The trauma-informed genital and gynecologic examination

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1 A history of sexual violence reduces the likelihood of people having timely genital or gynecologic examinations

In Canada, more than half of transgender people, 1 in 3 women, and 1 in 8 men report experiencing sexual violence.[1] Genital examinations trigger flashbacks and increase symptoms of anxiety in about 50% of people who have experienced sexual assault.[2,3] Given this high prevalence, trauma-informed care starts with the assumption that all people have experienced sexual trauma.

2 Trauma-informed examinations are performed "with" patients, ensuring that they feel safe, have control and are offered choices

The goal is optimal support while avoiding triggers or exacerbating trauma symptoms.[1] Health practitioners should use gender-neutral language; be sensitive to cultural, historical and gender issues; and explain to patients what to expect both before and during the examination.

3 Patient preferences should be established before the examination and these should be accommodated

Patients may prefer to choose the timing of the examination (e.g., the current health care encounter or a future appointment), and may prefer to have a support person present during the examination.[3] They may wish to self-collect samples or self-insert instruments.

4 Preserving patients' dignity helps them to feel empowered during the examination

Practitioners should leave the room when patients disrobe and dress. This validates patient dignity and allows time for them to formulate questions. During the examination, the patient's body should be covered, exposing only those areas it is necessary to expose and for the shortest time required. Findings should be shared only when the patient is fully dressed.[4]

5 People who decline an examination should be offered self-testing

Studies of self-testing for human papillomavirus and sexually transmitted infections have shown high rates of participation, ease of self-collection of specimens, and effectiveness of interventions.[6] Cervical and vaginal self-sampled specimens for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* yielded test sensitivities of 94%–99% and specificities of 97%–99%; vaginal self-sampled specimens for *Candida albicans*, *dubliniensis*, *parapsilosis* and *tropicalis* showed test sensitivity of 90%–94% and specificity of 90%–93%.[6] Results of self-collected samples were similar to those from clinician-collected samples. Urine testing is 98% sensitive and 99% specific for *C. trachomatis* and *N. gonorrhoeae* and may be used instead of cervical swabbing in those who do not wish to collect vaginal specimens.[5] Kits may be obtained cost free at local laboratories in Canada.

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