

Childhood Sexual Abuse History Management Strategies

Be sensitive, patient, and sympathetic

- Ask sensitive questions when the patient is fully dressed and sitting:
- "Is there anything about your past experiences that makes this exam particularly difficult for you?"
- What can I do to make it easier for you?"

Share control

- Include the patient in the treatment choices (a less invasive procedure, having a support person, or having a female provider)

Practice skillful communication

- Pay attention to and respond to the patient's body language and explain or announce everything before you do it
- "If you feel uncomfortable with anything that I do, please let me know."

Be mindful of possible stress reactions

- Don't ignore signs such as becoming stiff, cringing, pulling away, shaking, startling, or crying
- Normalize the experience: "You seem a little anxious, it is very common for people to feel nervous in these kinds of situations. For some people this anxiety could be due to some physical or sexual abuse that happened in their past. Has this ever happened to you?"
- May want to stop the exam, allow the patient to sit up and cover herself, and then ask whether she would be more comfortable talking about her discomfort with the exam and reschedule the exam for another day.

How to respond if a patient is triggered

- Let the patient know where they are and that they are in a safe place
- Encourage them to take slow deep breaths and ask them to look at you and keep you in focus

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- Ask them how they are feeling using a calm voice, but do not inundate them with questions and avoid touching them
- If the patient has disclosed past abuse, let them know that treatment can sometimes trigger flashbacks or emotional responses and that this is not uncommon.
- If they experience a strong emotional reaction, reassure them that it is okay to be angry, sad or afraid (or whatever they are feeling)

When to ask about a history of sexual abuse

- Diagnoses like: chronic pain syndrome, chronic pelvic pain, IBS, PTSD, eating disorders in adolescence, depression, headaches, obesity, troublesome substance use behaviors, etc.
- When you have established some rapport and trust with the patient, feel somewhat comfortable discussing the topic, can provide an environment where the patient feels safe, have sufficient time to begin to discuss issues of abuse, and have access to psychological referral resources for the patient

How to ask about childhood sexual abuse

- Normalize the question by explaining that this is a routine question that you ask all your patients, recognizing that it may be important in their physical or mental health.
- "When you were growing up, did you have experiences of a sexual nature that were frightening or embarrassing or confusing to you?"
- "As a child, did anyone touch you in any way that was frightening, embarrassing, or confusing?"
- "It is not uncommon for a person to have been emotionally, physically, or sexually victimized at some time in their life, and this can affect their health many years later. Has this ever happened to you?"

How to respond to disclosure

- "I'm sorry this happened to you. Please know you are not alone and it is not your fault. Your experience must have been very frightening, and it would not be uncommon to feel angry, embarrassed, and fearful afterward."
- "I am very sorry that happened to you. And I am very glad that you felt able to tell me. Is there any way I can help now?"

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