

Caring for patients with a sexual trauma history: A preliminary needs assessment of Ob/Gyn clinicians

Lindsay J. Sycz, PsyD¹ & Donna A. Kreher, PhD^{1,2}

¹Department of Psychiatry, ²Department of Obstetrics and Gynecology, University of Rochester Medical Center



Background

Sexual trauma is associated with

- mental health symptoms
- concerns routinely encountered in Ob/Gyn visits (e.g., pelvic pain, perinatal depression, dyspareunia)

Current ACOG guidelines recommend

- routine screening for sexual trauma history
- trauma-informed approaches

Past research suggests that Ob/Gyns

- believe trauma history is important
- encounter many barriers to screening
- feel unprepared to assess or manage disclosures of sexual trauma history

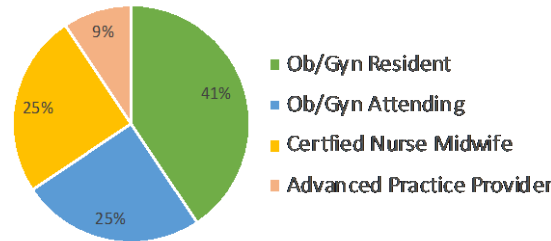
Objectives

- Understand current practices within our own Ob/Gyn department
- Identify specific barriers and potential supports related to screening of sexual trauma and use of trauma-informed approaches and interventions

Project Design

- Created 16-item multi-method survey based on identified relevant literature
- Recruited participants from the URM Ob/Gyn residency program, fertility center, midwifery groups, termination and pelvic pain clinics
- Distributed survey via e-mail from mid-November to mid-December 2020
- Collected and managed study data using REDCap

Participants (N = 32)



Selected Survey Results

< 10% used ACOG screening guidelines

94% routinely used a variety of screening procedures for history of sexual trauma

66% experienced patients disclosing sexual trauma history at least once a month

94% reported frequent experiences of patients displaying signs of distress that substantially interfered with their exam, office visit, or procedure

Challenges/Barriers to Patient Care	%
Lack of time	78.1%
Lack of training/skills	75%
Concern about retraumatizing patients	50%
Lack of comfort/confidence	34.4%
Lack of access to resources (e.g., behavioral health)	31.3%
Lack of motivation/feeling overwhelmed	9.4%
No challenges	3.1%
Other	3.1%

Preferred Resources	1 st	2 nd	3 rd
Embedded BHC for consultation & support outside of appts	12	2	7
Embedded BHC to join appts & support patients in distress	3	11	0
Online resources about trauma-informed care	0	2	10
Trainings on trauma-informed care	13	7	8
Trainings on dealing with challenging patients & impact on clinicians	3	9	3
Peer supervision or support group to debrief challenging cases	0	1	3

Acknowledgments

We thank the members of the WBHS team, and the clinicians within WHP and UOG who provided their feedback and support during the creation of the survey. For their interest and willingness to participate in this project, we thank the leaders of the URM Ob/Gyn clinics and residency program.

Sample Qualitative Responses

Most rewarding

"Sometimes unsure how to respond or how to ask questions about the trauma... I want to be careful not to trigger them"

"Helping them birth their babies and to help them think differently about their bodies, that their trauma did not rob them of birth"

Most challenging

Discussion

- Although few Ob/Gyns are using the ACOG guidelines, most are screening for sexual trauma history
- Consistent with previous literature, Ob/Gyns regularly encounter patients who have experienced sexual trauma
- Ob/Gyns frequently observe patients experiencing distress that can interfere with visits
- Clinicians find it rewarding when they connect with patients who have sexual trauma histories
- However, they endorse systemic and individual challenges to providing care

Consistent with previous findings, our study reveals a clear need for a systems approach that includes screening, training, consultation, and other supports for addressing clinicians' barriers to providing trauma-informed, patient-centered care for their patients