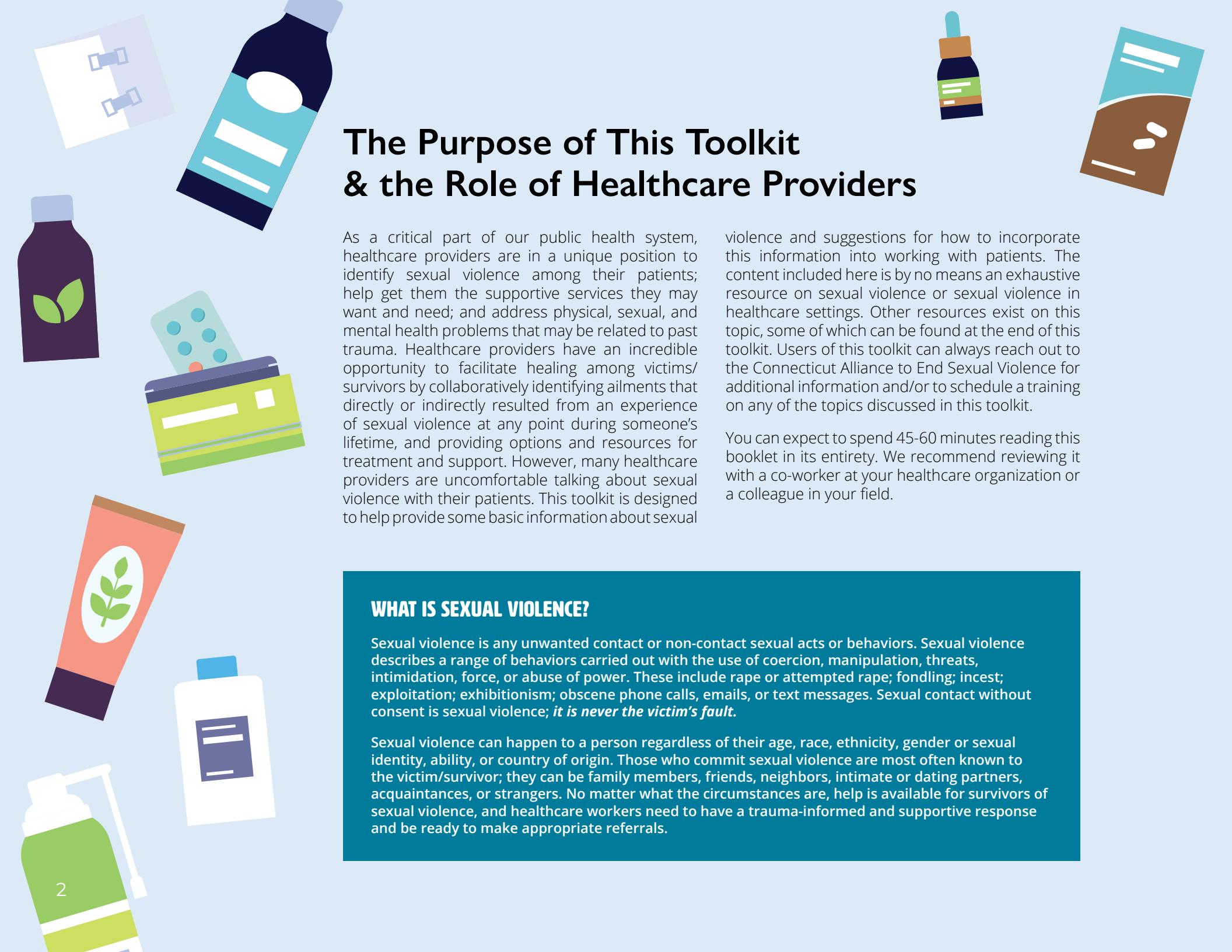


How to Support Your Patients if They Disclose Unwanted Sexual Experiences

A Toolkit for Healthcare Providers

Connecticut Alliance to End Sexual Violence





The Purpose of This Toolkit & the Role of Healthcare Providers

As a critical part of our public health system, healthcare providers are in a unique position to identify sexual violence among their patients; help get them the supportive services they may want and need; and address physical, sexual, and mental health problems that may be related to past trauma. Healthcare providers have an incredible opportunity to facilitate healing among victims/survivors by collaboratively identifying ailments that directly or indirectly resulted from an experience of sexual violence at any point during someone's lifetime, and providing options and resources for treatment and support. However, many healthcare providers are uncomfortable talking about sexual violence with their patients. This toolkit is designed to help provide some basic information about sexual

violence and suggestions for how to incorporate this information into working with patients. The content included here is by no means an exhaustive resource on sexual violence or sexual violence in healthcare settings. Other resources exist on this topic, some of which can be found at the end of this toolkit. Users of this toolkit can always reach out to the Connecticut Alliance to End Sexual Violence for additional information and/or to schedule a training on any of the topics discussed in this toolkit.

You can expect to spend 45-60 minutes reading this booklet in its entirety. We recommend reviewing it with a co-worker at your healthcare organization or a colleague in your field.

WHAT IS SEXUAL VIOLENCE?

Sexual violence is any unwanted contact or non-contact sexual acts or behaviors. Sexual violence describes a range of behaviors carried out with the use of coercion, manipulation, threats, intimidation, force, or abuse of power. These include rape or attempted rape; fondling; incest; exploitation; exhibitionism; obscene phone calls, emails, or text messages. Sexual contact without consent is sexual violence; ***it is never the victim's fault.***

Sexual violence can happen to a person regardless of their age, race, ethnicity, gender or sexual identity, ability, or country of origin. Those who commit sexual violence are most often known to the victim/survivor; they can be family members, friends, neighbors, intimate or dating partners, acquaintances, or strangers. No matter what the circumstances are, help is available for survivors of sexual violence, and healthcare workers need to have a trauma-informed and supportive response and be ready to make appropriate referrals.

Sexual Violence is a Public Health Crisis

Sexual violence is a public health problem that occurs across the lifespan, with the first experience often occurring during childhood—1 in 4 girls and 1 in 13 boys experience sexual violence before they turn 18.¹ According to World Health Organization estimates, nearly one-third of women, globally, experience sexual and/or intimate partner physical violence in their lifetime.² Although all people, regardless of age, race, ethnicity, gender or sexual identity, ability, or country of origin can experience sexual violence, some sub-populations disproportionately experience sexual violence. In the US, approximately 44% of females, 25% of males, and 47% of transgender individuals report sexual violence involving physical contact in their lifetime.^{3,4} According to Bureau of Justice Statistics estimates, individuals with disabilities experience sexual assault at a rate 3.5 times higher than those without disabilities. That rate more than doubles for individuals with intellectual disabilities.⁵ If sexual violence were a disease, epidemiologists might characterize it as hyperendemic (or persistently and highly prevalent) across the globe.

Sexual violence is associated with experiences of other types of violence, as well as short- and long-term mental, physical, and sexual health problems.^{6,7} These include post-traumatic stress disorder, depression, anxiety, chronic diseases, sexually transmitted infections, unintended pregnancy, and engaging in risky behaviors.⁸⁻¹⁰ For example, just over a quarter of women who experience rape by a current or former intimate partner experience an unintended pregnancy as a result, and nearly one-third experience reproductive coercion—an example of sexual violence characterized by using power and pressure to manipulate reproductive health outcomes, such as contraceptive use and pregnancy timing.¹¹

Similar links between sexual and other violence experienced and witnessed in childhood and mental, physical and sexual health problems have been identified through studies on Adverse Childhood Experiences (ACEs)—potentially traumatic events that occur prior to the age of 18. Child sexual abuse is one of ten ACEs studied and linked to negative health outcomes in adulthood, including sexual re-victimization. Data from the original ACE study showed that experiencing any ACE was significantly associated with experiencing sexual violence in adulthood, and that as the number of reported ACEs increased, the risk of sexual violence as an adult also increased.¹²

However, sexual violence is preventable. Addressing sexual violence as a public health problem—and through trusted sources of health information—is key to successful prevention and response. For healthcare workers, this includes:

- **providing trauma-informed care** that minimizes the likelihood of retraumatization and strives to create a safe, nurturing, yet empowering space;
- **ensuring early intervention** is prioritized to nurture resilience, especially among children, and protect them from future violence;
- **knowing resources to share with victims/survivors** so they are able to make decisions about seeking supportive services if they are interested;
- **holding accountable** individuals, communities, policymakers, and systems; and
- **believing victims/survivors** and honoring their wishes for justice and healing.

Key Terms

Consent

Consent occurs when individuals actively agree to engage in sexual activity. Consent must be the unambiguous, voluntary agreement given by each individual without the use of force, fraud, or coercion; and consent may be taken away at any time by anyone and for any reason. The absence of a "no" from any individual does not assume consent. Consensually participating in sexual activity at one time does not assume consent to participation in sexual activity at another time. The legal age of consent is 16 in Connecticut.



Mandatory Reporting

Under Connecticut law, healthcare providers (e.g., physicians, interns and residents, nurses, mental health professionals, physical therapists, social workers) are **mandated reporters**. This means that if a healthcare provider suspects or believes a child under 18, an elderly adult, or an individual with an intellectual disability has experienced abuse, neglect or is in imminent danger, they must report that suspicion or belief to the Department of Children and Families, the Commissioner of Social Services, or Disability Rights Connecticut, respectively.

Victim/Survivor

Throughout this toolkit, **victim and survivor** are used together and/or interchangeably in reference to an individual who has experienced sexual violence. Not all individuals who have experienced sexual violence see themselves as victims and not all see themselves as survivors; some choose to use neither of these terms to describe themselves in the context of their experience of sexual violence. It is important to let patients lead when it comes to how they describe themselves and their experiences. Follow their lead.



WHY DOES SEXUAL VIOLENCE PERSIST?

One important reason that sexual violence persists globally is what many refer to as "rape culture." **Rape culture** is the presence of social norms and attitudes that invite or sustain tolerance, acceptance, and/or denial of sexual assault. This often happens through comments that intentionally or unintentionally blame the person who has been harmed for what happened to them; for example, asking someone who discloses sexual violence what they were wearing at the time or if they had been drinking. Rape culture feeds into an acceptance of sexual violence in our society that encourages survivors to stay silent for fear of being shamed and blamed if they disclose their experiences.

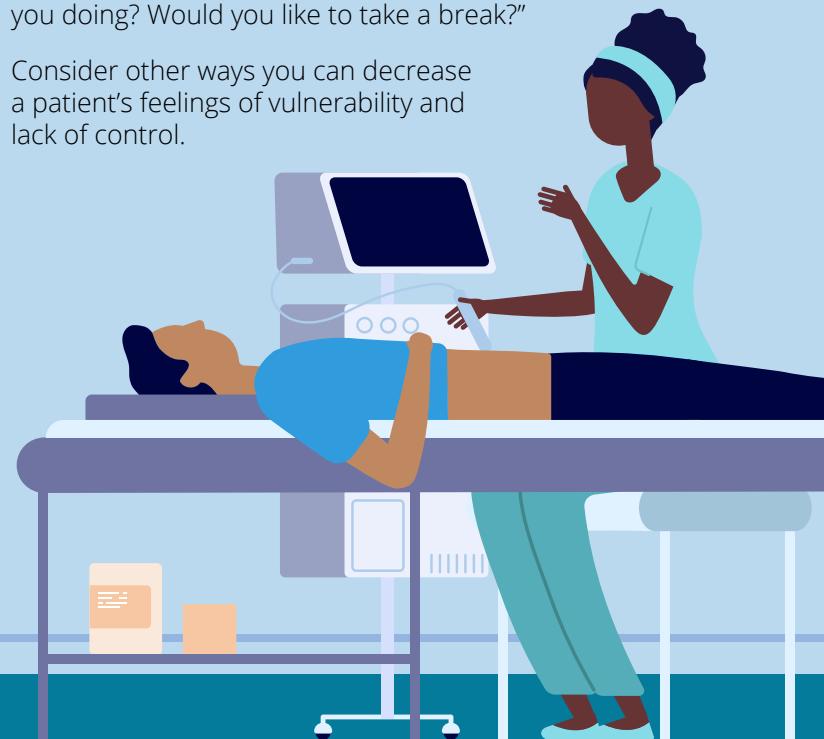
We can break the silence and change this culture by creating spaces and opportunities for survivors to share their stories with professionals who believe and support them.

Tips for Being a Trauma-Informed Healthcare Provider



- Be transparent about medical charts. Ask your patient if they would like you to make a note of their history with sexual violence in their chart. Explain what this would mean for their care and who would have access to this information. Do not make any promises. This can be an opportunity to further the conversation as you provide care in future appointments as well as continue to inform your understanding of health issues that may arise in the future.
- As you go through the exam or any treatments and procedures, explain everything you are doing and why you are doing it beforehand. Ask before touching the patient. Do as much of this as you can while the patient is clothed. Let the patient know when they can keep their clothes on.
- Consider asking your patient about experiences of violence when it is just the two of you. Ask the patient if they would like someone they trust or another staff member in the room when performing exams or procedures.

- Set up a signal, which can be verbal or non-verbal, so that the patient can let you know if they want you to stop at any point.
- Check in with the patient while you are doing the exam or procedure. Ask the patient: "How are you doing? Would you like to take a break?"
- Consider other ways you can decrease a patient's feelings of vulnerability and lack of control.



POSSIBLE SIGNS & SYMPTOMS OF SEXUAL VIOLENCE

It is important to discuss with patients the ways in which trauma may impact their everyday experiences and their physical, mental, and sexual health. There are many signs and symptoms that may signal a history of sexual violence; however it is critical to remember that every survivor's experience is unique, as are the ways they physically, emotionally, and behaviorally respond to their experiences.

It is essential to learn these common signs and symptoms—in addition to learning how to have effective conversations with your patients about trauma—so you are able to provide the attention and care to all survivors regardless of how their trauma presents itself. Learn more at: www.rainn.org/warning-signs

In children, signs and symptoms may include:

- sexually transmitted infections (STIs)
- isolating themselves from friends and family
- sexual behaviors and understandings that are not developmentally appropriate
- being overly compliant
- new, extreme or unexplained worries, fears and/or changes in eating habits
- regressive behaviors, hypervigilance and/or perfectionism

In adults, this may include:

- avoidance of certain situations and/or locations
- increased use of drugs and/or alcohol
- depression, anxiety, insomnia and/or nightmares
- self-harming behaviors
- chronic headaches or other pain

Starting a Conversation About Sexual Violence and Abuse

Keeping in mind that not all survivors will identify their unwanted or forced sexual experiences specifically as sexual violence, it is important to ask questions that are behaviorally-based rather than asking someone if they have ever experienced sexual violence. You might consider starting this conversation in the context of learning about the patient's sexual history.

As you prepare to engage a patient in a conversation about any experiences of sexual violence, consider the following:

- **Ensure that it is just the two of you in the room** when asking sensitive questions about their sexual health. If this makes them uncomfortable, let them know that an additional person can be in the room upon their request.
- **Normalize the topic.** "I ask all of my patients these questions because it is important for me to know what has gone on in their lives."
- **Provide context.** "We know that unwanted sexual experiences are a common experience for people of all genders and ages."
- **Connect sexual violence to overall health and well-being.** "Unwanted sexual experiences, even if they happened a long time ago, can affect someone's health in a lot of ways."
- **Ask about sexual experiences that were unwanted or uncomfortable:**
 - ◆ "Have you ever been touched in a way you didn't want to be? Have you ever been forced or pressured to have sex?"
 - ◆ "Do you feel that you have control over your sexual relationships, and are able to say 'yes' or 'no' to sexual experiences?"
 - ◆ "Do you feel like you have control over your reproductive health and the decisions you make to prevent or facilitate getting pregnant?"¹²

HEALTH EFFECTS OF SEXUAL VIOLENCE

Depending on why the patient has come in to see you, it may be helpful to spend a little more time providing context and how experiences of sexual violence and trauma impact physical, mental, and sexual health and well-being. When sharing this information it is critical to continue to stress that the patient is not responsible for these ailments and offer support and options for how to address them while also offering support more specific to the experience of sexual violence.

Unwanted sexual experiences, as with other traumatic events, can lead to both short- and long-term health effects for survivors, including but not limited to:



anxiety and depression



difficulty sleeping and nightmares



increased use of alcohol and drugs



nausea, gastro-intestinal distress, and changes to appetite or digestion



persistent fatigue and chronic pain



chronic heart, lung, liver and autoimmune issues

What to Do When a Patient Discloses Trauma

If your patient seems distressed after sharing that they have experienced a traumatic event involving sexual harm, refer to page 9 to soothe and ground your patient. Even if your patient does not seem visibly distressed or impacted after sharing this information, it is still important to validate them:

- **Thank the patient** for sharing this information with you. You can use phrases like:
 - ◆ "Thank you for sharing that information with me. That takes a lot of courage."
 - ◆ "I'm sorry that happened to you. I'm here to help in whatever way I can."
- **Assure the patient** that this information enables you to provide better care. Let them know that physical health and mental health are closely linked, and that knowledge of their past trauma helps you understand which related health issues to look out for.
- **Ask the patient** if any abuse they disclosed is still happening and inform them about your duties as a mandated reporter. Healthcare providers are mandated by Connecticut law to report suspected abuse, neglect or exploitation of certain groups of people, including children, persons with disabilities, residents of long-term care facilities, and the elderly.¹³
 - ◆ If your patient is under the age of 18, oral reports must be made within 12 hours of the moment you suspect the abuse or neglect has occurred. A written report of the suspected incident must be submitted within 48 hours of making the oral report. Suspected child maltreatment of any kind, regardless of the identity of the person who harmed the child, must be reported.¹⁴
 - ◆ To report suspected child abuse and neglect, call the Department of Children and Families' Child Abuse and Neglect Careline at 1-800-842-2288. Hotline staffers are available 24/7 to provide support, answer questions, and determine whether or not you need to make a report.

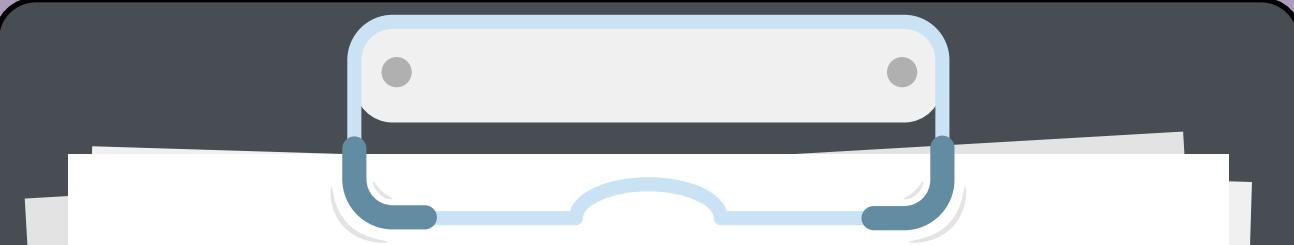
- **Refer the patient** to local resources and relevant information. Connecticut Alliance to End Sexual Violence oversees the state's free and confidential hotline staffed by certified sexual assault crisis counselors. These advocates can provide accompaniment at police departments, court hearings, child advocacy centers, and/or hospitals if survivors choose to undergo sexual assault kit examinations. Free short-term counseling, no-cost legal aid, and compensation benefits are also available.
 - ◆ To speak with an advocate, call the 24/7 hotline at 1-888-999-5545 for English or 1-888-568-8332 for Spanish.
 - ◆ If your patient is looking for long-term behavioral health care, consider referring them to [PsychologyToday.com](https://www.psychologytoday.com) where the patient can find a specialist that best fits their location, takes their health insurance, and is experienced in working with patients who have experienced similar traumas.

Be sure to take care of yourself!

Vicarious trauma takes a toll on your mental health. Listening to how someone has been harmed can be emotionally heavy and difficult for anyone to process, even more so if you have experienced similar harm.

You can always call for support too!

You are encouraged to call the hotline anytime you need resources, professional support, or just need someone to talk to. You are at your best for others when you are also getting the care you need.



Supporting a Patient Through a Flashback or Panic Attack

Following an experience of sexual violence, some victims/survivors may experience an involuntary response to something that sets off a memory of or flashback to an event or moment related to their trauma. That "something" that sets the flashback in motion is known as a **trigger**. This can result from stimulation of any of the five senses and is unique to every individual. For example, a person may be triggered if they come into contact with a certain smell that relates to their trauma in some way.

The following are considerations for how to support a patient who has been triggered in some way.

Gather yourself and be present.

It can be scary when someone next to you, especially someone in your care, is feeling triggered or having a panic attack. Before you do or say anything, it is important to center yourself. Take a deep breath and be as present as you can be. A key part of successful de-escalation techniques is to restore any sense of control and safety the patient may feel like they are losing. Focus on communicating affirming statements that reinforce their current environment's safety, if possible.

While this moment may be difficult for the patient, it can also become positive and empowering. As you support your patient, be empathetic and survivor-centered. Talk through the rest of the exam with the patient, ensuring you prioritize the patient's consent: ask before touching, explain any procedures as you go, and ask if they want you to make any referrals that you feel may be appropriate. Gently ask what they need and want, and be as responsive to their requests as possible.



Allow the patient to move through their emotions.

Most panic attacks last 5–20 minutes. Sit with the patient. Do not touch them unless they have given you permission to do so. Do not talk over them. Try to keep your facial expressions and body language neutral or relaxed. Stay and listen. Silence may be uncomfortable, but it is okay and sometimes necessary.



Validate the patient's experience.

Survivors may experience any number of emotions, including feeling angry, self-conscious, or ashamed. They may blame themselves and feel apologetic for what just happened. Validate the complexity and difficulty of what they are dealing with. Assure them that sexual assault—if they have disclosed that—is never a victim's fault. It is often helpful to mirror the words your patient is using to describe the experience. They may not be ready or willing to name it as “rape” or “sexual violence,” and may instead describe it as “uncomfortable” and “unwanted” activity. They may not disclose anything that prompted the flashback or panic attack at all! If they have not disclosed, continue to stay present and as supportive as you can. Stay focused on what the patient may need right now in order to feel safe in their body again. Speak in short clear sentences that validate their experience and create space for them to make their own decisions.

Phrases you should avoid saying:

- “Everything is going to be okay.”
- “What were you doing/wearing when this happened to you?”
- “I know it is hard right now, but you will feel better soon.”
- “You’ll feel better after you talk to someone about it.”

Phrases you are encouraged to say:

- “I believe you. This is not your fault.”
- “It’s normal to feel angry, sad, or confused.”
- “It’s understandable why you feel a loss of control.”
- “I’m not judging you; I want you to feel safe.”
- “This is a perfectly normal response to what you have experienced.”
- “I can stay with you until you are okay again or I can leave you for a few minutes if you would like me to.”

Help to ground the patient when they are ready.

Ask if they would like to do some grounding exercises with you to feel more present in their body. If they consent, you can try some of the following techniques. If they are not ready or do not want to participate, follow the patient's lead.

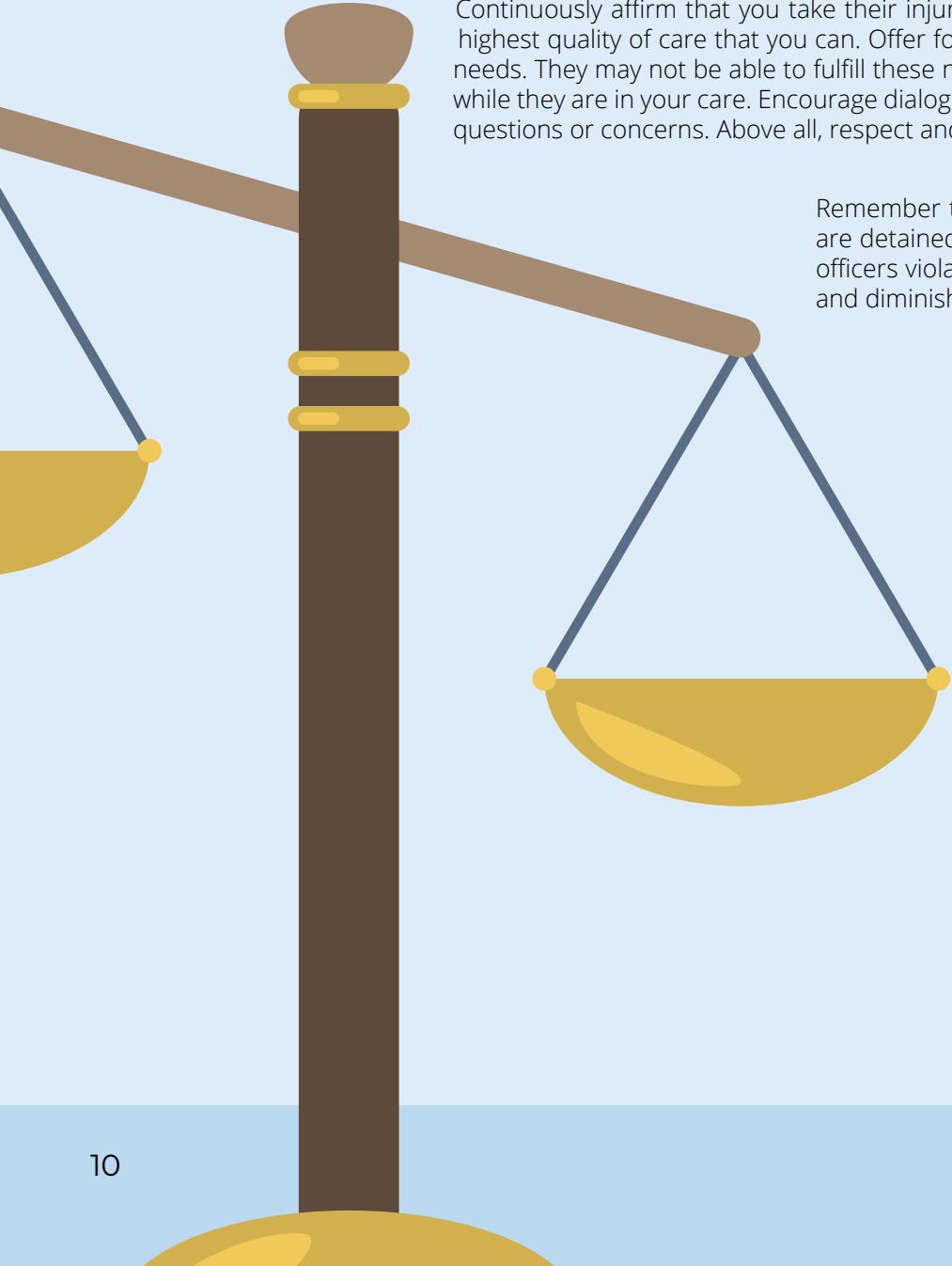
- **Breathing:** Breathe in through your nose... 1... 2... 3. Pause... 1... 2... 3. Breathe out... 1... 2... 3. Do this at least 4 times. Ask if they would like to keep going.
- **Muscles:** Ask the patient to tighten and relax different muscles at their own pace.
- **Senses:** Ask the patient to name 5 things they see, 4 things they can touch, 3 things they can hear, 2 things they can smell, and 1 thing they can taste.

Check in with the patient.

- “Is there anything I can get you? Do you need water?”
- “That must have been really hard for you. How are you feeling?”
- “What do you need to feel safe and comfortable?”
- “Thank you for letting me be here with you.”

When survivors disclose or are triggered, it is always important to respond in a trauma-informed and empathetic manner. As a healthcare professional, it is crucial that you provide a safe and empowering space where they can express their needs and receive quality care.

Caring for Patients Impacted by the Criminal Legal System



Introduce yourself and shake their hand—even if they have handcuffs on—just as you would with any other patient. Make eye contact and build rapport. Explain your role, patient confidentiality, and how you will protect their information. Continuously affirm that you take their injuries and health concerns seriously, and that you are there to provide the highest quality of care that you can. Offer food, water, warm blankets and anything else to meet the patient's physical needs. They may not be able to fulfill these needs when they return to the carceral facility, so it is crucial to meet them while they are in your care. Encourage dialogue by explaining the examination or procedure, and asking if they have any questions or concerns. Above all, respect and uphold their dignity as much as possible.

Remember that a patient still has the right to privacy and confidentiality, even if they are detained, arrested, or incarcerated. The presence of police officers or correctional officers violates confidentiality. Their presence can also increase your patient's anxiety and diminish your ability to build trust with your patient.

- Ask the officer to leave the room if possible, especially during any sensitive exams or discussions (e.g., about a history of sexual violence). If the officer refuses to leave, be sure to document it.
- Negotiate more privacy for your patient by asking the officer to stand on the other side of a barrier like a curtain and wear headphones.
- Always maintain professional boundaries with officers even if you know them personally.
- Patient information can only be disclosed to officers if required by law or with explicit permission from a patient. However, system-impacted patients may not know all their rights nor be in a position to advocate for themselves.
- Remember that you cannot control what someone does with vulnerable information and that such knowledge can deeply impact your patient's reality when they return to the facility. Protect your patient's privacy and confidentiality as much as possible.

Document everything from injuries to who is in the room in what capacity to any concerns you have as a healthcare professional. When recording injuries and health concerns, be as specific as possible with the technology you have. Record the size, location, type of injury or concerns, visuals, when it was sustained, and possible consequences if left untreated. As with other patients, be as transparent as you can about what is going into their charts and what that might mean for their future healthcare.

As a healthcare professional, it is critical that you take into consideration social factors that impact your patient's health—including the realities of being incarcerated. Even though carceral facilities do not have adequate healthcare, find out what is possible and within their capacity:

- Is the medication you are prescribing available at the detention center?
- Can the patient access wound care and physiotherapy?
- Can the patient actually do the treatment plan while incarcerated or detained?

If you are providing care in a clinic, hospital or referring someone for inpatient care elsewhere, talk with them about their aftercare options. You can:

- Choose to schedule a follow-up appointment, especially if the patient is being transferred back to a facility.
- Choose to keep someone overnight, until their condition is resolved, stabilized, and/or they can be handed over to more appropriate healthcare staff.
- Choose to admit someone for any other issues that contribute to their health problem like lack of treatment capacity, abuse, and more.

As you make decisions in providing care for your patient, take an opportunity to ask yourself:
"Is this actually care or is it increased surveillance of the patient?"

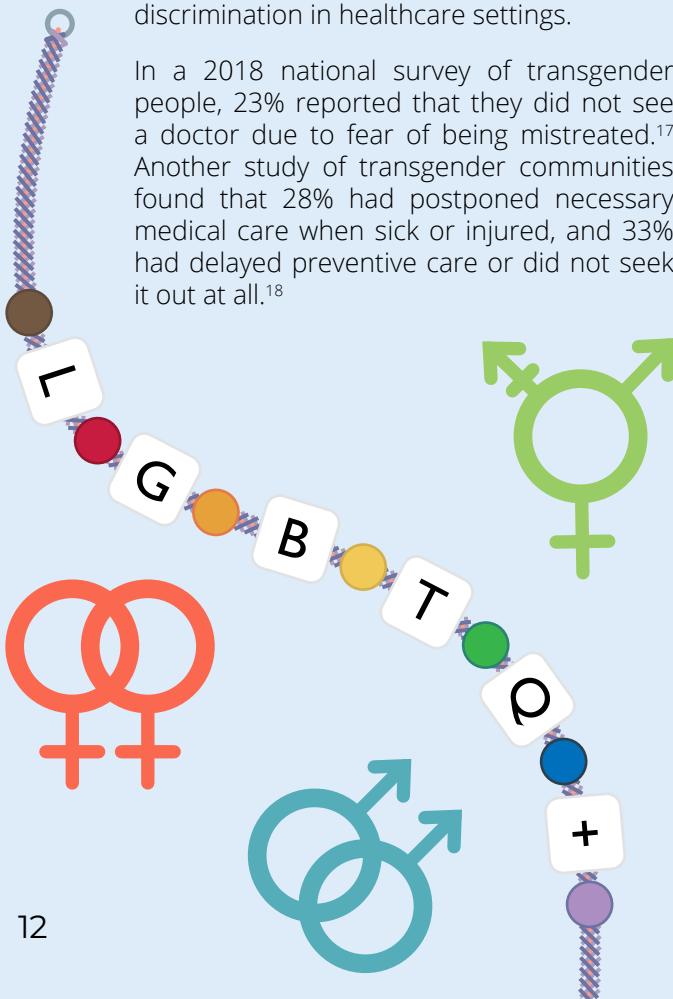
Stacey Milburn, an American disability rights activist, calls on healthcare providers to consider whether their practices are about quality of life or social control. In your role as a healthcare provider, you are a key and influential member of the patient's support network; how you approach them and their needs can dramatically improve their circumstances.^{15, 16}

- Connect your patient with hospital social workers, sexual assault crisis centers, and any other local advocacy and mental health support resources.
- Document clear, written directives to officers and other care-takers at the facility in the form of "prescribing" accommodations or supplies that minimize traumatic triggers or may support a patient's overall safety or well-being (e.g., if a patient feels safer sleeping on the bottom or top bunk or accessing showers at off-peak times to minimize nude exposure to others; needs access to tampons or clean underwear more frequently than what is supplied; is triggered by certain foods or smells, figuring out how to limit their exposure).

Considerations for Transgender & Gender Non-Binary Patients

Transgender and non-binary patients face alarmingly high rates of discrimination, which is associated with disproportionately high rates of homelessness, poverty, depression, sexual violence, homicide, and suicide. While the discrimination and psychological distress that transgender and non-binary patients endure makes regular health check-ins and thorough medical care increasingly important, many transgender and non-binary people do not feel comfortable seeking medical attention because they have similarly faced discrimination in healthcare settings.

In a 2018 national survey of transgender people, 23% reported that they did not see a doctor due to fear of being mistreated.¹⁷ Another study of transgender communities found that 28% had postponed necessary medical care when sick or injured, and 33% had delayed preventive care or did not seek it out at all.¹⁸



Providing Affirmative Care

Affirmative care in healthcare means providers and their practices recognize, honor, and support the gender identity and/or gender expression of all their patients. Providing affirmative care requires setting aside assumptions about gender and instead gently asking questions to ensure accuracy of a patient's gender identity. As you practice affirmative care, use the name and pronouns that a patient indicates you should use. Use them consistently and confidently, including when the patient is not within earshot. If you misgender a patient or call them by the wrong name, quickly apologize, correct yourself, and move on. Do not put the patient in a position of needing to comfort you or reassure you if you misgender or "deadname" them (i.e., call them by their birth name when that is no longer the name they use).

- **Avoid assumptions.** Ask questions pertinent to your patient's care with respect and empathy. If you do not know your patient's gender, what body parts they have, or how they refer to their body parts, it is critical that you ask for this information without judgment, and that you react without judgment or surprise. Ask your patient what pronouns they use. Avoid using the term "preferred pronouns," as this implies pronouns other than the ones the patient specifies are acceptable.
- **Mirror language.** Use the same language your patient uses when referring to their body parts and their experience, and never correct the language they use. Some transgender and non-binary people refer to parts of their body with non-gendered language (e.g., "chest" versus "breast", "hole" versus "vagina"), and some use language that sounds like slang. Pay close attention to the words they use, and use the same words without judgment.
- **Demonstrate inclusivity.** Ensure that your intake paperwork is inclusive of transgender and non-binary people. More than half (59%) of transgender and non-binary people surveyed ranked "trans-friendly intake forms" as a deciding factor in whether or not they sought care from victim service providers.¹⁹ Avoid gender binary options (i.e., male/female listed as the only options for gender) and include relationship options (i.e., "partnered" or "in a civil union") that value relationships outside of marriage.
- **Be patient and thorough.** Many transgender and non-binary people have unaddressed health concerns because they lack access to affirming healthcare. Recognize that discrimination and systemic exclusion are at the heart of this problem, rather than an individual's choices and behavior. If you recommend that a patient seek additional care for health concerns, do so with empathy and without condescension or making a patient feel guilty. Whenever possible, make referrals to others who provide affirmative care.



Affirmative Care and Sexual Violence Response

For transgender or non-binary patients who have experienced sexual violence, consider the following during their medical examination:

- **Use the language the patient uses.** Some—but not all—transgender and non-binary people experience “gender dysphoria” which can affect how they feel about particular body parts. Gender dysphoria can occur for people whose gender identity or gender expression feels out of sync with their sex assigned at birth, with their body, or with how other people perceive them. This can lead to feelings of discomfort, turmoil, or psychological distress. It can also lead to even greater discomfort or trauma during a sexual assault examination. Mirror a patient’s language to talk about their experience and body parts, and use non-gendered language when you are not sure (e.g., ask if someone was “penetrated” versus “vaginally penetrated,” and have the patient indicate on a body map where that happened). Dolls or drawings of bodies can be useful tools for patients to provide information about their experiences.
- **Provide clear explanations and options.** Just as you would with “cisgender” patients, or those whose sex assigned at birth aligns with their gender identity, explain each part of a medical exam or assessment and why it is medically necessary. Allow transgender and non-binary patients to provide or deny consent to having parts of their body touched or examined. Allow patients to remove only the clothing that is necessary for exam or treatment, and be flexible and creative to meet their needs.
- **Make recommendations based on need.** Conduct your medical exam and recommend treatments or medications based on your patient’s medical needs. Check your own assumptions about what procedures or treatments might be relevant for the person in front of you (e.g., concerns about pregnancy for any person with a uterus, including someone who takes testosterone).
- **Ask questions to understand the patient’s experience.** Do not make assumptions about the genders of the person or people who harmed the patient, nor about the patient’s relationship to the person or people. Ask respectful questions relevant to the care your patient needs to understand their experience. If a patient expresses that they were targeted because of their identity, validate their experience; however, never imply that a patient was assaulted because they are transgender or non-binary.
- **Support the patient’s decisions for next steps.** Do not assume that the patient wants to report their experience to the police. Police and the criminal legal system have perpetrated considerable violence and discrimination against the transgender and non-binary community, and many transgender and non-binary individuals do not feel safe in the presence of a police officer.²⁰

Best practices for providing medical care to transgender and non-binary individuals are constantly evolving. Continue to educate yourself about this community. Below are a few resources to get you started:

- **National LGBTQIA+ Health Education Center:** lgbtqiahealtheducation.org
- **National Center for Transgender Equality:** transequality.org
- **FORGE:** forge-forward.org

Post-Care & Post-Appointment

Refer your patients to the statewide hotline where they can reach a certified advocate if/when they are ready. Advocates across the state can support them in many ways: answering questions, providing emotional support, connecting them with numerous resources, and/or accompanying them while at a hospital to get a sexual assault examination.

You can even ask your patient if they would like to use the examination room to make the call and get connected to an advocate. Some people may also feel comfortable calling the police; however, many people do not feel safe doing so. This is just one of the many options survivors have and advocates can help them talk through the different options.

Make sure you take care of yourself!

Providers can experience vicarious trauma from listening to other people disclose the harm that has happened to them. What do you need to center and take care of yourself at this moment? After your shift? By the end of the week?

How will you continue to take care of yourself so that you can provide trauma-informed care a year from now? Ten years from now? What do you need from yourself and your environment in order to do that sustainably?²⁰

Collaborate!

Ending sexual violence requires all of us to work together to create safer and braver spaces.²¹ Who are your allies? Who are the social workers, patient advocates, and other experts in your professional environment who can help you create a more survivor-centered and compassionate healthcare setting?

Partner with Connecticut Alliance to End Sexual Violence and your local sexual assault crisis services center to identify barriers and needs of survivors, engage with training opportunities for you and your colleagues, and discuss experiences and perspectives across different healthcare fields. Your office can host The Alliance and local anti-sexual violence advocates to provide training and ongoing collaboration in order to better understand trauma and survivors' needs.

Routine Clinician Inquiries & Self-administered Screenings

The following are sample questions that can be used when taking a patient's medical history. These are questions they could answer through a broader intake, social determinants screening or medical history form. They could also be short, stand-alone questionnaires that are part of patient paperwork. These questions can also be used while talking to patients directly. Please keep in mind that especially when talking with children you should use terminology that you would typically use when talking with them about their bodies. If you use specific language to refer to their genitals (e.g., vulva or penis) continue to use that language.

Sample script: "We know that many people have experienced unwanted sexual activity and physical violence—sometimes with playmates as children, friends, colleagues, relatives, or acquaintances. These experiences may be so upsetting that they can be difficult to discuss, they may be forgotten for long periods of time, or they may be frequently brought to mind. We would like to better understand these experiences so that we can provide all our patients with the appropriate care. Please try to remember whether any of the following occurred to you."

Sexual & Physical Abuse Items on the Questionnaire		As a Child / Adolescent (17 and younger)		As an Adult (18 and older)	
1	Has anyone ever exposed their genitals to you when you did not want them to?	Yes	No	Yes	No
2	Has anyone ever threatened you or coerced you to have sex when you did not want to?	Yes	No	Yes	No
3	Has anyone ever touched you sexually when you did not want them to?	Yes	No	Yes	No
4	Has anyone ever forced you to touch them sexually when you did not want to?	Yes	No	Yes	No
5	Has anyone ever forced you to have sex when you did not want to?	Yes	No	Yes	No
6a	Have you had any other unwanted sexual experiences not mentioned above?	Yes	No	Yes	No
6b	If yes, please specify:				

As a child/adolescent, did anyone ever do the following?

7a Hit, kick, or beat you?

Never Seldom Occasionally Often

7b Seriously threaten your life?

Never Seldom Occasionally Often

As an adult, did anyone ever do the following?

8a Hit, kick, or beat you?

Never Seldom Occasionally Often

8b Seriously threaten your life?

Never Seldom Occasionally Often

Screening Tool Based on Guidance From the American College of Obstetricians and Gynecologists

Sample script: "Since sexual violence is an enormous problem in this country and can affect a person's health and well-being, I now ask all my patients about exposure to unwanted and forced sexual experiences."

1	Do you have someone special in your life? Someone you're going out with?	Yes	No
2	Are you now—or have you ever been—sexually active?	Yes	No
3	Think about your earliest sexual experience. Did you want this experience?	Yes	No
4	Has a friend, a date, or an acquaintance ever pressured or forced you into sexual activities when you did not want them? Did they touch you in a way that made you uncomfortable?	Yes	No
5	Has anyone else ever pressured or forced you into sexual activities when you did not want them? Did they touch you in a way that made you uncomfortable?	Yes	No

Two-Question Screener

- 1 Have you ever been hit, slapped, kicked, or otherwise physically hurt by your partner? If yes, when was the last time?
- 2 Have you ever been pressured or forced to engage in sexual activities? If yes, when was the last time?

Notes



References

1. Pereda N., Guilera G., Forns M., Gómez-Benito J. The Prevalence of Child Sexual Abuse in Community and Student Samples: A Meta-analysis. *Clinical Psychology Review*. 2009;29:328-338. doi:10.1016/j.cpr.2009.02.007
2. World Health Organization. Violence Against Women Prevalence Estimates, 2018. Global, Regional and National Prevalence Estimates for Intimate Partner Violence Against Women and Global and Regional Prevalence Estimates for Non-partner Sexual Violence Against Women. WHO: Geneva; 2021.
3. Smith S.G., Zhang X., Basile K.C., Merrick M.T., Wang J., Kresnow M., Chen J. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2018.
4. James S.E., Herman J.L., Rankin S., Keisling M., Mottet L., Anafi M. *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality; 2016.
5. Shapiro J. "The Sexual Assault Epidemic No One Talks About." All Things Considered, National Public Radio, 8 Jan. 2018, www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about. Transcript.
6. Finkelhor D., Turner H., Hamby S., Ormrod R. *Polyvictimization: Children's Exposure to Multiple Types of Violence, Crime and Abuse*. Office of Juvenile Justice and Delinquency Prevention and Centers for Disease Control and Prevention, Juvenile Justice Bulletin, National Survey of Children's Exposure to Violence, October 2011; NCJ 235504. Available at: <http://www.ncjrs.gov/pdffiles1/ojjdp/235504.pdf>
7. Wilkins N., Tsao B., Hertz M., Davis R., Klevens J. *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute; 2014.
8. Smith S.G., Zhang X., Basile K.C., Merrick M.T., Wang J., Kresnow M., Chen J. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2018.
9. Basile K.C. and Smith S.G. Sexual Violence Victimization of Women: Prevalence, Characteristics, and the Role of Public Health and Prevention. *American Journal of Lifestyle Medicine*. 2011;5:407-417.

10. Hawks L., Woolhandler S., Himmelstein D. Association Between Forced Sexual Initiation and Health Outcomes Among US Women. *JAMA*. 2019;179(11):1551-1558.
11. Centers for Disease Control and Prevention. Understanding Pregnancy Resulting from Rape in the United States. Webpage. Available at: <https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html>
12. Ports K.A., Ford D.C., Merrick M.T. Adverse Childhood Experiences and Sexual Victimization in Adulthood. *Child Abuse Negl*. 2016;51:313-322.
13. National Sexual Violence Resource Center. Assessing Patients for Sexual Violence. Webpage. Available at: https://www.nsvrc.org/sites/default/files/2012-03/Publications_NSVRC_Guides_Assessing-patients-for-sexual-violence.pdf
14. Connecticut State Department of Public Health. Mandatory Reporters of Abuse, Neglect, Exploitation, and Impaired Practitioners. Webpage. Available at: <https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/PLIS/Mandatory-Reporters-of-Abuse-Neglect-Exploitation-and-Impaired-Practitioners>
15. Barnard Center for Research on Women. *My Body Doesn't Oppress Me, Society Does* [Video]; 2017. Available at: <http://www.youtube.com/watch?v=7r0MiGWQY2g>
16. Alavian D.S., Bodkin D.C., Jonathan Y. et al. *Caring For People Who Are Detained: A Handbook for Healthcare Workers and Trainees*; 2021. Available at: <https://caringforpeople.squarespace.com>
17. James S.E., Herman J.L., Rankin S. et al. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality; 2016. Available at: <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
18. Grant J.M., Mottet L.A., Tanis J., Harrison J., Herman J.L., Kiesling M. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force; 2011.
19. FORGE. (2011). Transgender Individuals' Knowledge of and Willingness to Use Sexual Assault Programs.
20. Pennsylvania Coalition Against Rape. Vicarious Trauma. Technical Assistance Bulletin. Spring 2010;5(2). [A Publication of the Training and Technical Assistance Department]. Available at: https://pcar.org/sites/default/files/resource-pdfs/tab_2010_spring_vicarioustrauma.pdf
21. Pittsburgh Action Against Rape of Allegheny County, Pennsylvania. Screening Patients for Sexual Violence [An Accredited Curriculum for Nurses in Pennsylvania]. Pittsburgh: Pennsylvania Coalition Against Rape; 2016. Available at: <https://pcar.org/sites/default/files/resource-pdfs/screening-patients-for-sexual-violence.pdf>

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Website: endsexualviolencect.org | Address: 96 Pitkin Street, East Hartford, CT 06108

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Call our statewide hotline at **1-888-999-5545 for English** or **1-888-568-8332 for Spanish**
to be connected with a certified sexual assault victim advocate.

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