

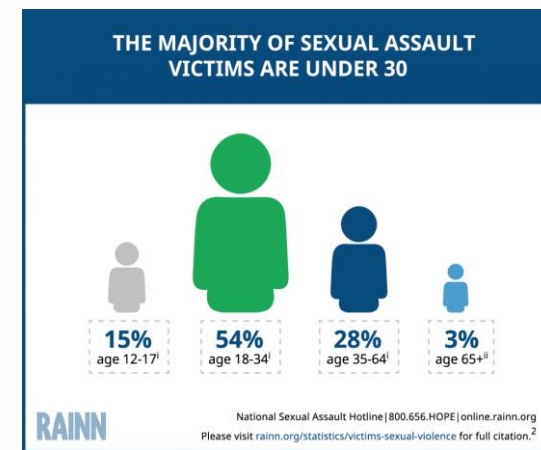
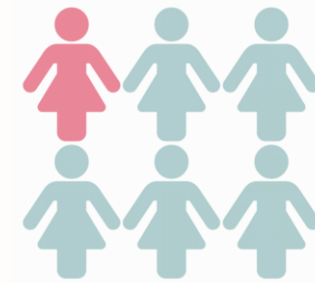
Assessing the needs of Ob/Gyn clinicians working with patients with sexual trauma histories

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BACKGROUND

- Over 40% of US women have experienced some form of sexual violence in their lifetime; 1 in 6 report completed or attempted rape



- Sexual trauma is associated with mental health (e.g., PTSD) and Ob/Gyn problems (e.g., preterm delivery, pelvic pain, perinatal depression, dyspareunia)
- Some people with sexual trauma histories access mental/medical healthcare more often, others avoid preventive health examinations
- Some patients experience significant distress during visits, have difficulty completing pelvic exams, or outright refuse to do them
- While ACOG guidelines emphasize the importance of routine screening for sexual trauma history, many Ob/Gyn clinicians report a lack of formal training or confidence in screening

STUDY DESIGN

OBJECTIVES

- Understand URM Ob/Gyn clinicians' experiences working with patients with sexual trauma histories
- Identify helpful resources for their practice

SURVEY DEVELOPMENT

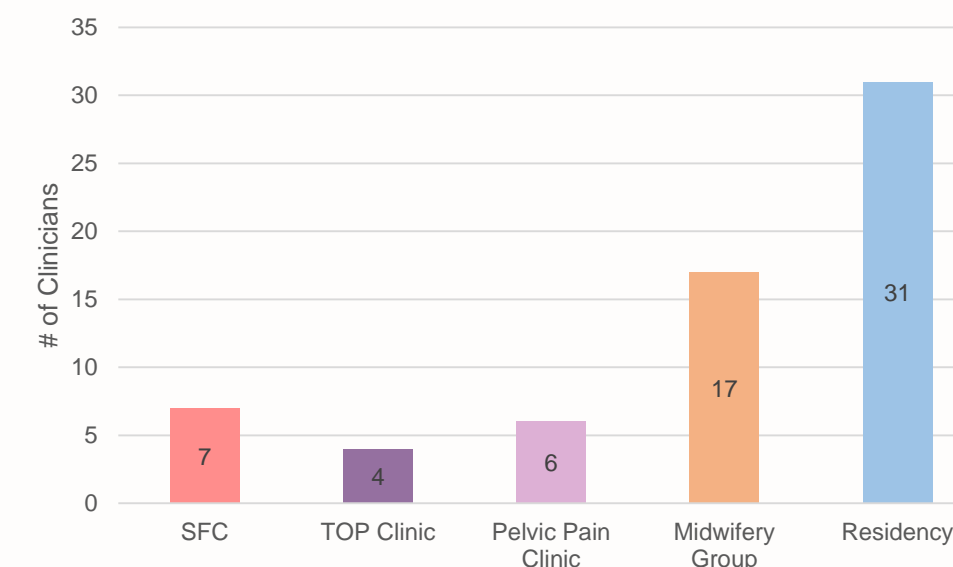
- Mixed methods needs assessment survey developed based on the literature
- Examples of questions:
 - How frequently do you encounter patients with sexual trauma histories?
 - How prepared do you feel to respond to patients with sexual trauma histories?
 - How often do you observe physical/emotional reactions by patients during their visits?
 - What do you find most rewarding and most challenging working with patients with sexual trauma histories?
 - What resources (e.g., trainings, support groups, behavioral health consultants), if any, would be helpful for your practice?

- Survey piloted for feedback
 - Women's Behavioral Health Service (WBHS) clinical team
 - Three APPs in women's health
- Project introduction, survey questions, and references uploaded to REDCap
- Practice directors contacted via e-mail; invited to participate and encourage team members to complete the survey

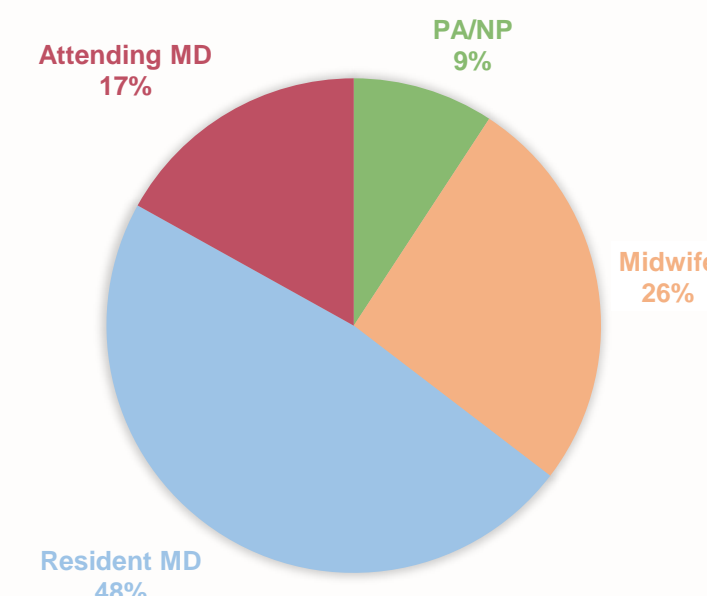
PROSPECTIVE PARTICIPANTS

- Ob/Gyn clinical settings recruited to participate:
 - Pelvic Pain Clinic
 - Strong Fertility Center
 - Termination of Pregnancy Clinic
 - Ob/Gyn Residency Program
 - Midwifery Group
- Rationales for these settings:
 - Frequency of sexual trauma among their patient populations
 - Invasiveness of procedures/exams
 - Residents rotate through multiple clinics during their training
 - Midwives offer comprehensive patient-centered care, bring a unique perspective

Prospective Participants' Clinical Settings



PROSPECTIVE PARTICIPANTS



NEXT STEPS

- We had intended to conduct surveys via email. In the initial surge of COVID-19 pandemic planning, we anticipated that participants' inboxes would be overburdened and deferred the survey launch
- Survey distribution will be reevaluated in July 2020
- Following data collection, we will analyze the results using quantitative and qualitative methods. Participants' responses will be de-identified and remain confidential
- Findings will guide program development to support clinicians and assist them with providing patient-centered, trauma-informed care

ACKNOWLEDGMENTS

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