

Video Transcript

Working with victims and survivors of Child Sexual Abuse and Sexual Violence

0:19 (Dr. Leanne Beagley). Child sexual abuse and sexual violence against women, and men, is a public health issue. And we are very committed to having a conversation with you about what you can be doing as primary care practitioners and as often someone's first line of call, first contact, to be responding in a way that moves towards healing, for children and for families and for adults who live with an experience of child sexual abuse or who've experienced sexual abuse as an adult.

0:55 (Dr. Johanna Lynch). A good GP highly values whole person care, and that involves caring for people from before they were born, right through until they die, and also caring about what goes on inside them, including illness, you know, infections and diseases, but also the inner talking, the way we talk to ourselves, the way we treat ourselves on the inside.

1:18 (Dr. Leanne Beagley). One of the things that we're learning and we're particularly learning this from the stories that we hear and the wisdom of those with lived experience, is that telling your story about what's happened to you doesn't happen once, it's an unfolding story, it has chapters in it, and it has different impacts in different parts of someone's life. So just telling the story of something that's happened and having a, you know, a mandatory response from a health practitioner or a primary care practitioner, to ensure that someone is safe now and has the necessary supports from a legal perspective. Actually, that's not where it stops.

2:02 (Dr. Leanne Beagley). We understand from the research that, child sexual abuse and sexual violence against adults occurs across all demographics, across country and city, across CALD [culturally and linguistically diverse] communities, across different disability groups and within the queer community. So there's just a range of assumptions that we have to step away from and recognise that sexual violence is a problem across the board.

2:39 (Paul Klotz). Primary health, it is really about the community. I come from a regional area, a remote rural area. It's so much harder out there than it is in a metro side of, where you've got a greater choice. In the smaller towns, we don't have that choice. So we've got to have that better relationship with those people, and they then need to make sure that they understand; what are the needs of the community out there?

3:04 (Dr. Johanna Lynch). So, the people in our lives, the communities that we're in, the injustices and kind of oppressions we might have experienced, some of the practical things like housing and finances, that can make people's lives difficult. So all of those things for me are important when you're being a good GP. Look, I think it's

a real privilege to be there with people on the journey of their life. I say general practise, we're not necessarily going for cure, we're going for healing.

3:34 (Dr. Johanna Lynch). There's been a number of R'S that we talk about, the White Book has eight of them, and the National Centre has four that they're focusing on, which are the core four: Recognise, Respond, Refer and Reflect. One in three girls have experienced child sexual abuse, one in five boys. 40 percent of our community has had some exposure to domestic and family violence. And so, in everyday consultation, these people are in our rooms, and being aware of how common it is, should change our practise.

4:17 (Dr. Leanne Beagley). And the other thing we need to understand is that the long-term impacts of child sexual abuse and sexual violence are more and more understood now and are pointing to the need for us to be better and encouraging people to talk about it, recognising and believing what's happened to them and supporting them to get some healing and treatment. We know that there is physical responses to trauma, we know that there can be physical impacts from the actual assaults, but also that there are internal wounds that take time to heal, related to somebody's trauma.

4:53 (Malika Reese). So, I think for a GP to be able to say to someone, "What happened to you is not OK," it really helps a survivor feel seen and believed, and that we matter, and that's incredibly important. Shame can be crippling, and the shame that we feel as survivors, for many different reasons can prevent us or prevented me from wanting to speak out and admit it or voice it. You might feel uncomfortable listening to the stories but sit with the discomfort. You know, it's a lot harder for the person who's lived through it. So, to be heard and seen, believed, supported, is invaluable. It's priceless.

5:39 (Craig Mahony). First of all be really receptive, you know, be aware of, you know, that you are showing signs of active listening, and assure that child that they are gonna be looked after and that you are there to make them feel better. You know, make sure that you're able to convey to that child that they can say anything to you, that there are no secrets when it comes to them feeling better.

6:02 (Malika Reese). We're bringing this awareness so that both the GP might bring it up, and also we might feel safer as survivors to voice that and to know that there's nothing shameful in what we've gone through. Not what's wrong with you, but what happened to you, is such a powerful question. Don't be fooled by someone who says I'm fine, I'm fine there's nothing wrong with me, particularly with adults you could be more upfront and say, have you been inappropriately touched? Have you been abused or touched in a way that doesn't make you feel comfortable? With little kids it has to be a little bit more gentle and age appropriate.

6:36 (Paul Klotz). Listen to me, listen to what I'm saying, listen to what I'm not saying. In simplistic terms, look at me as a whole person, looking at all of the factors that are sitting behind what I've come to you for. Do what you say, so if you refer me, follow up with how that referral went.

6:57 (Dr. Johanna Lynch). We really aim for our patients to re-engage with their lives, no matter what has happened to them or what illness they still have, rehabilitating the sense of self being our key goal of care. So I'm watching for them trying to stay safe in the consultation and that can include them not telling me things or holding things back. And so, we need to have that sensitivity to notice what's not being said as well as what's said.

7:25 (Dr. Johanna Lynch). Reflection involves making sure we're still scientific in what we do. We can start to do unconscious things in our thinking, in our behaviour, in how we treat our patients. So, I kind of weave them into my assessment and to make them normal, that it's normal for us to ask these things, even if they're slightly uncomfortable and private. So each consultation needs to end with a sense that they felt safe during that time.

7:54 (Malika Reese). And that's why I'm glad that times are changing now that we're bringing this awareness so that both the GP might bring it up, and also we might feel safer as survivors, to voice that and to know that there's nothing shameful in what we've gone through.

8:09 (Dr. Johanna Lynch). Trauma informed care is a kind of code for whole person care that GP's already value and trauma specific care is now, you know, shown to be a beautiful range of care, including the expressive arts therapies that help us make sense through creating and through seeing patterns and colours and sounds and movement through somatic sensory. So noticing our bodies. I guess there's a good thing about caring in this space, is you know people can recover.

08:39 (Dr. Johanna Lynch). You've got hope inside you that this person can go to a better place with the right care, and I guess the main thing is to not leave them alone with the story anymore. So for me, hope comes as a kind of lending hope to someone at the beginning of their journey because we have seen so many go through the journey and come out the other end. Knowing that recovery is our goal and recovery orientation is a kind of goal towards healing.

09:10 (Paul Klotz). We just don't spend enough time understanding that - the GP to me is about healing - it's not about the medical side, the medicine side - it's about the healing side.

09:21 (Malika Reese). Commitment to people and community and helping people to heal is invaluable and it's so appreciated, and survivors just want to be seen and heard and acknowledged they want to feel safe. It's all we want is to feel safe.