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TRAUMA-INFORMED PHYSICAL EXAMINATIONS AND STBBI TESTING

A guide for service providers



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WHAT IS TRAUMA?

- Trauma can be broadly defined as experiences that overwhelm an individual's capacity to cope.¹ Trauma can have lasting adverse effects on a person or community's mental, physical, social, emotional or spiritual well-being.
- Traumatic experiences could include physical abuse, emotional abuse, sexual assault, intimate partner violence (IPV), adverse childhood experiences (ACEs), neglect, loss, poverty, war, historical trauma (e.g. genocide), racism, community violence, medical trauma, natural disasters, and vicarious trauma. What individuals define as traumatic, as well as how individuals respond to an experience of trauma, will vary from person to person.
- Traumatic experiences can often involve a loss of power, control, or trust—trauma survivors may therefore feel a deprived sense of safety, autonomy and trust.²

WHAT IS TRAUMA- (AND VIOLENCE-) INFORMED CARE?

- Providing Trauma-Informed Care (TIC) involves understanding, recognizing, and responding to the effects of all types of trauma. TIC emphasizes physical, psychological and emotional safety for patients and providers, and helps build a sense of trust, control, and empowerment. Trauma-informed principles can be applied universally to all clinical interactions, and does not require providers to seek disclosures of traumatic experiences from their patients or be experts in treating trauma symptoms.³
- Trauma- and Violence-Informed Care (TVIC) expands this concept to acknowledge the broader social and structural conditions impacting people's health, including structural violence and inequities, discriminatory systems, and ongoing experiences of violence.⁴
- Researchers and clinicians have identified the following four principles of trauma-informed practice:¹
 1. Awareness of the prevalence and impacts of trauma
 2. Emphasis on creating safety and trust
 3. Facilitating opportunities for choice, collaboration, and connection
 4. Building on individuals' skills and strengths

TRAUMA- INFORMED PHYSICAL EXAMINATION:

The physical examination is a standard component of most medical encounters. It can be an opportunity to establish trust and reinforce a sentiment of care between provider and patient, but can also expose patients to shame, vulnerability, and/or (re)traumatization. For example, the vast majority of patients have negative reactions to pelvic speculum exams, and nearly half of adult survivors of childhood sexual abuse report that gynecologic exams trigger memories of prior abuse.^{5,6} Physical examinations can similarly bring up past experiences of abuse or violence or otherwise cause distress or discomfort, for people of any gender.

A trauma-informed approach to the physical examination involves using language and maneuvers to communicate respect and restore a sense of safety, autonomy, and trust. The following framework for a trauma-informed physical examination was developed in the primary care setting and can be applied to all patient encounters to increase comfort, safety, and a sense of control during examination, regardless of whether the patient has a known history of trauma.⁷ This approach can also be applied to any form of physical examination, not only those typically thought of as “sensitive”.

QUICK TIPS:

- Be polite and professional
- Explain the standard nature of the examination to be performed and its medical relevance
- Ask permission before proceeding
- Provide instructions using easy-to-understand, professional language (e.g. “I will now inspect the penis for any ulcers” versus “now I want to look at your penis”)
- Utilize appropriate non-verbal skills (e.g. stay within eyesight, respect personal space)
- Avoid the phrase, “for me” (e.g. “lower your pants for me”), and language which may have sexual connotation (e.g. “exam table” vs. “bed”)
- Remain mindful of draping, patient modesty and comfort throughout the examination
- Be open to new methods and patient assistance (e.g. patient’s hand over the examiner’s⁸, self-insertion of specula or swabs⁹, foregoing stirrups¹⁰)
- Consider asking “what questions do you have?” as an open-ended invitation for patient inquiry, versus “do you have any questions?”

A TRAUMA-INFORMED PHYSICAL EXAMINATION:

There are three phases to consider when conducting a trauma-informed examination: before, during, and after the examination. Sample dialogue relating to examinations and testing for sexually transmitted and blood-borne infections (STBBIs) and other sexual health-related concerns are highlighted in the framework below.

BEFORE THE EXAMINATION:

CHECK NON-VERBALS

- *Speak clearly and calmly, appear engaged, maintain appropriate eye contact, sit/stand at eye level with the patient, avoid sudden movements, and be aware of patient cues (i.e. tensing muscles, fidgeting, breathing quickly, appearing distracted, crying)*

SET AN AGENDA

- “I’d like to transition now to the physical exam. I recommend that we do a pelvic exam, which should only take about 5 minutes. How does that sound to you?”
- “When we’re finished, you can head to the laboratory for bloodwork. We will be doing routine screening blood tests for HIV, hepatitis, and syphilis.”

MAKE IT STANDARD

- “This is something that we do with all of our patients who come in with symptoms of a sexually transmitted and blood-borne infection, or STBBI.”

IDENTIFY CONCERNS

- “What questions do you have before the exam?” “Do you have any concerns you would like me to be aware of?”

ASK ABOUT COMFORT

- “Is there anything we can do to make you more comfortable during the exam? Please tell me if ever you feel uncomfortable and we can pause the exam—you are in control of the pace.”¹¹

OFFER SUPPORT PERSON

- “Would you like anyone else to be present for the exam?”

DURING THE EXAMINATION:

ATTEND TO DRAPING AND MODESTY BY:

- Giving clear, specific directions of what clothing can be removed or left on and how to wear/position the gown or drape
- Only exposing areas that are being examined, and where possible allow the patient to move the gown or drape as needed
- Not assuming that patients are comfortable bearing parts of their body (e.g., chest, legs)
- “I’m going to close this curtain, exit the room, and allow you to change. Please remove the pants and underwear. You may leave the socks and shoes on, if you’d like. Once you’re ready, you can have a seat on the exam table. Here’s a drape for you to place over the lap. I’ll be back in a few minutes. I’ll knock before I come in.”

Using “the” rather than “your” makes the statement more professional and clinical, less personal.

INTRODUCE EXAMINATION COMPONENTS

- “To do a pelvic exam, we start by first inspecting the genitals and then doing an internal vaginal exam, using this speculum.”

“Inspect”, “examine”, and “check” are recommended over “look at”, “feel”, and “touch”.

- “We will be using this thin cotton swab to collect a sample from the anus for additional testing.”

EXPLAIN WHY

- To ensure that all patients fully understand, be sure to use plain language and provide translator services as appropriate.
- “This exam is important because we need to see if you have any signs of a sexually transmitted infection. Our goal is to keep you healthy.”

STAY WITHIN EYESIGHT

- “We’ll keep the head of the exam table elevated slightly, so that you can see what I’m doing. Would you like to hold a mirror?”

ASK PERMISSION

- “Please move the buttocks all the way down to the edge of the exam table, and place the feet in these foot rests. You can allow the legs to fall to the side. Then I will need to lift the drape slightly, in order to inspect the external area. Is that alright?”

Be mindful of word choice—consider “buttocks” instead of “butt”, “exam table” instead of “bed”, “foot rests” instead of “stirrups”, “allow the knees to fall to the side” instead of “open your legs”, and “healthy” instead of “normal”.

CHECK IN TO ENSURE PATIENT COMFORT

- “How are you doing?”
- “Some find it helpful to take a deep, relaxing breath”

Be cautious when giving suggestions to calm or comfort patients (e.g., “pretend you’re at the beach”), as traumatic experiences could be associated with a variety of places, people, objects etc.

USE PROFESSIONAL TOUCH

- “First, you are going to feel my hand on the buttock. Next you’ll feel some pressure in the rectum. Is it alright to proceed?”

BE EFFICIENT

- *Reduce the time procedures take when possible and take breaks as needed.*
- *Ask the patient to show you a genital lesion, rather than taking time to find it yourself.*
- “You mentioned feeling a lump a few days ago—can you show me where it is?”
- “That concludes the exam. We’ll help you sit up. I’m now going to step out so that you can get dressed. Here are some tissues if you need them to wipe off. I’ll be back in a few minutes so that we can come up with a plan for next steps together. I’ll knock before I come in.”

AFTER THE EXAMINATION:

EXPRESS THANKS

- “Thanks very much for coming to this appointment and for helping me perform a physical exam.”

DISCUSS RESULTS

- “Your exam showed no abnormalities, which is good news. We will still send off a sample for lab testing, just to be sure. We’ll be in touch over the next few days with results.”
- (Alternatively) “Your exam did show some abnormal discharge. We sometimes see this in patients with an STBBI. We will send off a sample for lab testing, just to be sure. We’ll be in touch over the next few days with results. In the meantime, I’d like to call in a prescription for antibiotics.”

PROVIDE AN OPPORTUNITY FOR QUESTIONS

- “What questions do you have?”

In collaboration with Dr. Sadie Elisseou, this tool was adapted from a trauma-informed physical examination curriculum developed for first year medical students. For more information on the curriculum, refer to: Elisseou S, Puranam S, Nandi M. [A Novel, Trauma-Informed Physical Examination Curriculum for First-Year Medical Students. MedEdPORTAL. 2019;15:10799.](#)

REFERENCES

- ¹ BC Provincial Mental Health and Substance Use Planning Council. (May 2013). Trauma-Informed Practice Guide. [PDF file]. British Columbia, Canada. Retrieved from: http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf.
- ² McConnico N, Boynton-Jarrett R, Bailey C, Nandi M. A Framework for Trauma-Sensitive Schools: Infusing Trauma-Informed Practices into Early Childhood Education Systems. *Zero to Three*. 2016; 36(5): 36-44.
- ³ The Trauma Informed Care Project. <http://www.traumainformedcareproject.org>. Accessed August 16, 2017.
- ⁴ Violence Evidence Guidance Action (VEGA). (November 8, 2016). Overview: Trauma- and Violence-Informed Care (TVIC). Public Health Agency of Canada. [PDF file]. Retrieved from: <https://projectvega.ca/2016/11/08/overview-trauma-and-violence-informed-care-tvic/>.
- ⁵ Adrienne A. Williams & Mozella Williams (2013) A Guide to Performing Pelvic Speculum Exams: A Patient-Centered Approach to Reducing Iatrogenic Effects, *Teaching and Learning in Medicine*, 25:4, 383-391.
- ⁶ Leeners B, Stiller R, Block E, Gorres G, Imthurn B, Rath W. Effect of childhood sexual abuse on gynecologic care as an adult. *Psychosomatics* 2007;48:385-93.
- ⁷ Elisseou S, Puranam S, Nandi M. A Novel, Trauma-Informed Physical Exam Curriculum for First-Year Medical Students. *MedEdPORTAL* .2019;15:10799. https://doi.org/10.15766/mep_2374-8265.10799
- ⁸ Holtz KA. A practical approach to clients who are survivors of childhood sexual abuse. *J Nurse Midwifery* 1994;39:13-8.
- ⁹ Wright D, Fenwick J, Stephenson P, Monterosso L. Speculum 'self-insertion': A pilot study. *Journal of Clinical Nursing* 2005;14:1098-1111.
- ¹⁰ Seehusen DA, et al. Improving women's experience during speculum examinations at routine gynaecological visits: a randomized clinical trial. *BMJ* 2006;333: 171-4.
- ¹¹ Reproductive Health Access Project. (February 2015). Contraceptive Pearl: Trauma-Informed Pelvic Exams. Retrieved from: <https://www.reproductiveaccess.org/resource/trauma-informed-pelvic-exams/>.

