

**One out  
of Four**



**Education  
for  
Scotland**



# Who is this for?

- All health and social care professionals who work with women.
- Increase knowledge and awareness about the impact that sexual abuse may have on women's experiences of accessing healthcare.
- The workshop will be of particular interest to GPs, Practice Nurses, Sexual health teams, Public health nurses including school nurses/health visitors and Maternity care professionals

# Icons



Homework



Group  
Activity



Discussion



Handout



Audio



Video

# Introduction

- Introductions and ice-breaker
- Discuss and agree ground rules
  - need for confidentiality
- Distressing scenarios
- Time out if required

# Workshop aims

- To increase knowledge and awareness about the impact that sexual abuse may have on women's experiences of accessing healthcare, particularly care that includes intimate examinations
- To help healthcare professionals identify how they can provide care that is sensitive to the needs of these women.

# Workshop content

- Video (s) highlight issues for women who access:
  - cervical cytology screening in primary care
  - gynaecology investigations in a hospital setting
  - maternity care.
- Group sessions to draw out learning to improve care

# Introduction

- Fictional characters played by volunteers
- Talking as if survivor of sexual violence and about experiences of health care situations
- Based on stories of women and health professionals
- Group sessions to draw out learning to improve care provided.

# Difficulties of disclosure

- 'Secrets' exercise - a powerful exercise to help people think about the difficulties of disclosure and who/what would make disclosure possible
- *I'd like you to close your eyes for a minute.....*

# Secrets



- Discuss your feelings with partner
- Imagine the feelings and concerns of women accessing a service from you
- How personal and private written information is handled
- Qualities and skills looked for in someone women may want to tell
- What survivors want



# Jean



Jean

# Jean's story

- Jean is a single professional woman in late middle age. She is a physiotherapist. In this film Jean describes how she attended her GP with a persistent cough.
- During this consultation the GP established that the cough had led to a worsening of a long term issue of urinary incontinence. This led to the GP referring Jean for a specialist hospital urogynaecology appointment.



# Jean's story (cont.)

- Jean goes on to describe her experiences at this specialist appointment. She describes experiencing a sense of panic during the examination.
- The implication is that her feelings of panic were linked to some kind of flashback to previous trauma of some kind – possibly childhood sexual abuse.



# Jean's story (cont.)

- Jean's testimony highlights the ways in which the gynaecologist responded sensitively to her feelings of panic and how this response enabled Jean to feel able to go ahead and continue with the examination a little later.



# Aim

To develop health practitioners' understanding of:

- how healthcare may be experienced by survivors of sexual abuse
- how they can ensure that their response is appropriate and sensitive to the needs of the individual.



# Jean's film



# Group exercise:1



What are the positive practices demonstrated by the healthcare professionals in Jean's story?



# Panic attack, dissociation, flashback

Symptoms a health professional may notice:

- physical tension – clenched fists, rigid limbs
- difficulty in abducting legs
- breath holding or hyperventilation
- becomes distant, less 'reachable', 'in own world'
- involuntary noises of distress
- shaking

Symptoms a patient might be feeling:

- dizzy
- peripheral noises become exaggerated
- terror, panic
- like they are going to die – racing heart, breathless
- that they are not in their own body
- lost in memories of past events





# Group exercise:2

What should you do if you see any of these signs and symptoms of panic attack, dissociation, flashback?



# Group exercise:3



What should the health professionals do next?



# Group exercise:4



What if Jean continued to be extremely distressed, or found it difficult to recover at the end of the appointment, or to consider having the procedure in the future?



# Group exercise: 5



What would you do if Jean did disclose a history of childhood sexual abuse?





# Key messages

- Survivors can come from all groups in society, all walks of life – they can be young or old, they can be very ‘together’ high functioning professionals.
- At each encounter with a patient think ‘What do I not know about this person?’, consider a ‘universal precautions’ approach, treating all women as if they were survivors and approaching their care in this way.
- Stop procedures when you see distress.
- Offer time, offer alternatives – the needs of the individual should take precedence over the needs of the system.
- You can provide high quality support to survivors whether they chose to disclose to you or not.



# Conclusion

Further questions or concerns?





# Kelly



# Kelly's story

- Kelly, a single 26 year old woman living with her father and younger brother, attends her local doctor's surgery for a routine annual check for her long term condition, epilepsy.
- In her story Kelly tells us about her visit and how it makes her feel and think. She sees a general practice nurse who invites Kelly to have an opportunistic sample taken for cervical cytology screening.
- This is because, according to Kelly's records, she had not responded to letters inviting her to attend for this routine procedure.



# Aim

- To highlight how a routine, but intimate, procedure such as cervical cytology sampling can lead to distress.
- To explore what can be done to better reduce anxiety and fear for women as they have sampling for cervical cytology screening or other care that involves intimate examinations.



# Learning outcomes

After watching Kelly's film and discussing the scenario you will be able to:

- recognise risk factors and signs in women invited to have an intimate examination that could indicate previous or current sexual abuse
- reflect on professional practice and know when to seek support from colleagues
- understand how to approach all women attending for intimate examinations in a manner to avoid distress
- describe how to offer appropriate support and referral when women have confirmed or you suspect sexual abuse.



# Kelly's film



# Group exercise: 1



Why do we ask about sexual history prior to undertaking cervical screening and what is the best way to do it?



# Group exercise: 2



What was there about the consultation that might have led you to consider sexual abuse in Kelly's case?



# Group exercise: 3



Discuss how you could approach undertaking cervical screening if a woman has avoided previous screening and /or appears particularly anxious.



# Group exercise: 4



What changes to your local practice relating to cervical screening could be made?





# Key messages

- Non-attendance at routine screening or other follow-up appointments may indicate a history of trauma or abuse
- Opportunistic conversations about screening may be helpful if approached in a non-judgemental empathic way
- If a woman shows that she is particularly anxious about cervical screening ask her what would make it easier – give her a sense of control





# Key messages (cont.)

- Tell the woman she can signal for you to stop the procedure at any time and you will
- If you are concerned that there may be ongoing abuse or safety issues, offer the woman more time or a follow-up appointment and ask questions that give her the opportunity to tell her you anything she wishes to
- Provide written information about local and national support as appropriate
- If you are unsure what action you should take or what to document, seek advice from a colleague and follow local guidance.



# Conclusion

Further questions or concerns?





# Polly



# Polly's story

- Polly and her husband are attending for her first antenatal appointment in their first pregnancy.
- The staff caring for her initially do not know that Polly was raped by her ex-boyfriend and his friends some years ago.
- She requests a planned caesarean section as she cannot see how she can go through labour due to the intimate procedures which may be involved.



# Polly's story (cont.)

- In the film Polly tells us how she feels about the care and communication she received and the impact that had on her.
- Time to listen incorporating an individualised approach allows her to look at her labour and birth in a more positive way and opens up potential choices in a way that she didn't think was possible.



# Aim

- To help professionals to provide care that is sensitive to the needs of all women.
- Having a sense of control is important for all women going through pregnancy and childbirth, but is particularly central for women who have previously experienced a traumatic lack of control through sexual violence.
- Discussion after the film will help staff think about how they can provide care that avoids making assumptions, focusing on the skills and approach needed to be open to exploring with women, responding sensitively to disclosure, supporting women in exploring their options and ensuring that care helps women feel in control.



# Learning outcomes

After watching the film and considering the learning prompts the learner will have an understanding of:

- potential signs of a history of sexual abuse – needle phobia, self harm, fear of birth, request for planned caesarean without medical indication
- lines of conversation which may facilitate disclosure - Person-centred approach – curious questioning
- importance of good communication skills
- importance of not working on assumptions – Polly was not ‘too posh to push’
- importance of leaving control with the survivor
- importance of making time to listen and talk options through properly



# Polly's film



# Group exercise: 1



What were the possible indications in Polly's story that she had a history of sexual violence?

For other women what indications might there be?



# Group exercise: 2



What were the negative behaviours by health professionals in Polly's story and what were the more positive behaviours?



# Group exercise: 3



How do we document when a woman has declined the type of care we recommend or is requesting unusual care?

What are the more positive alternatives?



# Group exercise: 4



What would you do or say if a woman discloses a history of sexual violence to you?



# Group exercise: 5



What tests or episodes of care might be particularly difficult for some women survivors?

How could you make it less distressing?



# Homework



Spend the next week thinking that each woman you see in clinic may be a survivor  
- notice if this changes your behaviours.





# Key messages

- Survivors can come from all parts of society and all walks of life.
- Survivors may express their fear and distress in many different ways, this may be through declining routine procedures, expressing fear about needles or blood taking, fear of childbirth.
- Give women privacy and time to discuss their fears.
- Offer continuity of carer for women with particular fears and concerns.
- Having a sense of control is crucial for women survivors.



# Conclusion

Further questions or concerns?





# Hana



# Hana's story

- Hana was sexually abused by her uncle when she was a child. She is now married and in labour with her first baby. Neither her family nor the staff caring for her know Hana was abused.
- As labour progresses Hana becomes very distressed and has flashbacks to her abuse. In the film Hana tells us how she felt her uncle was somehow present in the room and that words the midwives used were the same as those he used to say to calm her. She dissociates in order to cope which brings a loss of reality.
- One midwife coming into the room realised what was happening to Hana and grounded her back to reality, helping her cope and birth her baby.



# Aim

- To raise awareness of the specific needs and issues that may arise in labour for women who are survivors of sexual violence.
- To explore the implications of a woman's ethnic and cultural context for her in terms of responses to sexual abuse.



# Learning outcomes

- After watching Hana's film and undertaking the group work the learner will have an understanding of:
- Potential signs of a history of sexual abuse in labour – distress, refusal or increased distressed during examinations/procedures, undue quietness (someone just 'in the zone')
- Universal precautions and sensitive care - woman-centred approach e.g. careful explanations, no unnecessary examinations/procedures, obtaining true informed consent/refusal, protection of privacy and dignity including no unnecessary attenders (use of signs on doors).



# Learning outcomes (cont.)

- The importance of good communication skills and how to ensure the birthing room is appropriately arranged to suit the labourer.
- Privacy and dignity is important at these most sensitive times.
- Trigger factors which may cause distress, their identification and avoidance where possible eg language, aftershave, environment, positions, gel, examinations
- How to assist a survivor who is dissociating - definition of dissociation, what happens and why, and what happens afterwards



# Learning outcomes (cont.)

- The importance of not working on assumptions – it was not the pain that was ultimately upsetting Hana it was the flashbacks
- The importance of leaving control with the survivor
- Black and minority ethnic (BME) issues relating to sexual abuse which may not be known e.g. role of Mother-in-law, abuse, honour, Female Genital Mutilation (FGM)
- Postnatal implications eg bonding, breastfeeding, sex of baby



# Hana's film



# Group exercise: 1



What is dissociation?



# Group exercise: 2



What are the signs that a person is dissociating or having a flashback?

What can you do to help?



# Group exercise: 3



Are there any particular issues that you need to consider when caring for women from black and ethnic minority backgrounds?



# Group exercise: 4



What issues may arise in the postnatal period for women with a history of sexual violence?



# Group exercise: 5



What changes could you make to your labour suite (environment and systems/processes) that would improve care of women in labour whether they had disclosed sexual abuse or not?

(Remember around half will never disclose and up to 1 in 4 women could be affected.)



# Homework



When you are next at work assume every woman you meet is a survivor of sexual violence.

What difference does this make to your practice?





# Key messages

- Childbirth can be very traumatic for women survivors.
- A range of things during labour can trigger flashback, memories or dissociation. These may be physical sensations, language used, smells or sights.
- Labour care should be calm, sensitive, enable women to feel in control.
- If a woman appears to be having a panic attack or flashback, gently help her focus back on the present.



Hana

# Conclusion

Further questions or concerns?





# Summary

- Questions and further discussion
- Difficult and distressing topic
- Contact details
- Further information, national and local support organisations
- Handouts
- One out of Four eLearning course
- 'Hug'