



## **Healing the Body: Exploring Comprehensive Medical Advocacy**

Trauma is stored in the mind and the body. Advocacy programs exist to work in partnership with survivors as they find ways to heal both mind and body. Alongside survivors and healthcare providers who have been educated about sexual violence, our advocacy programs can explore trauma informed ways to meet the medical needs of survivors of sexual violence.

Sexual abuse, particularly when experienced during childhood, can result in profound long-term health problems. Although most research has focused on women, studies show that sexual abuse experienced in childhood has a lifelong impact on the health of both men and women. (Dube et al., 2005). Trauma early in life disrupts brain development, affecting the immune system alongside memory and learning. Survivors of childhood sexual abuse are one and a half times more likely to report serious health problems such as pelvic inflammatory disease, ulcers, diabetes, irritable bowel syndrome, and autoimmune disorders like fibromyalgia, Crohn's disease, and rheumatoid arthritis. In addition to the increased likelihood of serious health problems, survivors of childhood sexual abuse also report higher levels of pain related to these disorders (Wilson & Severson, 2012).

Dual/multi-service advocacy programs can help survivors find holistic and supportive healthcare for treatment of these and many more health conditions. Survivors of sexual violence deserve medical advocacy that meets both short-term and long-term healthcare needs. Comprehensive medical advocacy extends beyond the immediate medical needs of survivors after sexual violence and into long-term health needs. Sexual violence survivors benefit from advocacy in the emergency room during evidence collection but advocacy doesn't end there. Medical advocacy for sexual violence survivors can also include dental care, gynecological and

reproductive health, and seeking services for long-term general health needs.

You don't have to be a survivor of sexual violence to know that navigating healthcare can be complicated and exhausting. But survivors uniquely understand how invasive and triggering even the most ordinary medical appointment or procedure can feel. As a result, avoidance of routine healthcare is common for folks who have experienced sexual violence. As advocates, we can help to normalize the fear and stress around seeking medical care and provide information and options to survivors.



### **Advocate's Role**

The advocate's role in medical advocacy is one of exploration, support, and education. Our role is to collaborate with the survivor to discuss and discover the path forward. The advocacy we provide starts with deep conversations with the survivor to explore their challenges in receiving supportive medical care, the realities of their life, and hopes for the future.

As you and the survivor discuss and consider the steps they would like to take be aware that this is the most important service you can provide. Providing information about what they can legally ask for from a medical provider in your state/territory/tribe is an important step to inform the

decisions they make. Holding space for the survivor to explore their feelings and sharing relevant options is invaluable support. In our rush to fix discomfort, it is easy to forget the importance of this work. It may be helpful to pause and reflect on the work you've done together so far before any action you may eventually move to.

In addition to providing support, normalization, information, and space to deliberate, our role as advocates is to offer options moving forward. Some options include:

- Assisting the survivor in determining what changes they need from their current medical providers and helping them decide how they want to ask for those changes.
- Offering the 24-hour helpline for the survivor to access after a hard conversation with a medical provider or a triggering medical experience.
- Advocating with the medical provider or facility on behalf of the survivor (with their expressed consent and a limited use waiver of confidentiality) by providing education about sexual violence and the short and long term symptoms of trauma.
- Conducting role-play conversations with the survivor so they can practice asking for the changes they need from their medical provider or clinic or setting boundaries during an exam or procedure.
- Accompaniment to medical appointments and procedures as a supportive and trauma informed presence.
- Providing referrals to medical providers who are trauma informed and knowledgeable about sexual violence.

### **Navigating Healthcare Providers and Insurance**

The impact of trauma, along with life circumstance, can hinder many survivors of sexual violence from obtaining healthcare assistance. Lack of health insurance, prior negative experiences with healthcare providers, and a shortage of health facilities in rural areas all contribute to survivors' barriers to healthcare services. We can help our communities by finding healthcare options for survivors and making referrals to local or state-wide organizations that help survivors find and apply for health insurance.

Even for folks who already have health insurance, navigating a system designed for profit instead of healing can be complicated. Assist survivors in connecting with their health insurance company to find providers which are covered under their health insurance plan. It is common for folks with health insurance to be unfamiliar with how to take full advantage of their health insurance coverage. Sit with survivors as they explore their health insurance plan or connect survivors to service providers who can walk them through their options.



Conduct an inventory of the healthcare providers in your rural area. Ask providers questions about their understanding of sexual violence and trauma, how they navigate boundaries with clients, and the physical setting of their medical services. In order to get an accurate picture be sure to ask survivors for feedback about the health services they receive. Create a list of health providers in your area alongside the answers to the questions you have asked. Survivors can determine for themselves which medical provider might be right for them. Your healthcare provider list should include family doctors, dentists, OBGYNs, chiropractors, and other holistic providers. Revisit this list often to update and add additional information.

### **Educating Medical Providers**

An important component to comprehensive medical advocacy is creating the healthcare services in your rural community that we know survivors of sexual violence deserve. Our dual/multi-service advocacy programs can provide education about sexual violence and trauma to the doctors, dentists, and holistic health providers in your community. Helping to create trauma informed medical services benefit the survivors we are working with and the community as a whole.

Increasingly, medical providers are seeing the benefit to creating more trauma-informed health services. Medical providers, like dentists, have seen how services cause fear and stress and are looking for ways to make changes (Larijani & Guggisberg, 2014). It is part of your role to reach out and provide expertise and training to healthcare providers in your community. In addition to giving information on sexual violence and trauma, consider providing this following:

- ✓ Discuss how to create and respect boundaries with patients
- ✓ Help healthcare providers create trauma informed waiting rooms and examination rooms
- ✓ Ask healthcare providers to prominently display information about the health complications associated with sexual violence and your program's brochures
- ✓ Train healthcare providers on screening new and current patients for a history of sexual violence
- ✓ Remind healthcare providers that not all survivors of sexual violence will disclose, even when asked directly

### **Advocacy with Survivors**

In addition to educating healthcare providers, we can educate survivors on the connection between sexual violence and physical health. Helping survivors make this connection and exploring reasons for the feelings they have experienced can be powerful. Our programs should prominently display information about health complications associated with sexual violence. Regularly folding this information into our interactions with survivors also lets them know we are safe people to navigate these challenges with.

Visits to general practitioners, dentists, and holistic health providers can be hard. In addition, many survivors of sexual violence find gynecological health visits to be particularly triggering. Childhood sexual abuse can have long-term consequences to reproductive health impacting survivor's fertility and menstrual cycles (Jacobs, Boynton-Jarrett, & Harville, 2015). Along with pregnancy, annual gynecological exams, STI testing, and the implementation of long term birth control options like IUDs can feel uncomfortable and invasive. For some survivors, visits to gynecological healthcare providers are the first time they have had to face their triggers in a medical setting.

Simply providing context and education could be all a survivor needs to feel empowered to seek the healthcare services they need or to ask for accommodations from a provider. Discuss with survivors their experiences of past medical, dental, or holistic health appointments. Reflecting on these experiences with a safe and trusted person can shed light on the specific aspects that felt unsupportive or triggering. What feels triggering for each survivor will be different. However there are a few common reasons why a survivor might feel triggered during a medical visit or procedure:

- Laying in a horizontal position
- Being touched, often without permission
- Anticipating pain, particularly in their genitals
- Being alone with an authority figure
- Feeling dependent upon an authority figure or feeling an imbalance of power
- Being unable to move or swallow
- Feeling fullness or pressure
- Having objects inserted into their body
- Being unconscious, drugged, or numb
- Not being able to see what is happening or how someone is touching their body
- Being nude or semi-nude
- Changes in their body or loss of control over their body
- Thinking about and being asked questions about sexuality and genitals

Once we help survivors pinpoint what aspects of seeking medical services feel stressful or scary, we can brainstorm solutions. There are many accommodations survivors can ask for from their medical provider, whether they chose to disclose or not. Allow survivors to take the lead in pinpointing solutions and consider the options below (Tudiver, et al, n.d.):

- Make an appointment just to talk. Use this appointment to ask questions, get familiar with the setting and medical provider, and solidify boundaries.
- Request to see and hear the equipment the medical provider will be using during an examination or procedure.
- Ask the medical provider to write down information in advance of the appointment or in summary after the appointment. If a survivor is feeling triggered during the experience they may struggle to remember what happened during the appointment.

- Work with the medical provider to create a signal to stop or slow down the examination or procedure. Sometimes survivors freeze up when feeling fear or stress and a non-verbal signal may be easier.
- Ask the medical provider to explain everything they are doing during the examination or procedure and to ask before touching.
- Bring comforting objects to medical appointments. Some providers have their own objects on hand. For example, a lot of dental practices have heavy blankets, pillows, or headphones available.
- Discuss with the medical provider the option of taking anti-anxiety medication. After substantial conversations with a medical professional about the benefits and effects of medication, some survivors find medication helpful.

It is the role of dual/multi-service advocacy programs to ensure that our services meet all the needs of survivors of sexual violence. Providing comprehensive medical advocacy that meets the long-term health needs of survivors is one of the most fundamental ways to support survivors in our rural communities. Through support, education, and exploration we can be the bridge between survivors of sexual violence and rural medical professionals.



*This publication was prepared by Leah Green, RSP Rural TA Specialist, with input from many Rural Grantees. For more information, contact [leah@iowacasa.org](mailto:leah@iowacasa.org) or visit [www.resourcesharingproject.org/rural-training-and-technical-assistance](http://www.resourcesharingproject.org/rural-training-and-technical-assistance).*

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*This project was supported by Grant No. 2015-TA-AX-K018 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.*

## **Suggested Accommodations for Dental Exams and Procedures\***

- Schedule an initial appointment just to talk
- Have each procedure explained before and during the procedure, including what the procedure may feel or sound like
- Ask to divide the exam into several office visits. For example, a visit to talk and meet the dentist, a visit for a teeth cleaning, and a visit for the dental exam
- Bring a support person with you
- Ask to change the lighting in the room (dimmer or brighter)
- Ask to see and handle medical devices before use, such as a drill
- Search for a practitioner that feels most comfortable to you, including of a specified gender
- Ask to place the dental chair in a more upright position
- Ask to hold the suction during the exam
- Ask to hold a mirror to see what is happening
- Bring headphones to wear during the exam
- Use a blanket or heavy x-ray cover
- Ask to have a dental assistance hold your hand during the visit
- Have all conversations about your visit and health in a private space
- Ask to hear the equipment prior to the exam
- Ask the dental office to write down information in advance of the appointment or in summary after the appointment
- Work with your dentist to create a signal to stop or slow down the exam or procedure

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\* Adapted in part from Tudiver et al (n.d.)

## **Suggested Accommodations for Gynecological Exams and Procedures<sup>†</sup>**

- Schedule an initial appointment just to talk
- Ask to keep on some of your clothing during the exam
- Ask to see and handle medical devices before use, such as a speculum
- Have each procedure explained before and during the procedure, including what the procedure may feel or sound like
- Ask to divide the exam into several office visits. For example, a visit to talk and meet the doctor, a visit for a breast exam, and a visit for the pap smear
- Bring a support person with you
- Ask to change the lighting in the room (dimmer or brighter)
- Search for a practitioner that feels most comfortable to you, including of a specified gender
- Ask to place the exam table in a more upright position
- Ask to position your own breasts on the x-ray machine with the help of the mammographer
- Ask to insert the vaginal probe yourself
- Ask to see the screen during a vaginal sonogram
- Ask the doctor's office to write down information in advance of the appointment or in summary after the appointment
- Work with your gynecologist to create a signal to stop or slow down the examination or procedure
- Bring comforting objects to your appointments such as a stuffed animal or blanket

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<sup>†</sup> *Adapted in part from Tudiver et al (n.d.)*

## **Suggested Accommodations for General Practitioner Exams and Procedures<sup>‡</sup>**

- Schedule an initial appointment just to talk
- Ask to keep on some of your clothing during the exam
- Ask to see and handle medical devices before use, such as a blood pressure cuff
- Have each procedure explained before and during the procedure, including what the procedure may feel or sound like
- Ask to see the operating room and to have a hospital staff member accompany you during the operation
- Ask to divide the exam into several office visits. For example, a visit to talk and meet the doctor, a visit for a breast exam, and a visit for the pap smear
- Bring a support person with you
- Ask to change the lighting in the room (dimmer or brighter)
- Search for a practitioner that feels most comfortable to you, including of a specified gender
- Ask to keep the door open during an exam
- Ask the doctor's office to write down information in advance of the appointment or in summary after the appointment
- Work with your doctor to create a signal to stop or slow down the examination or procedure
- Bring comforting objects to your appointments such as a stuffed animal or blanket

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<sup>‡</sup> *Adapted in part from Tudiver et al (n.d.)*