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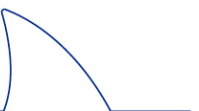
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Trauma-Informed Health Care: Understanding and Meeting the Needs of Victimized Patients

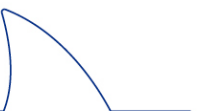
Objectives

- Describe individual and public health consequences of sexual assault and intimate partner violence
- Describe factors in conducting examinations for rape victims/survivors, including:
 - How to engage with a patient in trauma
 - SANE Exam – what it is and where to obtain one
 - Clinical signs, symptoms, and experiences
- Identify implications for practice
 - Strategies for interacting with patients who may be accompanied by an abuser
 - How to document signs of abuse and/or trauma
- Identify resources and additional training that can help you be a trauma-informed healthcare provider



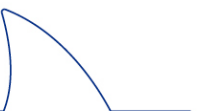
Why Does this Matter to You?

“For patients, trauma-informed care offers the opportunity to engage more fully in their health care, develop a trusting relationship with their provider, and improve long-term health outcomes. Trauma-informed care can also help reduce burnout among health care providers, potentially reducing staff turnover.”



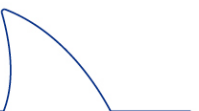
What is Trauma-Informed Care?

“Trauma-informed care is defined as practices that promote a culture of safety, empowerment, and healing. A medical office or hospital can be a terrifying experience for someone who has experienced trauma, particularly for childhood sexual abuse survivors. The perceived power differential, being asked to remove clothing, and having invasive testing can remind someone of prior episodes of abuse. This can lead to anxiety about medical visits, flashbacks during the visit, or avoidance of medical care.”



Why Does this Matter to You?

“Sexual trauma and its lasting psychological and physical effects are critical issues to address in osteopathic medicine. Osteopathic medicine emphasizes an individualized, whole-person approach to treatment focusing largely on health promotion and disease prevention. However, victims of sexual assault are often reluctant to seek preventive care and disclose a history of sexual trauma. Additionally, touch is an important component of the osteopathic approach to medical care, which could make survivors of sexual trauma uncomfortable.”



Sexual Violence as a Public Health Problem

Prevalence & Nature

Every 73 seconds, an American is sexually assaulted.

In the United States, how many:

- Men experience sexual violence in their lifetime?
 - 1 in 13
- Women experience sexual violence in their lifetime?
 - 1 in 6
- People experience violence (sexual or physical) or stalking by an intimate partner?
 - 27% of women and 11 % of men
- People experience stalking?
 - 1 in 6 women, 1 in 19 men



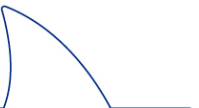
Prevalence & Nature (cont)

LGBTQ Identifying Persons: The CDC found that:

- 44% of lesbians and 61% of bisexual women have experienced rape, physical violence, or stalking by an intimate partner (compared to 35% of straight women)
- 40% of gay men and 47% of bisexual men have experienced sexual violence besides rape (compared to 21% of straight men)
- 47% of transgender persons are sexually assaulted in their lifetime

Global:

- 35% of women worldwide have experienced physical and/or sexual IPV or sexual violence by a non-partner



Example Misperceptions about Rape

Myth	Reality
Most rapes are committed by strangers.	Most rapes (80%) are committed by a person the victim knows.
A person who has been raped will be hysterical from the trauma.	Trauma from rape is experienced differently by everyone. Shock, denial, withdrawal, anger, or indifference may be exhibited by victims.
People make false reports all the time, just trying to get back at an ex-partner.	The majority of sexual assaults are not reported to the police. False reporting occurs between 2% and 10% of the time, similar to any other crime.
You can tell when a person is lying about being raped, because s/he can't describe everything in sequence.	Trauma affects the person "in the moment" which has impacts for how memories are stored.

Not all Trauma is Sexual....



U.S. adults with at least one ACE

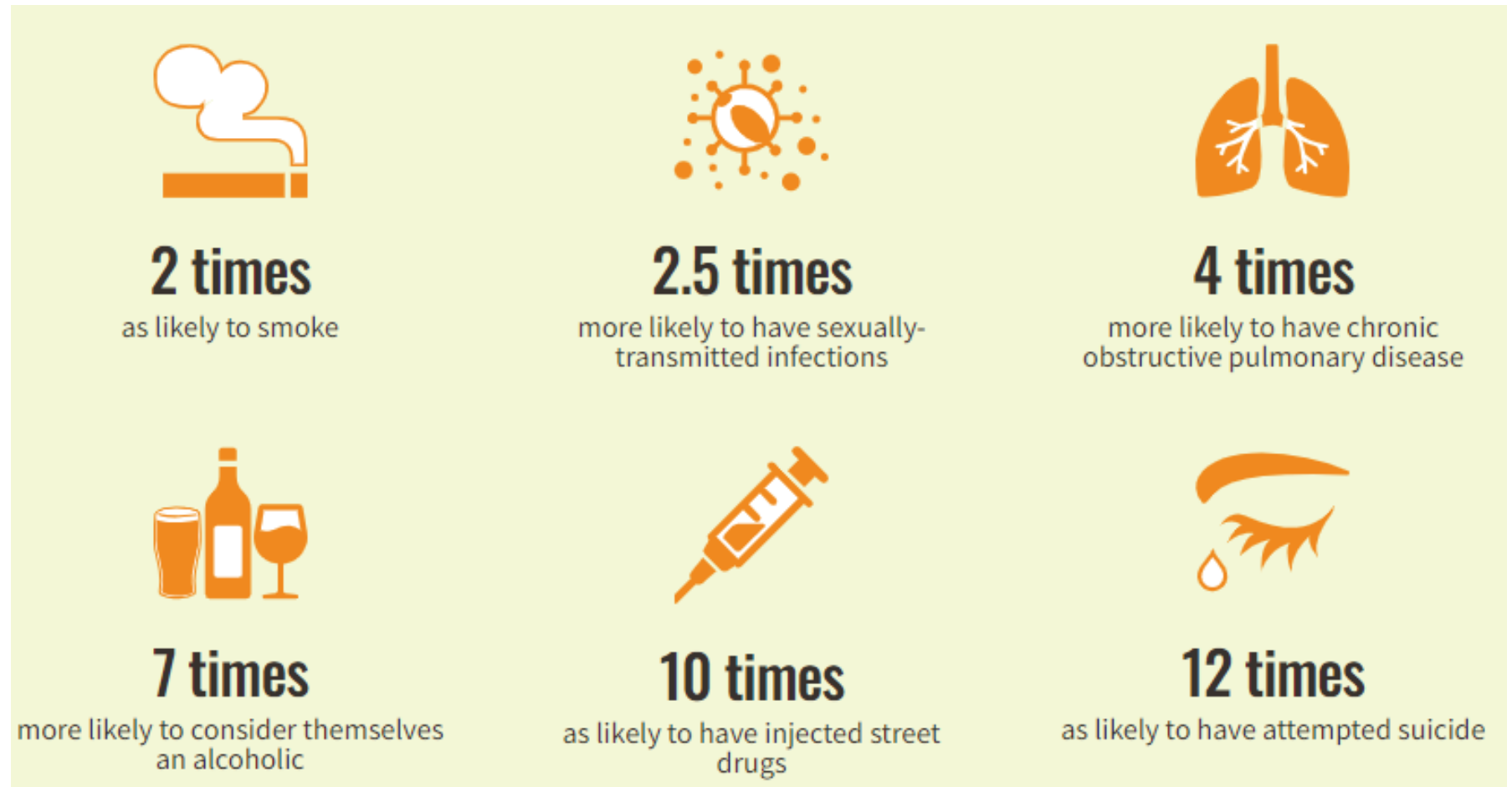


U.S. adults with three or more ACEs



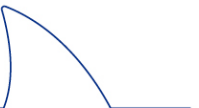
Health Impacts of Adverse Childhood Experiences

Individuals who experienced four or more ACE's before age 18 were:



Physical Effects of Sexual Assault

- **Gastrointestinal symptoms**
 - Nausea, vomiting, abdominal pain, diarrhea, IBS
- **Cardiopulmonary and neurologic symptoms**
 - Shortness of breath, arrhythmias, chest pain, hyperventilation, numbness, insomnia, fatigue, weakness, headaches
- **Genital and reproductive symptoms**
 - Vaginal bleeding, infection, irritation, pelvic pain, urinary tract infections, painful intercourse, lack of sexual pleasure



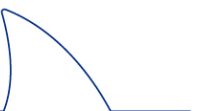
Short Term and Long-Term Health Effects

What are emotional feelings/impacts of sexual assault?

- Feelings of fear
- Signs of PTSD
- Depression
- Limitations on daily activities

What are the short-term and long-term health effects of sexual assault and intimate partner violence on survivors, even without actual physical injury?

- 60% more likely to have asthma
- 70% more likely to have heart disease
- 80% more likely to have a stroke
- Twice as likely to be a current smoker
- Twice as likely to suffer from depression and headaches



The “Cost” of Rape

More than 23 million women and 2 million men in the U.S. experience rape at some point in their lives



Clinical Engagement with Victims of Sexual Violence

(Bad) Provider Responses

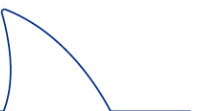
Why were you drinking at a party if you were underage?

What did you think was going to happen if you went out dressed like that?

What would your mother say?

Why didn't you just leave if you knew your ex- might become violent?

Why did you go up to their room that night?



Trauma-Informed Care

Instead of “What’s wrong with you?” the focus is on “What happened to you?”



Trauma-Informed Care
Implementation Resource Center

Patient Trauma & Provider Care

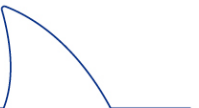


Implications for Engaging with Victims/Survivors

What is “trauma-informed” and “victim-centered care?”

What kinds of things might victims/survivors be thinking about?

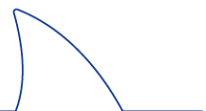
How can you adjust your interactions with a patient who appears to be in trauma?



Victim-Centered Care

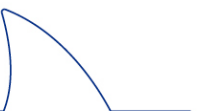
- Give sexual assault patients priority as emergency cases.
- Know how to reach victim advocates and how to obtain a forensic exam.
- Provide the necessary means to ensure patient privacy.
- Recognize the importance of victim services.
- Accommodate patients' requests to have a relative, friend, victim advocate, or other personal support person present during the exam, unless considered harmful by responders.
- Prior to starting the exam and conducting each procedure, explain to patients in a language the patients understand what is entailed and its purpose.
- Assess and respect patients' priorities, including patient safety.
- Address physical comfort needs of patients prior to discharge.
- Avoid victim-blaming language, focus on what happened to them, not "why" questions.

Patient-Centered Care



Recommendations for Practice

- Greet the patient by preferred name and make them your focus.
- Recognize that their immediate needs may not be what you expected.
- Introduce yourself and explain your role.
- Be calm, professional, sensitive, and respectful.
- Do not hurry, explain each step and ask permission prior to touching.
- Following the exam, provide information about what to look for and who/when to call for help.
- Offer information about local resources if applicable.
- Schedule a follow up exam.
- Document as much as you can.



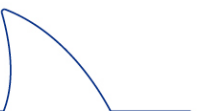
Sexual Assault Nurse Examiners (SANE) Program

Why have this program?

- Specially trained medical professionals conducting exams that are sensitive to victims and promote offender accountability
- Increases likelihood that evidence collected can aid in criminal prosecution

Key Issues:

- Coordinated approach within community
- Victim-centered care
- Informed consent & confidentiality
- Reporting to law enforcement
- Payment for exam under the Violence Against Women Act (VAWA)
- Timing, evidence collection kit, supplies, facility, and personnel



What Does a SANE Exam Involve?

- Triage/immediate medical needs
- Medical history
- Head-to-toe physical exam
 - Internal exams of vagina, mouth, and/or anus
 - Samples of blood, hair, underneath nails, surface swabs,
- Possible additional tests for alcohol/drug facilitated assaults and STI's
- Accurate documentation, including photographs and specimens
 - Including clothing
- Pregnancy risk and care
- Discharge and follow up
- Court appearances



Implications for Practice:

Intimate Partner Violence

Intimate Partner Violence

- **Centers for Disease Control (CDC)**
 - *CDC definition:* “Physical violence, sexual violence, stalking and psychological aggression by a current or former intimate partner.”
- **Characteristics of IPV**
 - Intimate partners may include current or former spouses, dating or sexual partners.
 - May occur in heterosexual and same-sex relationships.
 - IPV is common; affecting 1:4 women and an estimated 1:10 men.
 - Health and economic consequences of IPV are substantial.

“IPV is a serious and preventable public health problem.”

Methods of Control, Violence, and Abuse

Spectrum of Behaviors

Child Abuse - Grooming

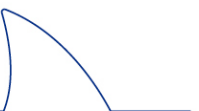
Sexual Assault - Isolation tactics

Intimate Partner Abuse/Violence

- Physical, sexual, and emotional
- Can also include verbal and economical abuse

Strangulation

- Most lethal form of DV – death may occur in minutes
- May have no readily visible injuries, but due to lack of oxygen may have internal injuries



Intimate Partner Violence

Brief Discussion

- What makes intimate partner violence so difficult to recognize?
- What barriers exist which may limit effective response to IPV?

Major considerations

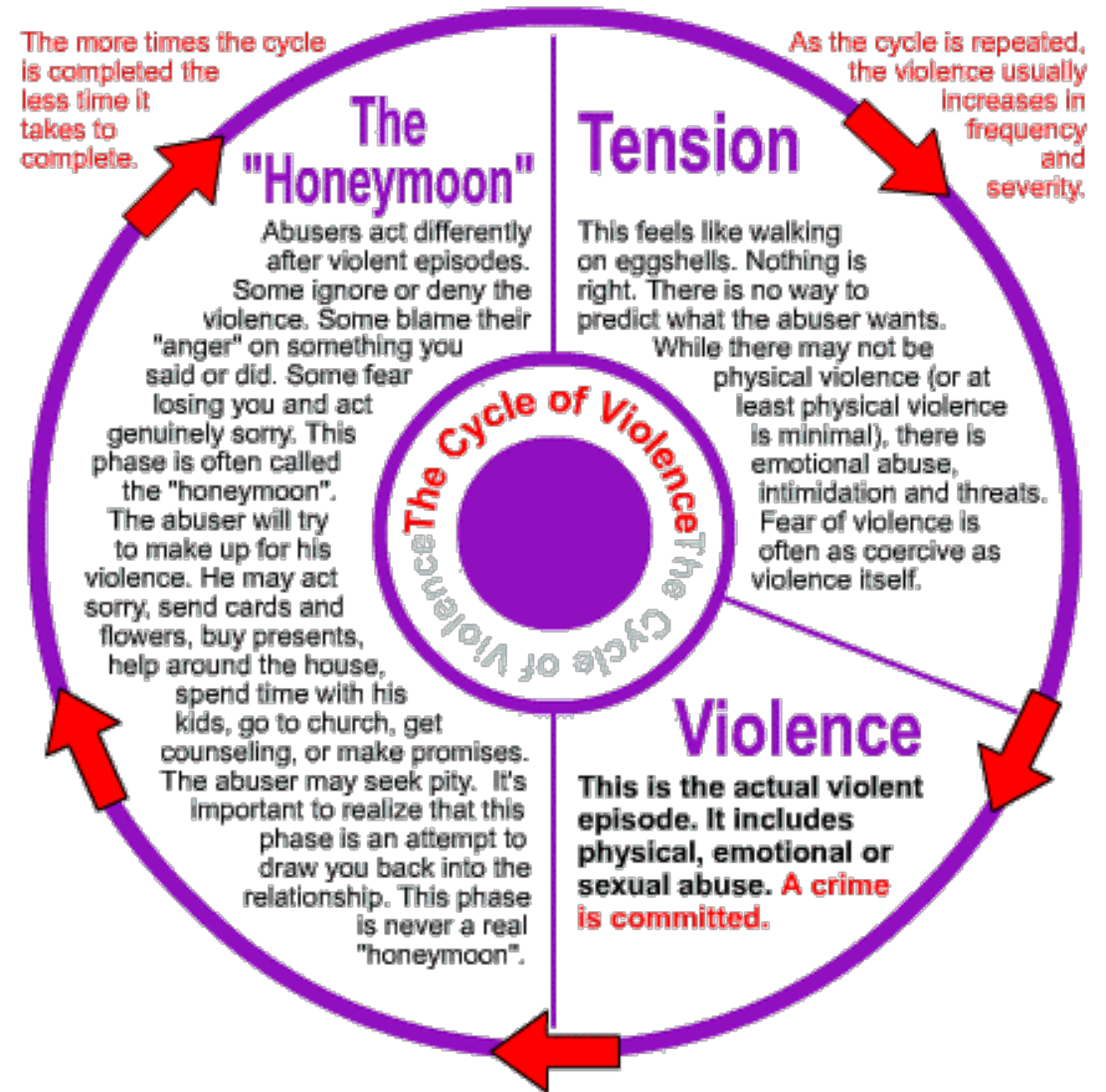
- Behaviors often occur in private
- Relationship dynamics
- Concerns related to safety, welfare



Intimate Partner Violence

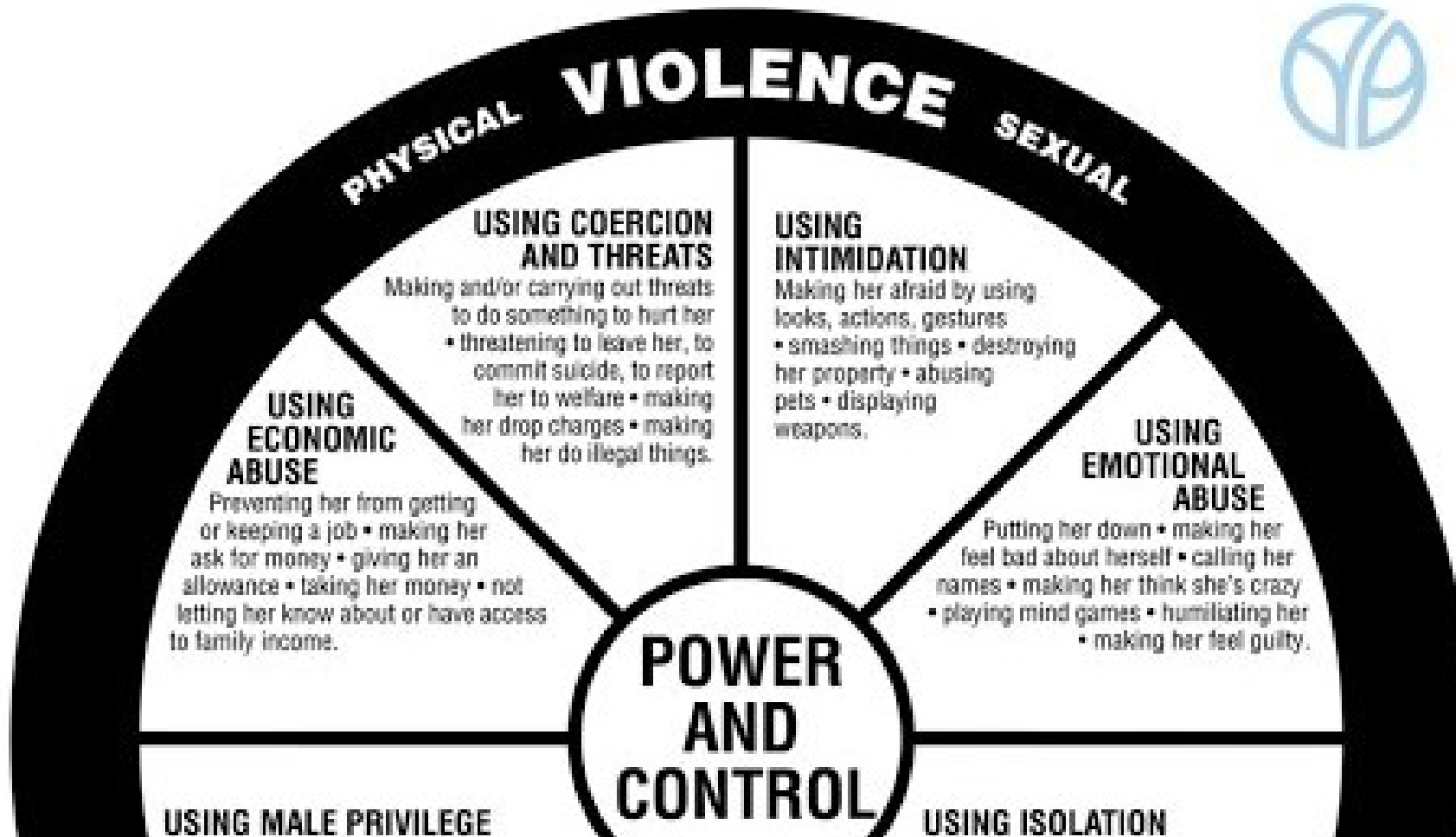
Cycle of Abuse

- **Tension-building Period**
 - May be characterized by verbal abuse, irritability, controlling or possessive behavior, “walking on eggshells”
- **Violent Episode**
 - May be characterized by fits of irrational anger, acts of violence and threats
- **Honeymoon Phase**
 - May be characterized by remorse, promises to change, gaslighting.



Intimate Partner Violence

Power & Control



Why Does this Matter to You?

“I firmly believe that we as healthcare providers have the capacity and the ability to do an excellent job of identifying and managing survivors of IPV in our care settings (and we’re ALL exposed to survivors, whether we know it or not)”

-Katherine Thompson, PA-C

Why Does this Matter to You?

“Forensic medicine for IPV encompasses the medicolegal investigation and exam of survivors of sexual assault, human trafficking, domestic violence, child abuse (sexual and non), elder abuse, workplace violence, non-fatal strangulation, and even other violent crimes, like gunshot wounds, attempted kidnappings – the list goes on”

-Katherine Thompson, PA-C

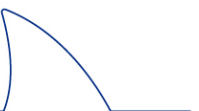
Implications for Practice:

The person is your patient, the body is a crime scene

Attempted Strangulation

- How much pressure (psi) is required to close the trachea?
 - **33 lbs psi**
- How much pressure (psi) will occlude the carotid arteries?
 - **5-6 lbs psi**
- What percentage of violent deaths in the U.S. occur due to strangulation?
 - **10%**
- May occur through hanging, ligature, or manual
 - Signs of petechial hemorrhaging
 - Hoarseness, raspy voice, sore throat
 - Indication of loss of control of bodily functions, etc.

Trigger warning for next slide



SYMPTOMS of Strangulation

Injuries not visible to the naked eye; observable only to the victim*

Source: Strangulation in Intimate Partner Violence, Chapter 10, Intimate Partner Violence, Oxford University Press, Inc. 2008.

- ### NEUROLOGICAL
- Loss of memory
 - Loss of consciousness
 - Behavioral changes
 - Loss of sensation
 - Extremity weakness
 - Difficulty speaking
 - Fainting
 - Urination
 - Defecation
 - Vomiting
 - Dizziness
 - Headaches

- ### VOICE & THROAT CHANGE
- Raspy or hoarse voice
 - Unable to speak
 - Trouble swallowing
 - Painful to swallow
 - Clearing the throat
 - Coughing
 - Nausea
 - Drooling
 - Sore throat
 - Stridor

- ### BREATHING CHANGES
- Difficulty breathing
 - Respiratory distress
 - Unable to breathe

SIGNS of Strangulation

Visible evidence of injury; observable to others as well as to the victim*

Source: Strangulation in Intimate Partner Violence, Chapter 10, Intimate Partner Violence, Oxford University Press, Inc. 2008.

- ### SCALP
- Petechiae
 - Bald spots (*from hair being pulled*)
 - Bump to the head (*from blunt force trauma or falling to the ground*)

- ### EYES & EYELIDS
- Petechiae to eyeball
 - Petechiae to eyelid
 - Bloody red eyeball(s)
 - Vision changes
 - Droopy eyelid

- ### FACE
- Petechiae (*tiny red spots - slightly red or florid*)
 - Scratch marks
 - Facial drooping
 - Swelling

- ### CHEST
- Chest pain
 - Redness
 - Scratch marks
 - Bruising
 - Abrasions

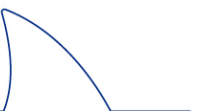
- ### EARS
- Ringing in ears
 - Petechiae on earlobe(s)
 - Bruising behind the ear
 - Bleeding in the ear

- ### MOUTH
- Bruising
 - Swollen tongue
 - Swollen lips
 - Cuts/abrasions
 - Internal Petechiae

- ### NECK
- Redness
 - Scratch marks
 - Finger nail impressions
 - Bruising (*thumb or fingers*)
 - Swelling
 - Ligature Marks

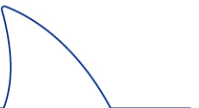
What Would You Do?

- Annie comes in with her spouse, Chris. Chris appears very possessive during the appointment and when you ask Annie if she prefers to be examined alone, Chris answers for her and puts an arm around Annie as if to comfort her. You observe Annie shrink back and see what you think is a look of fear on her face.



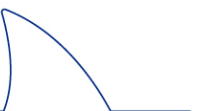
What Would You Do?

- Eric, patient you have seen twice previously, comes in to get a refill of his asthma medications. You observe what appears to be a contusion on his left cheekbone. He saw a different doctor last time he came in, but you see notes about contusions on his arms from the last visit. When you ask about his cheek, he plays with the strings on his hoodie and tells you he ran into a door.

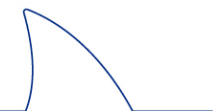


What Would You Do?

- Char is a 19-year-old admitted to the hospital. She was found intoxicated and wearing little clothing. When she wakes up she is confused and wants to leave the hospital to find her phone and her purse. You are aware the police took these items for evidence. She is afraid that her parents will be worried about her and doesn't want to get into trouble.



Wrap-Up Video



Resources & References

NSU Title IX Resources for Health Professions' Students:

<https://www.nova.edu/title-ix/virtual-health-professions-resources.html>

The screenshot shows the website [nova.edu/title-ix/virtual-health-professions-resources.html](https://www.nova.edu/title-ix/virtual-health-professions-resources.html). The page has a blue header with the text "TITLE IX: SEXUAL MISCONDUCT". A left sidebar contains a navigation menu with items like "Home", "Initial Responses to Sexual Violence", "NSU Title IX/Sexual Misconduct Policy", "Title IX Resolution Procedures", "Violations of the Law", "Prevention of Sexual Misconduct", "Pregnancy & Parenting", "NSU Peer Educator Program", "Resources", "Faculty", "Students", "Health Professions Students", "K-12 Parents", "Social Media Resources", and "Archived Information". The main content area features a photo of four healthcare professionals and the heading "Virtual Resources For Health Professions Students". Below the photo is a paragraph: "As a healthcare professional, you have ethical and professional obligations to serve your patients. We believe that NSU alumni who serve in the health professions can have an edge over their peers in understanding trauma and its effect on patients and ensuring that their health care environments are free from harassment and discrimination. We partner with academic programs to infuse these concepts into the curriculum and offer resources below to our students and faculty towards ensuring a quality of care that is unmatched." Underneath this paragraph are two sub-sections: "Creating a Harassment-Free Practice" with links to "National Center on Domestic Violence, Trauma & Mental Health" (including "A Trauma-Informed Approach to Employment Support: Tools for Practice") and "Office of Victims of Crime - Office of Justice Programs" (including "The Vicarious Trauma Toolkit").

The screenshot shows the website [nova.edu/title-ix/saam.html](https://www.nova.edu/title-ix/saam.html). The page has a blue header with the text "TITLE IX: SEXUAL MISCONDUCT". A left sidebar contains a navigation menu with items like "Home", "Initial Responses to Sexual Violence", "NSU Title IX/Sexual Misconduct Policy", "Title IX Resolution Procedures", "Violations of the Law", "Prevention of Sexual Misconduct", "Online Training for Students -FAQ", "Online Training for Employees - FAQ", "Workshops & Programs", "Stalking Prevention", "SAAM", "Pregnancy & Parenting", "NSU Peer Educator Program", "Resources", and "Archived Information". The main content area features a large graphic with four teal ribbons and the text "April is Sexual Assault Awareness Month" with the NSVRC logo. Below the graphic is the heading "Sexual Assault Awareness Month 2022 Events" and a paragraph: "Sexual Assault Awareness Month (SAAM), observed each April, aims to increase awareness about the causes and risk factors for sexual assault and to empower individuals to take steps to prevent it in their communities. Review the information below for in-person and virtual events designed to help us all prevent sexual violence in our community. Please note that many of the virtual events require registration in advance!". At the bottom of the main content area is a blue button labeled "Clothesline Project".

Questions & Discussion

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