

Women who experience sexual assault are **significantly less likely**¹ to attend routine cervical cancer and other well-woman screening sessions and they are **at greater risk of developing cervical cancer**². Both the intimate nature of a pelvic or breast exam and the feeling of vulnerability when on the exam table have been suggested as contributing to an overall sense of discomfort and fear associated with gynecologic exams.

We spoke with leading sexual assault nurse examiner (SANE), Nancy Harris, NP-C, NYSAFE, SANE-A, SANE-P, Manager of St. Peter's Health Partners Sexual Assault Forensic Examiner Program, for her input on how best to work with sexual assault survivors to encourage them to attend well-woman exams and to ease the experience.



Well-woman exams for sexual assault survivors

By **Nancy Harris**, NP, SANE-A, SANE-P



One-in-five

Many survivors are often understandably wary about having gynecologic examinations. In addition to being a Sexual Assault Nurse Examiner (SANE), working as a nurse practitioner and offering primary care I saw a surprising overlap between both areas of healthcare. I was able to use the SANE skills and awareness I had developed to help sexual assault survivors the care that they needed during a well-woman exam.

US women will experience some form of sexual assault during their lifetime.

Get to know each other

In my experience as a Primary Care Provider, I have seen that people hold their bodies as a sanctuary for their personal space and for the majority of people their genitalia are exceptionally private. Sexual assault survivors have had that privacy violated. Allowing someone relatively unfamiliar to them to touch them during an exam, even in a medical setting, can trigger flashbacks of their assault.

One of the easiest ways to avoid retraumatization is to let your patient become familiar with you first. I have met with patients without performing any examination for their entire appointment. The time we spent talking allowed them to feel comfortable with me as a clinician, which in turn enabled them to feel comfortable enough to have a physical exam on their next appointment.

Observe patients' responses

You can frequently recognize sexual assault survivors based on their reactions to typical questions and how they respond to the exam. If a patient refuses an exam or is undecided about having a specific part of the exam, I will ask them what makes it uncomfortable for them? What part of that procedure are they concerned about? How does it make them feel? When was the last time they had an exam performed and what happened during that exam?

Facial expressions also give a lot of unspoken information. If you are watching for reactions during an exam, you can see when a patient is disassociating and potentially reliving their past trauma. Their body language and how tense they are during an exam can also be an indication of previous sexual abuse.

Watch out for the following signs:

- Poor eye contact
- Fidgeting
- Not responding to questions
- Gazing off at an object in the room
- Signs of anger
- Startling easily when touched or at sounds
- Being tearful

It is important to give them the space that they need at that time and let them know you are there for them.

Ask questions without fearing the answers

Some clinicians are wary of addressing the topic of sexual assault. They might avoid asking about past sexual experiences in an intake session or prior to performing an exam. But as clinicians, our discomfort is less significant than the comfort of our patients. Asking questions that would give a patient the opportunity to open up about their experience, gives patients a safe space for disclosure. As clinicians, once we have a full picture of a patient's history, we are better equipped to give appropriate treatment.

Ask directly, "Have you ever experienced physical or sexual abuse in the past?" Make sure that your words don't leave any room to imply that they might have been active participants. It is important that you are as direct and comfortable asking the question as you would be asking about their allergies or current medications. Facial expressions carry a lot of weight so try to look relaxed as you ask and stay looking calm whatever response you may receive.

Make sure that whichever words you choose to ask the patient, it is vital that you speak to the patient in a private location alone without any family members present. It is very possible that this might be the first time that anyone has asked them these questions in a private setting. Be ready to listen with compassion and help refer the patient to appropriate counseling services.

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Arm yourself with information

Knowing the resources available to sexual assault survivors in your area can help give you the confidence to address sexual assault with patients. Most areas have support services for survivors. The US RAINN National Sexual Assault Hotline is 1.800.656.HOPE (4673)

Offer them to bring an advocate

Many of the sexual assault survivors support groups and organizations, offer advocacy services. They are able to accompany survivors to medical examinations to offer a supportive presence. I have helped patients reach out to local groups to help them have an experienced advocate join them for an exam. If a patient would prefer someone they know personally, they could also bring a friend or family member with them. Although be aware that many women might not have disclosed their assault to their family, which can make an impartial 3rd party preferable.

Understand the SANE experience

For some survivors, the forensic exam they had after presenting in the ER can affect their relationship to later gynecologic exams. In my work training new SANEs, I warn nurses to take caution in how they perform the exam. There is always a balance between collecting the necessary evidence to help form a strong legal case, and avoiding causing any additional trauma. I would suggest using the smallest possible speculum for a SANE exam. Even so, it is not possible to introduce lubricant or other foreign substances to the vaginal canal during the forensic exam. This means that patients might have an aversion to speculum insertion, especially if the patient was younger and the forensic exam was their first vaginal examination.

Walk them through the exam

When armed with information, most patients feel empowered. When treating sexual assault survivors, you want to avoid any surprises. I walk my patients through their exam, explaining each step. I explain what to expect before every aspect of the exam. This could go as far as showing them my gloves and letting them feel the texture before I touch them for the exam. I give a full running commentary; this is a speculum, it makes a little clicking noise as I open it. Sometimes it's just enough for women to see the speculum so they know what is causing the unfamiliar sensations.

The digital interface makes it very easy to show women their anatomy, either by turning the device around and showing them the screen or by casting images to an external display

Take it slowly

When treating sexual assault survivors, I perform exams more slowly. After inserting the speculum, I wait for them to become accustomed to the feeling. Sometimes I help them take deep breaths as they acclimatize to the sensation.

Talk them through the exam

Encourage women to talk while the exam is taking place. Some might want to talk about what is happening during the exam. Others might prefer to be 'distracted' and talk about an unrelated topic. Either way, talking to the patient helps to maintain a connection, keeping them grounded in the present.

Show them their body

Some women find seeing their own anatomy very empowering. Seeing the part of their body that is usually inaccessible to their sight can help them 'reclaim' a sense of ownership over their body. I use the EVA System both during my forensic exams and my well woman pelvic exams. The digital interface makes it very easy to show women their anatomy, either by turning the device around and showing them the screen or by casting images to an external display. It is important to confirm with patients that this is something they would like to do before taking this approach.

The bottom line

Understanding and time are key for women affected by sexual assault. By empathizing with what these women have been through and giving them the time and space needed to adjust to the requirements of a gynecologic exam, it is usually enough to enable them to complete the procedure.

REFERENCES

1. Cadman L, Waller J, Ashdown-Barr L, Szarewski A. Barriers to cervical screening in women who have experienced sexual abuse: an exploratory study. *J Fam Plann Reprod Health Care*. 2012;38(4):214–220. doi:10.1136/jfprhc-2012-
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