TALK ABOUT SEXUAL VIOLENCE PROJECT

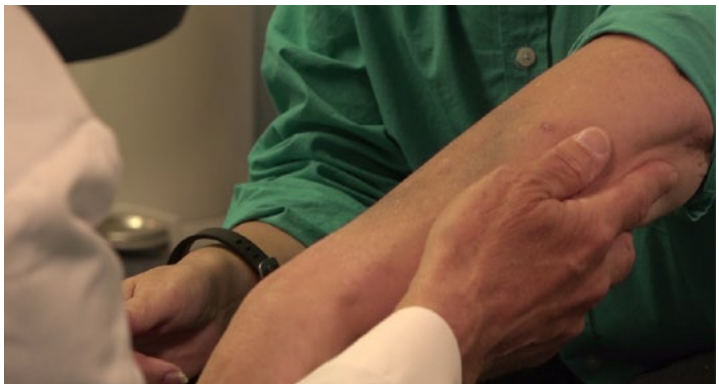
The Arc
National Center on Criminal Justice & Disability®

Focus Group Summary: Medical Providers

Background

People with intellectual and/or developmental disabilities (IDD) are sexually assaulted seven times more often than those without disabilities. Lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) individuals with disabilities also face high rates of sexual violence. Because of this, it is necessary that medical providers talk about sexual assault with their patients and offer support. Unfortunately, many medical professionals do not have the tools or training to facilitate these critical conversations.

Talk About Sexual Violence centers on **conversation groups of medical providers and people with disabilities, including survivors of sexual assault.** It is important to learn how medical appointments can be more supportive and patient – centered, especially if someone has experienced sexual assault.



Methods

Conversation groups were designed as a live, online video session with medical professionals who answered questions about their practices with patients who had been sexual assaulted, including those with disabilities. Multiple sessions were also conducted to gather views from people with IDD about their experiences during appointments with medical providers. The names and logos of participating organizations can be found on the last page.

Talk About Sexual Violence develops tools and improves provider capacity and patient support. The project's formative approach led to outcomes shaped by the needs and preferences of target audiences—both patients and medical providers. Participants shared experiences from their professional practices, as well as suggestions for more effective patient approaches.

YOUR MEDICAL PRACTICE

1) What is your experience regarding patients with disabilities and sexual violence?

- It's difficult to elicit history when I cannot communicate with the victim.
- History most often provided by caregiver; we try to get it from the victim.
- Often caregivers are involved in giving consent needed for forensic exams.
- If a patient has mental health history, believability can be challenging.

2) We know medical appointments don't allow much time, so health care providers cannot have in-depth conversations about sexual assault. What are other barriers?

- Cultural differences.
- Providers may ignore indicators of sexual assault due to mental health issues.
- Protecting confidentiality among multidisciplinary team members is challenging.
- Patient records could be accessed online by caregiver who may be an abuser.
- Financial disincentives, less reimbursement for exams and follow-up.
- Identifying signs of sexual assault can be difficult, not all departments are required to screen for them.

3) Patient-centered approaches and supported decision-making allow people with disabilities to be guided, without relinquishing their right to make decisions. Have you used this approach?

- Yes, but need to teach medical students the value of patient-centered interaction.
- We must teach all clinicians to be patient-centered, and not focus on caregivers.

4) Is there a professional in your practice who supports patients who are sexually assaulted?

- Yes, we have support services, the clinician hands off and social worker handles next steps.
- No, but training is provided routinely on sexual assault diagnosis and making referrals to social workers.

YOUR HEALTH CARE ORGANIZATION

1) What is the protocol for asking about sexual assault and personal safety that enables you to speak with a patient in private?

- Sometimes have problems asking caregivers to leave because of the subject and lack of rapport with the patient.
- Difficulty asking the caregiver to leave when a patient is nonverbal.
- Some patients are uncomfortable being alone with a new doctor.
- Sometimes important to have caregiver in the room as the patient may need help understanding.

2) Does your organization have guidelines about mandated reporting?

- We have an internal abuse website as a resource.
- We have training for clinicians about options and next steps.

3) Does your health care organization require or provide training about sexual assault? About intellectual/developmental disabilities?

- Yes, on sexual assault.
- Haven't received training on assault and any disability.
- No, need training on trauma experienced by people with disabilities.

RESOURCES

1) How can the capacity of medical providers and their health care organizations be increased?

- Improved reimbursement for care and treatment of sexual assault and trauma (health care organizations perceive financial loss if patients require more time.)
- Important to see patient-centered care and prevention as saving future costs.
- Critical to establish and ensure adherence to protocols.

2) How can we increase outreach to better support (inform) health care providers?

- Continuing Medical Education (CME) training.
- Push screening to pediatrics so clinicians and parents are informed.
- Medical records should be screened. A typical RN does not look at history, especially in protected populations.
- Assure data platforms assist health care providers to use protocols, forms, and resources.
- Increase use of multidisciplinary teams.

SUMMARY

Participants were generous with their suggestions. Recommendations emphasized the need for training on the impact of disabilities and trauma. These also included broader screening and attention to indicators in patients who have multiple diagnoses.

As significant, when financial disincentives exist from health care organizations there is an impact on patient examinations, care, and follow up.

Open communication between medical providers and patients depends on the level of rapport, which impacts believability, trust, and accessible communication.

The goal of the "Talk about Sexual Violence" project is to help medical providers and their patients communicate more easily about sexual violence. While progress has been made, there is still much work to do.

WHO PARTICIPATED

RIVERSIDE COUNTY
DEPARTMENT OF PUBLIC SOCIAL SERVICES

KAISER PERMANENTE®

ELDER ABUSE FORENSIC CENTER

Riverside University HEALTH SYSTEM
Medical Center