



**Sensitive Practice Guidelines
for
Healthcare Professionals**

<i>A Therapeutic Community</i>	
Crisis support	Specialised support and therapy
Trauma work and pre-therapy	Evaluative Need Therapy
Skill workshops	Drop-in services
Creative therapy	Family therapy
Training and volunteering	Mutual support
Personal development & life skills courses	Time limited befriending and mentoring

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The need for Sensitive Practice Guidelines for Health Care Professionals

This document has been written and shared by adult survivors of Childhood Sexual Abuse who are members of SHE UK. We acknowledge that Childhood Sexual Abuse is very difficult to hear or read about, but as survivors and professionals working with those survivors, we would really like to offer you understanding to help inform your professional practice by offering you our knowledge as a result of those experiences.

So many of our survivors have difficulty or fear using health care services and often avoid or delay screening and treatment because they find this so traumatising. With understanding and a change to sensitive practice SHE UK hopes to make a change in the amount of Survivors accessing health care and thus **save lives**.

Medical examinations can include:

- All physical examinations and procedure
- Dental procedures
- Breast examinations and procedures
- Pelvic examinations and procedures
- Rectal examinations and procedures

Many survivors (male and female) find similarities and thus triggers between medical procedures in the here and now, and their past abuse.

These can include:

- Being in a horizontal position – often with someone standing over them
- Being touched
- Being looked at getting or in a state of undress
- Being in a room with someone seen as in authority
- Being examined by someone of the same gender as their perpetrator
- Having an object inserted into the body
- Given medication

Please ask yourselves:

- Have you had clients that have voluntarily disclosed that they are Adult Survivors of Childhood Abuse?
- Have there been any medical conditions or clues in a patient's reactions that have made you wonder about a history of abuse?
- Has a patient shared that a certain medical test/procedure was especially difficult?
- Have you had a patient attend with a concern/worry with a significant delay that could have been picked up in routine screening if they had attended?



Side Effects of Childhood Sexual Abuse

There are so many major side effects of Childhood Sexual Abuse which in turn have a direct effect on encounters with health professionals, without the awareness of one or even both parties.

Post-traumatic stress PTS symptoms are experienced by many survivors. Many psychological problems, self-harm or self-mutilation, eating disorders, and interpersonal problems, and many somatic symptoms are some of the long term effects of child abuse. Please do not be judgmental; these are normal reactions to very traumatic and abnormal events.

"So many times during the time I have had investigations and treatment of cancer the examinations, tests, procedures and treatments have been so much more traumatic because of my past abuse."

"I have been asked to get my top half undressed and walk across the room lie down on the bed with people in the room watching – which I did because I was told to. This was so traumatic to me as this was what happened to me as a child and I would then go to be raped."

"Something as simple as a screen in the room to get undressed behind and a front fastening gown would have made it not so much of a trigger for me. Having cancer and fighting for your life again is traumatic enough without people not understanding how they can help."

"I delayed going to my GP for months before I had the courage to seek medical advice on a lump I found and it could as a result cost me my life and I think I have already had too many losses in my life."

"I would often be raped orally – so going to the dentist is as difficult to me as going for a gynaecological examination."

"I once had my mouth frozen and it felt like my tongue was swollen – which was massive trigger to being orally raped."

"I have vaginism and have so many problems physically and emotionally going for smear tests."

It is so important for health care professionals in all capacities to understand something of the origins of these somatic symptoms, and consider in assessment if your patient may have a history of abuse.

Please do remember, many survivors delay or do not attend medical screening even if they are worried, because of triggers to their past abuse – this can cost lives.

Fact: One in three/four women and one in six men have experienced some kind of unwanted sexual contact before they are 18 years old.

Touch by a person seen as in authority or power can present difficulties for survivors of CSA and can even be a trigger to post traumatic stress.

95% of S.H.E. UK members said they would like to have been asked as part of an assessment if they had experienced abuse – even if they had chosen at first to have said no.

Helpful responses to survivors of Childhood Sexual Abuse

- Wherever possible allow choice of gender
- Be respectful of how difficult this is for a survivor particularly if it involves intimate examinations
- Ask before you touch
- Explain the procedure before, during and after
- Ask what is helpful and unhelpful
- Keep people in the room to a safe minimum
- Stay in view of the Survivor whenever possible and talk
- Do not let people enter the room during a procedure/examination
- If a procedure needs the Survivor to get undressed, please provide and use screens so they do not need to undress in front of anyone, and provide appropriate gowns.
- Some survivors will want a support person with them.
- It can be helpful whenever possible to have consistency in the persons delivering health care to allow a level of trust to build up.
- Tell/hand over to other health professionals in the patient's care to ensure continuation of sensitive practice