Trauma-Informed Radiation Therapy

Sensitive Cancer Care for Sexual Abuse Survivors

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No Disclosures

Outline

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- Prevalence of Sexual Abuse
- Impact on Cancer Treatment
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Framework for Providing Trauma-Informed Care

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- Common Stress Reactions: Triggering & Dissociation
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- Experiential Grounding Practice

Intersection of Sexual Abuse and Cancer Care:
A Unappreciated, Pervasive Issue

Intersection of Sexual Violence and Cancer Care

- A medical office or hospital can be a terrifying experience for someone who has experienced trauma and childhood sexual abuse.
- It can feel frightening, threatening and uncomfortable, and re-traumatize patients.
- 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, avoidance of medical care, and can impact health outcomes.

Prevalence of Abuse and Sexual Violence

- One in three women world-wide have been affected by sexual violence; 14% of men. (WHO)
- In US, one in four children experiences some sort of maltreatment - physical, sexual, or emotional abuse. (CDC)
- One in four women has experienced domestic violence. (CDC)
- One in five women and one in 71 men have experienced rape at some point in their lives – 12% of these women and 30% of these men were younger than 10 years old when they were raped. (CDC)
- Reports of childhood abuse rates in medical populations (including both men and women) range from 22% to 44%. (Bonomi, et al, 2008)

Sexual Violence is Trauma

Trauma is a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well being. (SAMHSA)

Stress is compounded by a cancer diagnosis and treatment, Covid-19, racial and heath disparity, and social injustice.

Incidence of Sexual Abuse in Cancer Populations

- Each year more than 17 million people worldwide are diagnosed with cancer. (IARC)

- If only 30% have significant exposure to traumatic stressors, a potential 5-million people will view their cancer experience through the emotional lens of prior trauma.

- Abuse survivors make up a meaningful portion of every oncology clinic's patient load. (Schur, et al, JCO, 2011)

Impacts ALL Cancer Populations, including:

- Breast
- Gynecology
- Prostate
- Colo-rectal
- Anal
- Head and Neck
- Brain
- CNS

Trauma >Chronic Stress>Affects Health Outcomes

- Treatment Compliance
- Appointment Attendance
- Patient Distress - NCCN

- *A recent study from Roswell Park Comprehensive Cancer Center suggests chronic stress has potential to minimize therapeutic response to radiotherapy*

cancers

MDPI

Review

Highlighting the Potential for Chronic Stress to Minimize Therapeutic Responses to Radiotherapy through Increased Immunosuppression and Radiation Resistance

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Simple Summary: Stress is an integral part of life and is necessary for proper development and function of every organ. However, there is growing evidence that prolonged activation of the sympathetic stress response stress negatively affects the outcome of many diseases including cancer and impairs the efficacy of widely used therapies. In this review, we specifically focus on the potential mechanisms by which chronic stress could inhibit the efficacy of radiation therapy. We conclude that there is significant evidence for increased suppression of anti-tumor immune responses along with induction of tumor cell survival pathways. Because cancer patients are susceptible to many sources of stress, including stress associated with anxiety and depression, this survey provides a strong rationale for

Triggers in Cancer Care Setting

What types of cancer care procedures might be triggering or uncomfortable for survivors? *Any procedure that in any way reminds the patient of the original sexual violence. It may mirror or replicate prior traumatic experiences.*

- Having private parts of body exposed to strangers during exam/procedure.
- Having to stay still and stay quiet.
- Having items inserted into the body.
- Feeling ultrasound gel or latex.
- Having a technician resemble or smell like the perpetrator.

Triggers within Radiation Oncology Practice

- Machines can be perceived as overwhelming and threatening.
- The darkness in the treatment room can be a reminder of the darkness where the violence took place.
- Exposing patients' body parts for clinical mark up and treatment can leave survivors feeling vulnerable.
- Molds, a need for patient to lie still, the need for patient to spread legs while lying in a submissive position.
- A provider touching sexual organs and asking the patient to touch themselves.
- “Lie still“ or “just relax“ or “this will be over soon“.
- Marking patient with tatoos; photographing them.

Triggers - Sight

- An individual who resembles the abuser or who has similar traits or objects (e.g.,clothing, coloring, mannerisms).
- Latex gloves could resemble condoms or dental dam.
- A situation where someone else is being threatened or abused (e.g.,a scowl,a raised hand, actual physical abuse).
- The sight of an object that was part of the abuse or similar to such an object (e.g., a belt, rope, sex toys) or that is associated with the site where the abuse took place (e.g., a dark room, a closed or locked door).
- Cylinders inserted in vagina for brachytherapy treatment could resemble foreign objects used during abuse.

Triggers - Sound

- Sounds associated with anger (e.g., raised voices, arguments, loud noises, objects breaking).

- Sounds associated with pain or fear (e.g., sobbing, whimpering, screaming).

- A situation in which the survivor is being reprimanded.

- Sounds associated with the place or situation before, during, or after the abuse occurred (e.g., footsteps, a door being locked, a certain piece of music, sirens, birds chirping, a car door closing).

- Anything that resembles sounds that the abuser made (e.g., particular words, phrases or tone of voice, whistling, cursing, groaning).

Triggers - Smell

- Odors associated with the abuser(s)(e.g.,cologne or after-shave, tobacco, alcohol, drugs).
- Odors associated with the place or situation where the abuse occurred (e.g.,mildew, petroleum products, food odors, outdoor smells).

Triggers - Touch

- Any type of physical contact or proximity that resembles the abuse (e.g., touch on certain parts of the body, touch that comes without warning, standing too close, the sensation of breath on the skin, the manner in which someone approaches).
- Radiation masks can resemble restraints used during sexual abuse.
- The sensation of any type of object that was used during abuse (e.g., ice, gel similar to lubricant or semen, the sensation of equipment that is reminiscent of restraints used during abuse).

Triggers - Taste

- Anything patients taste during treatment, like contrast, medications, or a latex glove in their mouth can be a trigger.

Submissive Positioning

When the patient is lying in a position somehow lower than, or more vulnerable / exposed than, the treating provider.

Be Attentive: All Language Matters!

Using Trauma Sensitive Language

Trauma-Informed Care:

Sensitive, Integrated Treatment Response

Trauma-Informed Care

- A paradigm for creating safe spaces for individuals who have experienced trauma and reducing the likelihood that accessing services would cause re-traumatization.

- Includes practices that promote a culture of safety, empowerment, and healing.

- Understanding the symptomatology, but is also about ensuring that the core principles are infused into your language, daily work, environment, and relationships.

Trauma-Informed Care...

Incorporates three key elements:

- Realizing the prevalence of trauma.
- Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce.
- Responding by putting this knowledge into practice.

(SAMHSA)

Consider sensitive practice as a universal precaution. Apply the principles to all patients during all the interventions.

Sensitive Care must be the EXPECTATION not the EXCEPTION in our health delivery systems.

Nine Principles of Sensitive Practice

Fostering a Feeling of Safety

- Respect
- Taking Time
- Rapport
- Sharing Information
- Sharing Control
- Respecting Boundaries
- Mutual Learning
- Understand Non-Linear Healing
- Demonstrating Knowledge of Sexual Abuse

#1 - RESPECT

Sexual violence at its core is the perpetrator showing shocking disrespect to the person's body, boundaries, rights, freedoms, and controls. When a person is experiencing sexual violence they are treated as an object - not a person. If they feel objectified they won't feel safe with you. Respect needs and preferences.

#1 - RESPECT (continued)

- Admire for willingness to care for themselves.
- Give due regard to feelings wishes, rights, preferences.
- Feel confident you value them as individuals.
- In all possible circumstance, comply with their wishes.

#1 - RESPECT (continued)

Create a welcoming environment for all patients, including LGBTQ patients

- An immediate step healthcare systems and providers may take toward equity is to display brochures and educational materials about sexual and gender minority health concerns and customize health intake forms to include patients' preferred name and pronouns.

#2 - TAKING TIME

- Set expectations.
- Let patient know how much time you have together.
- Doesn’t have to take more clinic time.

#2 - TAKING TIME (continued)

- Make eye contact.
- Connect and engage.
- Listen without interruption.
- Be aware of nonverbal communication.
- Ask questions that show you’re listening.

#2 - TAKING TIME (continued)

- Should you reschedule for a different time of day or time? Maybe the last appointment of the day?
- Should you break up into two appointments?
- Should today be just to get to know each other? Schedule procedure on another day?
- Should you arrange for someone on staff to debrief after appointment?

#3 - RAPPORT

“A relationship characterized by agreement, mutual understanding, or empathy that makes communication possible or easy.“

- Merriam Webster Dictionary

#3 - RAPPORT (continued)

- Rapport conveys you see them as a person, that you seek to understand their concerns, and that your interaction will be built on mutual agreement.

- You are working together collaboratively rather you doing something to them.

#4 - SHARING INFORMATION

- Information sharing goes both ways: From the provider to patient and patient to provider.
- Provide clear expectations - what are you doing and why- every step of way.
- At conclusion - let them know what to expect to feel and experience after they leave the clinic.
- Remember, an abuse survivor may not know whats going to happen next or how long it will go on for and how bad it will be.

#5- SHARING CONTROL

- Makes patients feel safe, respected, and empowered.
- Means you're giving the patient as much control as possible over their treatment choice.
- May feel anxious when not in control - powerless - feels like original violence. Giving patient as much control during the appt as possible.
- Sharing control is best represented by letting patients know that whenever they need to take a "break" they can just tell you to stop and you will.

#5 - SHARING CONTROL (continued)

- Check in with the patient frequently. Ask how they are feeling multiple times, what you could do to help them feel more comfortable, and if they have any questions.
- Helps patients feel like active particpants, co-directing care, rather than feeling they are passive subjects enduring a procedure.

Ways to Share Control (external)

- Music
- Temperature
- Lighting

Ways to Share Control (relational factors)

- Small talk or quiet?
- Lie down or sit up?
- “Safe“ others in the room, or privacy?

#6 - RESPECTING BOUNDARIES

- Examples of boundaries: how much physical space or distance a patient prefers.
- Their preferred communication styles: do they feel safe if someone sticks with professional discussion and doesn’t chit chat?
- What topics of conversation feel comfortable or off limits?

#6 - RESPECTING BOUNDARIES (continued)

Respecting patient boundaries in practice:

- Stopping or pausing a procedure when a patient asks you to.
- Being alert to any patient verbal or non-verbal cues that suggest you've crossed a boundary - like patients pulling away or expressions of fear or anger.
- Stopping what you're doing and check in.
- Avoid complimenting physical appearance specially body parts.
- Avoid touch that isn't strictly necessary for procedure.
- Avoid making conversation during appointments that is focused more on you than patient.

#7 – MUTUAL LEARNING

- Listening and learning from each other.

#8 - UNDERSTANDING NON-LINEAR HEALING

- Good days and bad days so check in at every session.
- A procedure that was tolerable before might not be today.

#9 - DEMONSTRATE UNDERSTANDING OF SEXUAL ABUSE

- Display up to date brochures that offer services.
- During assessment and history let them know you know how past experiences can impact treatment.
- Have resources readily accessible for referrals.

Clinical Solutions:

Effective and Compassionate Response

Ongoing, Verbal, Informed Consent

Ask for your patient's consent step-by-step, throughout the appointment, each time and pause to give patient time to answer:

- A new area of the body needs to be touched.
- A new area of clothing needs to be moved aside or a new area of the body will be exposed.
- A new provider is about to enter the room.
- There will be a new sensation or experience.
- Sexual violence survivors need to have the opportunity to have control over what is done to their bodies.

When Triggered -NON VERBAL INDICATORS OF STRESS (freeze or flight responses)

- Rapid heart rate and breathing (breath holding or sudden change in breathing pattern may also be seen).
- Sudden flooding of strong emotions (e.g., anger, sadness, fear, etc.).
- Pallor or flushing.
- Sweating.
- Muscle stiffness, muscle tension, and inability to relax.
- Cringing, flinching, or pulling away.
- Trembling or shaking.
- Startle response.

What is Dissociation?

When our minds escape from an overwhelming, stressful, or traumatic experience by disconnecting from our surroundings. It is an avoidance coping strategy.

Indications of Dissociation

- Breaking eye contact.
- “Spacing out“ or being uninvolved in the present.
- Staring vacantly into the distance.
- Being unable to focus, concentrate, or respond to instructions.
- Not responding to questions or being unable to speak.
- May seem confused or vague.

In this state, patients may not hear what you are saying. Always give written instructions.

Steps to Take When You Observe Dissociation

- Stop whatever you're doing and pause the procedure.
- Take a moment to think about what might have made them feel threatened.
- Communicate what you are noticing.
- Ask them what part of the procedure was difficult.
- Normalize the experience.
- Think about whether you need their active participation at this time.
- Gently suggest a gently grounding technique.

Grounding Techniques

“Grounding“ means trying to stay in the present moment by using one or more of the five senses. Patients use their senses to notice very concrete details in the room around them, and how their body feels in the room.

As Patients Become More Oriented and Responsive

- Do not touch them.
- Offer verbal reassurance in a calm voice.
- Avoid asking complicated questions or giving complex instructions; instead, ask simple questions to try to connect with the person (e.g., “Are you with me?”, “Are you following me?”, “Do you have ways of staying present?”).
- Offer them a glass of water.
- Allow them the necessary time and space to regain their equilibrium (a quiet room may be helpful).

Reflection Activities

- Reflect on how aware you are of your patients' nonverbal reactions to treatment (e.g., flinching, stiffening, seeming in a daze), and how often you explicitly ask patients about those reactions.

- Reflect on times in which dissociation might have contributed to a patient seeming challenging or non-adherent.

S.A.V.E. the Situation

The acronym SAVE is a guide for responding effectively and compassionately in a variety of emotionally charged situations.

- Stop
- Appreciate
- Validate
- Explore

What To Do After the SAVE Protocol

- Orient clients to the present by reminding them where they are and what was happening when they began to have trouble staying present.
- Encourage slow, rhythmic “4-6 breathing” (inhale to the count of four and exhale to the count of six) and (if possible) sitting up and placing their feet on the floor.
- Remind individuals to keep their eyes open and to look around the room.
- Encourage patients to notice physical sensations (e.g., the feeling of their back on the chair and their feet touching the floor, or the sensation of the air on their face).

Support clients who have been triggered and ensure they do not leave encounter disorientated or embarrased:

- Normalize the experience.
- Ask what the clients need right now (e.g., do they want your company, or would they rather be left alone).
- Offer continuity of care (i.e., if time constraints prevent you from staying with upset clients as long as you would like, explain this and ask if someone else can help, such as another staff member or a friend whom you could call).

By emphasizing patient successes, rather than their struggles, we can help people feel more empowered and respected during cancer care.

Short Experiential Practice

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Thank you!

Questions?

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