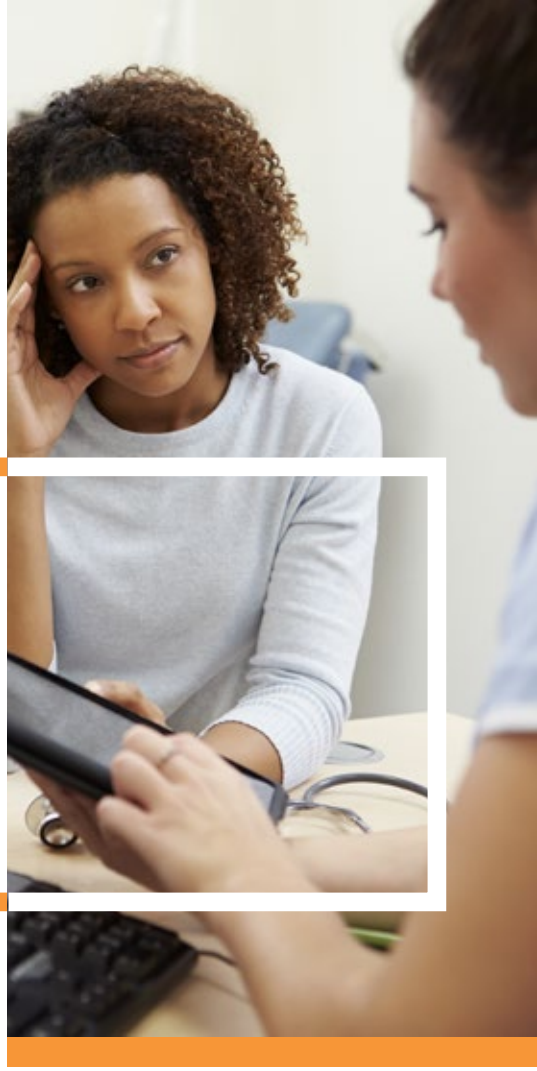
visible

Improving health and wellbeing
with adult survivors of child sexual abuse



Guidance re. effective work with adult survivors of childhood sexual abuse (CSA) in healthcare settings

Introduction and context

This guidance is aimed at GPs, Nurses, Administrative and Reception Staff across Leeds Primary Care Networks and Leeds Community Healthcare. It's been written with input from adults who've experienced CSA, nurses from the Continence, Urology & Colorectal Service (CUCS), staff at BHR Primary Care Network; and the Visible Project Director, who acts as Trauma-Informed Lead for the Leeds Community Mental Health Transformation. As such, this guidance is consistent with trauma-informed care as it will be practiced across both Primary and Secondary Care settings.

There are an estimated 50,000 adults in Leeds who are living with the impact of CSA, meaning there is a significant public health issue at stake, involving both physical and mental health. Given these high numbers, it can be predicted that, if a GP sees thirty patients in a day, at least two will be survivors of CSA or similar trauma.

Patients with CSA experiences may be seen as 'challenging' and 'complex'; and may, very understandably, struggle to engage with practitioners and to attend appointments. All staff have a role to play in addressing the barriers that traumatised people face – whether this be a receptionist helping a distressed caller to make an appointment; or a practitioner helping a patient to feel safe and in control during an invasive procedure that's bringing back memories of abuse. Trauma-informed approaches also benefit staff, as they enhance existing skills and confidence around dealing with potentially stressful situations; and help to reduce pressure on the health system, by leaving patients feeling 'heard' and validated – and potentially less likely to seek support elsewhere.

BHR Burmantofts Harehills Richmond Hill
PRIMARY CARE NETWORK

NHS
Leeds Community Healthcare
NHS Trust

Visible Project, in collaboration with BHR PCN and Leeds Community Healthcare.

Version 1.2

September 2023

Issues to consider

- People who've been traumatised may well have a range of medical symptoms and co-morbidities. These can include direct physical injury/issues as a result of CSA, e.g. bladder, bowel and pelvic floor dysfunction (as seen very commonly at CUCS); but also, regularly reported issues such as hypermobility, chronic pain and fatigue, auto-immune disorders and so on. Some of these issues may fall within the 'medically unexplainable' category; and result in multiple onward referrals. Additionally, drug and alcohol issues, eating disorders, obesity, gambling, sex work and other life-limiting issues, may all be linked to adverse life experiences such as CSA.
- People who've experienced CSA can find physical touch extremely threatening, especially when it involves intimate examinations and procedures. Undressing for examinations can obviously feel frightening. Even examinations that may not seem intimate (for example ear inspection, blood tests) can feel overwhelming for people who have experienced CSA.
- The psychological impact of trauma can be very wide-ranging, in terms of mental health and wellbeing. Patients may present as angry, anxious, distrustful, agitated, dissociative; and feel shame and/or guilt. They may be over-compliant, come across as awkward and demanding; or be suicidal and self-injuring. This may be noticeable in consultations and examinations, but also when patients are making appointments or general enquiries; and in waiting rooms. Unexpected changes in circumstances (e.g. a different doctor to one usually seen), being around people (crowded waiting rooms, perhaps with lots of males in them), and encounters with authority figures who hold a degree of power, can all trigger flashbacks and feelings that are linked to the abuse. Conversely, some patients will 'mask' very effectively, with no obvious indication that they've been affected by CSA.
- Patients may never have disclosed what's happened to them; or have not been believed previously if they did. Even if they have spoken about their abuse and been believed, disclosing again may be like disclosing for the first time.
- Talking about personal issues may be acutely challenging. Some patients may wish to pass on information in the form of written statements, because saying things out loud is just too difficult.
- Trauma-informed care is about systemic change, not just individual practice. Surgeries and clinics should ideally feel welcoming and non-threatening, so that survivors of abuse can feel physically and psychologically safe. Policy & practice around e.g. making appointments should recognise the many challenges that people face in approaching healthcare providers. Given that demand currently far exceeds available resource, this all needs careful thought; and with due regard to the pressures faced by practitioners also.

At Visible, we are a catalyst for health and social care services system change across Leeds and beyond. We encourage, shape and instigate this change, using the experience of survivors to influence every aspect of the way we work.

"As someone who has experienced child sexual abuse I find accessing health services extremely difficult to the point where I no longer bother. How I respond to people and my behaviour can easily be misinterpreted, for example it can be seen as me being awkward or uncooperative when in fact is it my response to not feeling safe. The trauma response is different for everyone. We need to do more talking and listening and start seeing a person as someone who may be struggling rather than just a diagnosis.

Reducing health inequalities is fundamental to everything we do in BHR PCN. We are dedicated to addressing this to improve health and wellbeing for all our patients. We understand that different support or a different approach is often needed for groups in our community who are experiencing barriers in accessing services and help. Being involved in this work to improve the health and wellbeing of adult survivors of child sexual abuse is integral to our commitment to reducing Health Inequalities and improving health outcomes and experiences.

Guidelines for best practice

- Consider issues of personal safety. The patient may feel scared about being alone in a room with you; may already be on high-alert due to having had to wait in a room with others; or feel worried about getting the help they need. Fear makes it difficult to interact. Be reassuring; and offer friendly and open body language. Offer choice as much as possible. Basic human interpersonal skills which you likely already have in abundance are key.
- Be prepared to listen with compassion and to display a willingness to talk about uncomfortable things. If a patient discloses past abuse, it's important to be validating and to communicate belief, rather than being avoidant. Try not to rush to 'fix' things, or to overcomplicate the situation (a disclosure doesn't necessarily indicate a safeguarding issue, though it's important to recognise when an abuser may still be alive; and be in contact with children). Asking questions is fine, though do avoid asking about the specifics of the abuse. One patient with a background of CSA has said that one of the most validating, therapeutic encounters she ever had was with a GP who simply said, 'I'm so sorry that this has happened to you'. Such times call for a human response, rather than a medical one. It's fine to keep things simple.
- Be as flexible as possible around consultations and examinations. A patient may need to build trust with you across more than one consultation, before feeling able to go ahead with an examination. Offering extra time, if at all possible, can be so helpful, as it gives patients more opportunity to work with you on regulating any overwhelming feelings.
- If physical touch is needed e.g. in an examination, try to be really clear about what you are doing. Although informed consent is always gained before a physical examination, it is all the more important with patients who've experienced harm from being touched, particularly if it is done without warning; too quickly; or in a seemingly uncaring manner. State clearly what a procedure entails, where/when you will be touching, what you are doing and why – explain things beforehand. Give as much control as possible to the patient, including ensuring that they understand that they can ask you to stop. Acknowledge that touching can be hard for some people, particularly for people who've been harmed by others. You can communicate an understanding of trauma; and make someone feel safe, without needing to ask about it directly.
- A patient who appears agitated, confused or vacant may be reliving an experience of abuse. Be prepared to pause and give them some space. Try to bring them back into the here-and-now by grounding them with a reminder of where they are and what's happening; and with direct questions, e.g. can you have a look around the room and tell me what you see? Some patients feel emotionally 'frozen' at the age when abuse happened; and this 'inner child' can surface at times of stress.
- Ask how patients want personal information (particularly about their abuse) recording. Collaborate on wording as far as possible. This allows the patient to feel in control.
- Although there are commonalities across survivors of abuse, people are affected in individual ways. Remember to treat everyone as an individual – what works well for one survivor of abuse may feel threatening to another.
- Remember to allow for the use of chaperones.
- Although onward referrals and signposting can be helpful (in terms of mental health support), don't assume that a disclosure of past abuse necessitates this. Be willing to talk about options, giving the patient as much control over the process as possible. Often, a compassionate, accepting response will have been enough to help the patient in that moment.

Be mindful of your own support needs and vulnerabilities. You may have your own experiences of trauma, or be impacted generally by what's been said.

Check in with yourself and with colleagues; and look after yourself.

The West Yorkshire Integrated Care System offers a 'Wellbeing Hub' for healthcare staff - phone **0800 183 1488** for a call-back about wellbeing check-ins, information about our range of support services or help to make a referral for 1:1 therapy. wystaffwellbeinghub.co.uk

W: visibleproject.org.uk