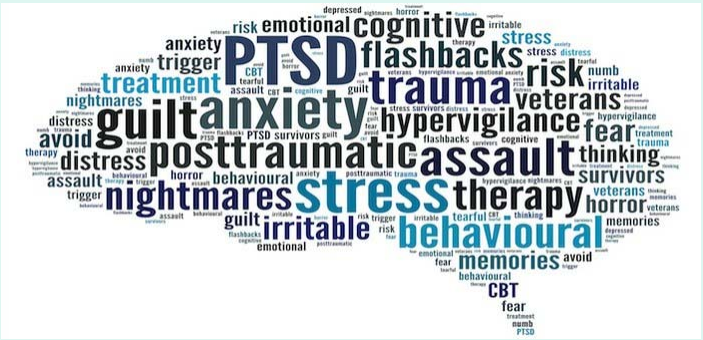
Trauma and the Pelvic Floor

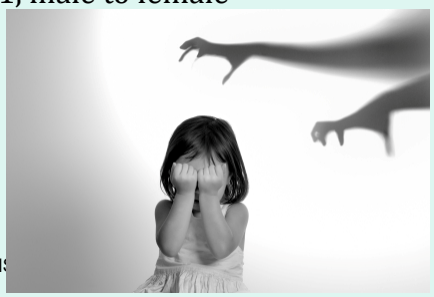
Lisa Aldworth, MSW, RSW, Therapist



Canadian Statistics

- 1 in 3 girls experience an unwanted sexual act in childhood/adolescence
- 1 in 6 boys experience an unwanted sexual act in childhood/adolescence
- Children are at greatest risk of being sexually assaulted by someone they know
- 95% of child sexual abuse victims know their perpetrator
- Perpetrators: Ratio of 10 to 1, male to female

(Source: Child Sexual Abuse: The Canadian Badgley Royal Commission, Report on Sexual Offences Against Children and Youths, 1984)
(Source: Family Violence in Canada: A Statistical Profile, Canadian Centre for Justice Statistics, 2007)



Defining Childhood Sexual Abuse

- All sexual touching between adult & child
- Any sexual behavior (looking, showing, or touching) that meets the adult's sexual needs
- Can include touching, force, pain or penetration
- Includes creation/distribution/viewing of child porn
- Sexual touching between children = sexual abuse when age gap of 3 or more years between the children or if different developmentally or in size

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Birth Trauma

Between 25-35% of women report that their births were traumatic.

~ Penny Simkin, PT, PATTCh Founder

Causes of Birth Trauma: Physical Harm

- Use of interventions such as pitocin, forceps, vacuum extraction, and cesarean section
- Unrelieved pain during labor and/or childbirth
- Long and difficult labor
- Perceived loss of control during the childbirth
- Physical harm or fear of harm to baby including disability or death
- Physical harm or fear of harm to mother including disability or death

Causes of Birth Trauma: Psychological Harm

- Depersonalizing experience of childbirth
- Feeling vulnerable or out of control
- Feelings of being without choice
- Being treated in a patronizing manner
- Being denied information about interventions
- Pressure to be a "good patient"

What is Post Traumatic Stress Disorder (PTSD)?

An experience of an event or events that involved actual or threatened harm including sexual violation, death or serious injury to oneself or others.

A psychological condition caused by overwhelming stress that cannot be controlled by normal coping mechanisms

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Neurobiology of Trauma

- Physiological reaction to trauma
- Biological response to threat of harm
- Brain reacts to threat = flood of stress hormones
- Make survivor hyper alert, preparing them for fight, flight or freeze
- Once threat has passed the body returns to normal

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Criteria for PTSD

- Nightmares or flashbacks about traumatic event
- Avoidance of thoughts, feelings, or conversations re: trauma
- Avoidance of activities, places, or people that remind of trauma
- Can't recall details of trauma
- Feeling numb/devoid of feelings, detachment from others
- Sense of foreshortened future/negative life outcomes
- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper-vigilance (constant 'fight or flight' mode)
- Duration of symptoms for more than one month

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Why does PTSD occur following childhood sexual abuse?

- Instills shame in victim
- Victims often too young to know how to express what is happening and seek help
- Secrecy re: sexual abuse in our culture
- Secrecy = Isolation = trauma
- Traumatic events overwhelm the ordinary coping mechanisms → 'shattered worldview'

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Why does PTSD occur following birth trauma?

- Cultural constructions of pregnancy, birthing, motherhood
- Most women don't assume they will have a negative experience, be mistreated or even anticipate having a reaction at all from being vulnerable/out of control
- Shock when trauma occurs – 'I thought I was ready/ok with any/all scenarios'
- Emotional impact of expectations vs reality

Why is a trauma lens important to healthcare professionals?

- For the trauma survivor to have the best experience in a medical office or their appointment, staff need to be "trauma-informed"
- Staff must understand the emotional issues, expectations, and special needs that a trauma survivor may have in a health care setting.
- Anxious feelings about appointments may be amplified for a trauma survivor
- May be triggered by memories of the trauma including physical pain by an authority and unbearably intense emotions

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Triggers in the Exam Room

- Examinations: Being in an exposed, vulnerable position including laying on back or stomach
- Power differential between patient and provider
- Being told what to do
- The removal or absence of clothing
- Close proximity of clinician
- Being touched/Holding legs open
- Perceived invasion of privacy when asked re: personal habits/family history
- Invasive procedures including anything that involve placing an instrument into a bodily orifice
- The focus on bodily pain or disorder – trauma survivors often perceive themselves as "broken" or "not good enough"
- Physical or chemical restraint
- Student training: Staff discussing patient may be experienced as being treated as an "object"
- COVID protocols including masking

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How can I tell someone is triggered?

- Important to remember that their bodies do not go away, nor resist what is happening, but their "self" goes away
- Will continue to participate in the conversation, but their "self" will not actually be there.
- They may not remember what was said when the come back after the danger or anxiety has passed.
- The danger can be physical, like being in the presence of a "trigger" that reminds them that some trauma is about to happen (sometimes called a flashback.)
- The trigger may be a sound, a story or some physical sight or event that causes them to flashback to a previous experience and to shut down or disappear within themselves.

Examples:

- Repetitive behavior like a cough, crossing legs or tapping fingers on desk
- Focus of eyes changes from good eye contact and actively responding, to eyes being glazed over and a loss of focus in the conversation

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Responding to a Triggered Patient

- "It seems to me like something just changed and that you went away somewhere. Did It?"
- Patient may agree or deny - Accept what they tell you!
- Gently acknowledge that you noticed dissociation
- Ask patient if there is any words or topics that may have triggered 'spacing out'
- "How do you feel when this topic or event is brought up?"
- Once a clinician/patient trust rapport has been established be open to discussing the value of therapy with clients

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Grounding Techniques

- Encourage patients to use self-observation to recognize when to slow down or step back as feelings escalate
- Encourage the practice of mindfulness to stay in the moment
  - The 5 senses
  - Body scan
- Develop phrases:
  - "Would you like me to slow down?"
  - "It seems you're not here/getting triggered. Should we take a break?"
  - "What would make you more comfortable?" (Patient may not know but will feel validated with your recognition of her discomfort)

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When Should I Refer to Therapy?

- Gently discuss trauma symptom observations
- Gently inquire if client has ever done counselling to cope with life stressors
- Ask if it is something he/she may be interested in
- Share information about the value of therapy:
  - For many survivors, a therapist is an integral part of support system & healing
  - A good therapist is a compassionate witness to the survivor's experience, understands trauma, and can guide through the healing

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Create a Survivor Friendly Office!

- Offer a calming, soothing office environment
- Provide relaxed, unhurried attention to the patient
- Talk over concerns and procedures before asking patient to disrobe
- Give her as much control and choice as possible about what happens and when
- Validate any concerns she might have as understandable and normal
- Be flexible about her having a support person in the room with her
- Explain each procedure and obtain consent

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Create a Survivor Friendly Office!

- Ask client if they are ready for you to begin
- Be clear that they can pause/end the procedure at any time
- Encourage questions/Ask about any worries or concerns
- Maintain a personable, friendly manner
- Be straightforward and generous with information
- Talk to client throughout; let them know what you are doing and why
- Encourage client to do what makes them feel most comfortable wherever possible such as: wearing their coat, listening to music or leaving door open/closed/ajar during intervention/treatment

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Remember: You can be part of your client's emotional healing process!

- Positive medical experiences can support healing from past abuse
- Helpful for survivors to experience a validating authority figure who gives them as much control and choice about the experience as possible
- Empowering experiences counteract the helpless, victim position they may expect to be in.

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Lisa Aldworth, MSW, RSW

Psychotherapist, Trauma Specialist

15 Schneider Ave, Kitchener, ON

e: lisaaldworthcounselling@gmail.com

Lisa Aldworth, MSW, RSW (2017)