

Response to Disclosure Checklist

What should a Hearing Aid Practitioner say and do if a client discloses that they have experienced sexual abuse or sexual misconduct in the past? Communicating to the survivor that they have been heard and believed is critical! The practitioner's immediate verbal and non-verbal responses to disclosure can have a significant impact on the client.

Here is what you should do:

1. **Accept the information.** Individuals need to know that you have heard them and accepted the information. If you do not respond appropriately, it may be interpreted as a lack of interest. This may deter them from mentioning it again. They also may stop seeing you, or even worse, avoid all health care services.
2. **Express empathy and caring.** Survivors want to know that you care about them. Simple statements of empathy and concern can convey both compassion and interest.
3. **Clarify confidentiality.** Confidentiality is a vital concern for many survivors. Therefore, it is important that you confirm the degree of confidentiality that you can extend.
4. **Acknowledge the prevalence of abuse.** Understandably, many survivors feel isolated and alone in their experience. Having you demonstrate awareness about the prevalence and long-term effects of sexual abuse normalizes the experience for survivors and may reduce their sense of shame.
5. **Validate the disclosure.** You must validate the courage that it took to disclose this traumatic experience. Let the person know that you believe what they have told you. Failure to validate the individual's experience, silence or judgmental comments can be shaming and contribute to reticence to disclose in the future.
6. **Address time limitations.** It is important that the time constraints are communicated in such a way that will not leave survivors feeling dismissed or that they have done something wrong by disclosing. Consult with the individual and book another, longer appointment.
7. **Offer reassurance.** You should reassure survivors that you applaud the courage it took to talk about past abuse. Tell them that the information that has been shared will be useful to you in providing appropriate health care.
8. **Collaborate to develop an immediate plan for self-care.** Some survivors have unsettled feelings or flashbacks of their abuse as an immediate after-effect of disclosure. You should caution individuals who have just disclosed to be prepared for these feelings. You should work with the individual to make sure a specific self-care plan and supports are in place.
9. **Recognize that action is not always required.** You need to recognize that a survivor may simply want you to have the information. They may not necessarily expect you to do anything about it except to be present with them in the moment. But ask to be sure.
10. **Ask whether this is the client's first disclosure.** This can help you learn what supports the survivors already have and what they may still need.

Here is what you should NOT do:

1. **Convey pity.** “Oh, you poor thing”.
2. **Offer simplistic advice.** “Look on the bright side.” “Get over it.” “Don’t dwell on the past.”
3. **Overstate or dwell on the negative.** “Something like that can ruin your whole life.”
4. **Smile.** A neutral or concerned expression is more appropriate.
5. **Touch.** Do not touch without permission even if you intend it as a soothing gesture.
6. **Interrupt.** Let the individual finish speaking.
7. **Minimize or ignore** the experience of abuse or decision to disclose. “How bad could it be?” “What’s that got to do with your hearing problems?”
8. **Ask intrusive questions.** Do not ask questions about the abuse that are not pertinent to the examination, procedure or treatment.
9. **Disclose** your own history of abuse.
10. **Give the impression that you know everything** there is to know about abuse.

If you think that you have inadvertently responded to the disclosure in an inappropriate way, or if the client’s non-verbal feedback suggests a negative reaction to your initial responses, you should immediately clarify the intended message and check with the survivor for further reaction.

Source: *Handbook on Sensitive Practice for Health Care Practitioners*. Public Health Agency of Canada (2008).