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## Introduction

- Trauma survivors may be fearful of being traumatized by medical examinations or procedures<sup>1</sup>
- Trauma survivors may have difficulties with appropriate boundaries and trust (including with physicians)<sup>1</sup> resulting from their past trauma
- Survivors of intimate partner violence are less likely to seek help if they appraise their problems as undesirable<sup>2</sup>
- Trauma survivors may also fear loss of privacy and stigmatization when seeking help<sup>2</sup>

### Research Questions

- What are the common characteristics of positive and negative health care experiences for trauma survivors?
- Have trauma survivors talked about their traumatic experiences with a healthcare provider?

## Methods

- Online survey of 15 adults living in Saskatchewan, Canada, who had experienced traumatic stress
- Questionnaires included
  - Demographic information
  - Brief Betrayal Trauma Survey<sup>3</sup>
  - Posttraumatic Stress Disorder Checklist for DSM-V<sup>4</sup>
- Diversified sample of 15 participants were selected for telephone interview
  - Healthcare Experiences Interview<sup>5</sup>
  - Digitally audio recorded
- Qualitative analysis: Thematic analysis
- 2 analysts (S.K. and M.R.)

## Results

Table 1. Participant demographics.

Factor	Mean (Range) or Number
Age	39 (24-75)
Gender (Female)	8
Ethnicity	
White/Caucasian	11
Aboriginal/First Nations	2
Asian/Pacific Islander	1
Mixed Race	1
Currently employed	7
Highest level of completed education (post-secondary education or higher)	12
Brief Betrayal Trauma Survey Score	4.4 (0-29)
Posttraumatic Stress Disorder Checklist for DSM-5	33.9 (0-59)

## ABSTRACT

Many trauma survivors have difficulties using the health care system. Their traumatic past may cause them to be fearful of medical examinations or procedures, worried they might find these examinations and procedures traumatizing. Trauma survivors may endorse cognitive schemas about safety and trust. As a result, they may develop mistrust towards individuals, particularly health care professionals who are able to provide them with the help they need. Shame and guilt are also common experiences for trauma survivor. This may lead to reluctance in seeking help, especially if they feel embarrassed and are concerned about negative responses from health professionals. The current study investigated health care experiences of trauma survivors in Canada. Fifteen adults with a history of trauma (interpersonal and non-interpersonal) were interviewed to explore their experiences with health care professionals and systems, and what it has been like for them seeking and getting help for their health problems. Analyses showed that trauma survivors had positive and negative experiences with doctors and other health care professionals. Characteristics of positive experiences include professionals who take the time to listen, demonstrate genuine concern, and are not judgemental. Characteristics of negative experiences include professionals who rush the appointment, are dismissive, and assert their authority. The common theme to whether or not trauma survivors had positive relationship with their health care providers was trust. They were more likely to disclose their traumatic experiences with providers they trusted and with those who were open-minded. Some were reluctant to talk about their traumatic past with providers as a result of a negative experience of a past disclosure with a provider. Findings from this study will contribute towards developing ways of helping trauma survivors get the health care that is most appropriate and comfortable for them.

## Conclusions/Implications

- Trauma survivors developed trust and connection with physicians who demonstrated compassion, understanding, approachability, and competence
- A trusting and collaborative relationship with physicians encouraged trauma survivors to disclose sensitive information and led to patient satisfaction and relief
- Relationships with physicians where there was distrust and power struggle were associated with non-disclosures, dissatisfaction and disappointment
- Highlights the importance of trust, connection and power in doctor-patient relationship amongst trauma survivors

### Limitations

- Results may not generalize to a population outside of Saskatchewan, Canada
- All data were collected before the start of analysis

## References

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## Results

### Positive Experiences

Physician was compassionate  
genuine  
understanding  
competent  
knowledgeable

Trust  
Connection  
Collaboration

Disclosures  
Satisfaction  
Relief  
Happy  
Calm  
Exuberant

### Negative Experiences

Physician was indifferent  
insincere  
not understanding  
irresponsible  
unprofessional

Distrust  
No connection  
Power difference

Non-disclosures  
Disappointment  
Disbelief  
Anxious  
Anger  
Frustrated

### Discussions about trauma experience

#### How it came up:

- Physician instigated
- Trauma survivor disclosed for means to an end
- Trauma survivor volunteered

#### Positive Outcome:

- There was trust
- There was collaboration
- Physician was compassionate
- Trauma survivor received resources

#### Negative Outcome:

- Physician was ignorant
- Physician was indifferent
- Discussion was counterproductive

### No discussions about trauma experiences

- No trust
- Lack of physician compassion
- Deal with it personally
- Not enough time

### Contact Information:

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Social Context of Health, and  
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