the process feel familiar
- Provide pictures and information about providers in a smiling, relaxed setting
- Acknowledge the prevalence of trauma, i.e. "We know many patients have experienced various types of physical, sexual, emotional or other trauma as children or adults. Therefore, our providers are trained to be trauma-sensitive in their interactions with you, and to support you so that your appointment can be productive and safe."
- Explain the process and any parameters for bringing a support person to the appointment
- For the comfort of the patient, provide multiple avenues to contact the office

### On the Phone

- Avoid placing the patient on hold
- Educate staff to be trauma-informed by engaging with the patient in a way that is less transactional. For example, lead with, "I have a few questions to ask, is it ok to do that?"
- Be patient and friendly - trust is foundational to the relationship
- Record special accommodations
- Support the patient's request for clinician preference, such as gender or age
- Any person making a referral should call ahead to confirm patient eligibility
- Ask the patient if they would like to bring a support person & describe that process

### In the Waiting Room

- Offer an online check-in process
- Create an environment that normalizes trauma, including providing materials on the topic
- Offer signage - "We know many patients have experienced various types of physical, sexual, emotional or other trauma as children or adults, and we strive to be trauma-sensitive. Let us know how we did!"

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## During the Appointment

- Establish rapport prior to any request or procedure, such as undressing, etc.
- Explain generally what you'll be doing in the appointment and ask the patient if that is okay
- Obtain consent prior to touching the patient in any way and explain the need or purpose for touching
- Provide calming words or images on the ceiling
- Honor your commitments to do what you said you were going to do, but also not to do what you said you would not do
- Review special accommodations listed in the chart
- Incorporate trauma-related questions in the same way behavioral health questions are asked & allow survivors to disclose information to their level of comfort
- Inform patients that they can stop or pause a procedure or exam at any time
- Get patient permission prior to bringing a resident or a training nurse into the exam room
- Allow the patient to bring a support person to the exam
- Maximize the level of control the patient has during any appointment or procedure
- Focus on harm reduction through progress versus extremes (quit smoking, drinking, sexual activity, etc.)
- Disclosure: Listen attentively, reassure the patient they are heard and believed. Offer appropriate referrals/resources.

## Check-Out & After Visit

- Ask the patient if they want the office to make any appointments for them
- When making referrals, share information about reactivity, sensitivities of the patient, ACE scores, or trauma history - with the patient's permission
- Medical appointments may be disorienting for some patients. Ask if the patient needs help finding their way back to the parking lot.
- In the patient evaluation, ask the patient to rate various aspects of trauma-informed care during the visit - e.g., whether or not the clinician listened carefully to the patient; tried to make the patient comfortable; was supportive of the patient; answered the patient's questions; explained procedures prior to initiating them; was respectful of the patient's body and privacy; and asked about the patient's special needs and accommodated them.
- In the after-visit summary, normalize seeking help for trauma
- Support the connection with a patient advocate in the office, such as a behaviorist or social worker