

## Information Sheet for Primary Health Care Providers

**The patient who has given you this sheet was sexually assaulted during childhood. This sheet has been prepared to assist her in requesting accommodations to her care for gynaecological examinations.**

### Why change exam methods for childhood sexual assault survivors?

*“Examinations and procedures that health care providers might consider innocuous or routine can be distressing for survivors, because they may be reminiscent of the original trauma. Exclusive focus on the body, lack of control, invasion of personal boundaries, exposure, vulnerability, pain, and sense of powerlessness are common experiences in the health care environment and may be extremely difficult for survivors because they can mirror aspects of past abuse.”*- Schachter, C.L., Stalker, C.A., Teram, E., Lasiuk, G.C., Danilkewich, A. (2008). **Handbook on sensitive practice for health care practitioner: Lessons from adult survivors of childhood sexual abuse.** Ottawa: Public Health Agency of Canada.

Avoidance of PAP tests and gynaecological care is a documented issue with survivors of childhood sexual assault. Your assistance in providing sensitive care and avoiding awkwardness will be very helpful.

Please review this checklist and confirm with the patient whether you are willing and able to make the following accommodations when performing gynaecological examinations for this patient. **If you are unable or unwilling to make the accommodations marked ‘necessary’ by this patient, please inform her so that she can find another provider for this service.**

Necessary	Very Helpful	Not Necessary	Accommodation
			Having a person of the patients’ choice present.
			A brief step-by-step explanation of the procedure before beginning.
			Permission to pause the examination if the patient becomes uncomfortable during the procedure and needs a break.
			When possible, conduct pelvic examinations with the woman’s head and upper body slightly elevated
			Use task-specific inquiry before the exam to learn about anticipated difficulties and negotiate with the individual to minimize discomfort
			Offer a running commentary about what you are doing;
			Pay attention to nonverbal signs of distress (e.g., tense muscles, flinching, “spacing out,” facial flushing, tears, or stuttering) and ask for the client’s feedback about ways to decrease difficulty.
			Minimize the time a patient must remain in a subordinate position
			Drape parts of the body not being examined.
			Allow patients to wear clothing on parts of their body not involved in the examination (e.g., chest, arms, feet, etc.)
			Offer clients a mirror with which to watch the examination or treatment.
			In some cases, suggest to a tense patient that she insert the speculum herself, allowing her to have some control over the intrusion.

