

Preparing for COVID-19: A Healthcare Guide for Survivors of Violence

April 2020

Violence can have unexpected effects for survivors, even after the violence has stopped. If you've survived child sexual abuse, sexual exploitation, or sexual assault, some everyday activities like visiting the doctor or going to a health clinic may be difficult. They may be especially challenging during this current health crisis.

You're not alone. Many survivors of violence and abuse find that seeing a healthcare provider can be anxiety producing and triggering.

Going to a healthcare clinic or hospital can be hard because the staff may seem rushed, or unaware of how vulnerable it can feel. As a result, it may be difficult to connect and feel safe. This is especially true when many healthcare settings are experiencing an increased volume of patients. Going to the emergency room may be even more chaotic than usual.

There are steps you can take to make medical visits a little easier. But first, let's look briefly at some of the effects of abuse and why they might make this so challenging.

Why is going to the doctor so hard for me?

There are several reasons survivors struggle with health care

appointments.

1. Coping mechanisms can make it hard to feel and describe what we are experiencing.

Suffering sexual abuse and exploitation as children, adolescents or young adults is traumatic. We use a variety of coping strategies to survive the emotional and physical pain; we may distance ourselves, minimize the experience, avoid thinking about it, and even sometimes deny to ourselves that what we are experiencing is painful. These ways of coping sometimes make survival possible. However, they can also become a routine way of thinking, or handling difficult situations, even when we no longer need them. This can affect our health when we ignore signs of illness that may require immediate attention. It can also make it difficult to articulate what is happening for us physically and what we need, as a result.

2. The experience of the healthcare setting may be triggering and cause flashbacks.

Healthcare settings like emergency rooms can be stressful and hectic and some procedures can leave us feeling vulnerable or remind us of the violence that we've survived. Both the chaos and the reminders of abuse can cause survivors to re-experience painful memories of abuse. These experiences can leave us feeling a surge of anxiety and panic, or at times numb

and in a trance-like state.

What if I need to go to the emergency room?

At home: [Plan ahead](#)

Ask an advocate, friend, family member or partner to help you develop a plan in case you need to go to the emergency room.

1. Discuss under what circumstances you will seek emergency room care.
 - a. Most guidance says to go if you start to have trouble breathing.
 - b. The Centers for Disease Control provides guidance on their website at [CDC.gov](https://www.cdc.gov).
2. Discuss how you will get to the emergency room should you need to go.
 - a. Will you call for an ambulance or have someone drive you?
 - b. Consider whether it is safe to have someone drive you. Will you be exposing them to the coronavirus?
3. Will you be able to communicate with the emergency room staff?
 - a. Do you need an ASL interpreter or spoken language interpreter?
 - b. Have you had problems accessing interpreters when you've gone to your community hospital? If so, there are two

options: you can contact your local hospital if you start feeling sick to ask about language access or you can set up a plan for yourself, should you need emergency care. If your healthcare facility has struggled to meet your language access needs during previous visits, it's likely they will struggle more during this unprecedented crisis. Develop a plan for yourself to ensure you can communicate with doctors and nurses should you need to. Is there someone you know that can help you? Can you arrange for someone to call or video chat with in the event that there aren't interpreters available when you need care?

4. Can someone go with you?
 - a. Most hospitals have information about visit requirements on their websites. Review those and if you are still concerned, you might try calling or emailing the clinic with questions.
 - b. Having a support person helps alleviate some of the stress of chaotic health care settings. However, it may not be safe for a person to go with you or stay with you. Discuss this with your support person ahead of time and set up a plan for if you go alone. What can you do to manage your anxiety and fear while in hospital care?
5. Prepare yourself for the most likely medical procedures. There is a lot of information online about the common treatments used in

the emergency room to diagnose and treat COVID-19. These may include nose swabs, blood draws, the use of IV fluids and the placement of an oxygen tube, intubation, x-rays and cat scans. If any of those procedures has been challenging in the past, identify calming strategies you might use should you need any of these procedures.

6. Should you develop a card to give to emergency room personnel regarding any trauma disorders?
 - a. Many survivors of child sexual abuse, sexual exploitation and/or assault are left with trauma disorders because of the abuse. Some of these are complex post-traumatic stress disorder, post-traumatic stress disorder, dissociative identity disorder, other dissociative disorders as well as anxiety disorders to name a few. (We've provided an example of a card a person with dissociative identity disorder may create and take with them should they need emergency room care.)
 - b. Survivors may have learned how to manage these disorders and sharing what they know and asking for what they need with healthcare providers may help them and health care professionals.
 - c. Identify any language access needs and prepare a list of current medications, known allergies, and known triggers to

provide to the hospital staff that can be made available as important health details your care team would need to know.

At the hospital: Build rapport

Because child sexual abuse survivors weren't in a position to stop the people in their lives from hurting them, healing often involves taking control, making decisions about your life and your body, including asking for help and setting boundaries.

This pandemic has put a strain on our healthcare professionals and the strategies that may have helped in the past may not be available now. If you contract COVID-19 and need emergency room care, you may need intrusive life saving measures when arriving to the hospital and may not have time to establish a connection with the healthcare staff. Medical staff will be wearing face masks when interacting with you. This may also complicate your ability to build rapport before being treated or read body language during treatment. Let the healthcare professional know you need a few minutes to manage anxiety before they start working with you. Ask a few general questions to develop a connection.

1. Tell them you have a history of abuse.

If you feel comfortable, let them know that you are a survivor of violence. Explain how you think the violence may make it hard for you to get care. Let them know what you need in order to

feel emotionally safe while they help you get physically well. If you have developed an emergency card identifying a diagnosed trauma disorder, this might be the best time to provide it to the doctor or nurse and discuss it with them.

Trust your instincts during this discussion. Especially in a crisis, the relationship between you and the doctor or nurse should have open and caring lines of communication in order for you to feel comfortable being honest with them and relying on their help. It doesn't take long to build it. If it doesn't feel safe, trust yourself and either ask to talk with someone else or if that's not possible, just ask for what you need.

2. Take charge of your experience.

Be clear about what helps you get through a healthcare exam or hospitalization and let the healthcare professionals working with you know. Lay out the consequences of not having their cooperation. For example, you may be claustrophobic, and any restraints may cause you to panic. Let them know this. Share your list of medications, allergies and triggers with them. Ask them to note this in your chart and health files just as they would any allergy to medications. Authorize the sharing of this information with your personal medical representative, so that they can phone in often and review that your wishes and needs are being addressed. In this time of crisis when nurses and doctors are working such long hours, you may need to tell each

person that works with you especially after shift changes.

3. Strategize with them over your care.

Some of the strategies you've used in the past to get through medical appointments or hospitalizations may not be possible at this time. For example, in the past you might have had a support person with you at all times during a hospitalization. Explaining this and strategizing together about what is possible will be important. Although they may want you to have this, it may not be safe for your support person. It may also increase the spread of the virus. Talk this through with the healthcare providers. It's possible that you might be able to have a cell phone to stay in touch. You might ask for a nurse to check in more frequently to help you feel safe. Many hospitals are arranging video visits with supportive family and friends. Work together to figure out what might be most helpful given the current crisis.

**Authors: Olga Trujillo, JD and Patricia Moen
Caminar Latino/Latinos United for Peace & Equity**

This document was produced by the Vera Institute of Justice under award #2016-XV-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this document are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.