

SEXUAL ASSAULT: DISCLOSURE, HEALTHCARE BARRIERS AND FACILITATORS, AND INTERVENTIONS

Meghan Stepnitz



Thesis Committee

Dr. Pamela Wadsworth

College of Health and Human Services

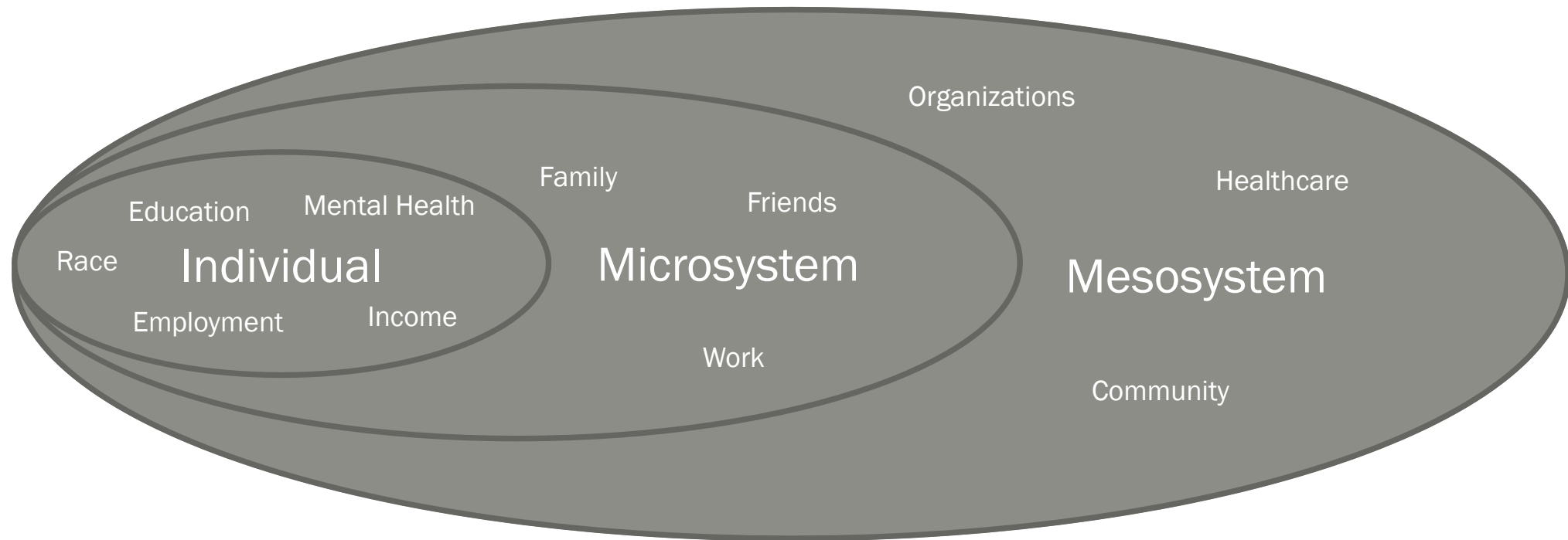
Professor Dawn Smith

College of Health and Human Services

Thesis Description

Barriers and facilitators of healthcare engagement by sexual assault victims and survivors.

Ecological Model





BACKGROUND

Barriers to Disclosure

(Baker et al., 2012, Berry & Rutledge, 2016, Campbell et al., 2001, Lanthier et al., 2018, Mason & Du Mont, 2015, Mennicke et al., 2021, Orchowski & Gidycz, 2015, Ullman et al., 2008, & Wadsworth et al., 2019)

- Myths and stereotypes
- Re-victimization caused by re-telling of sexual assault or victim blaming
- Concerns about broken confidentiality
- Fear of retaliation
- Lack of knowledge of available resources
- Lack of culturally competent services
- Negative emotions of self
- Lack of screening leading to survivors thinking it is irrelevant
- Lack of time and feeling rushed
- Having a male HCP
- Believing assault was not significant
- Not wanting to cope with it

Healthcare Provider Barriers to Disclosure

Internal Barriers

- Fear of patient disclosing an assault
- Having to emotionally handle a SA survivor
- Biases about SA
- Do not feel prepared to respond
- Time restraints

Communication Challenges

- Language differences
- Lack of comfort discussing SA
- Challenges around a lack of disclosure

System-Imposed Obstacles

- Lack of time
- Competing demands

SA Screening

- Out of 143 women, 71.3% had never had a healthcare provider screen them for SA
- Only 12 out of 143 had been screened by more than one HCP
- 82.5% of women would disclose when directly screened for SA

(Berry & Rutledge, 2016)

Follow-Up Healthcare Barriers

- Follow-up healthcare are the healthcare services after the post-assault period of 120 hours with a focus on healthcare months later

Systemic

- Lack of childcare
- Lack of transportation
- Decreased access to services

Logistical

- Financial issues
- Cost of appointments

Attitudinal

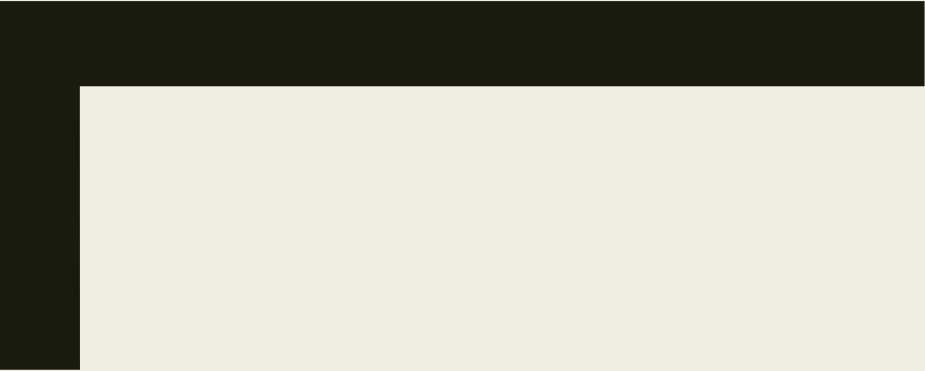
- Want to handle the problem by themselves
- Fear of breast and pelvic exams
- Healthcare is a reminder of SA
- Loss of control over their physical and emotional reactions
- Feeling powerless with a male HCP




RESEARCH

Why is This Research Important?

- SA victims and survivors have higher rates of chronic health issues
 - *Pain disorders*
 - *Obesity*
 - *Chronic pelvic pain*
 - *Gynecological issues*
 - *Gastrointestinal disorders*
 - *Autoimmune disorders*
- There is little research as to why SA victims and survivors have an increased risk of facing these chronic health issues
 - *We don't know if poor long term health outcomes are a result of inadequate access to healthcare, directly related to HCP encounters, or directly related to sexual assault*



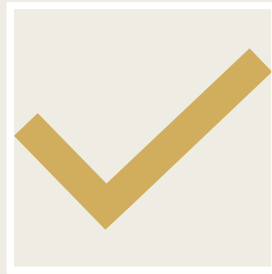
The purpose of this study was to determine barriers and facilitators for preventive healthcare of sexual assault victims and survivors.



Purpose



Method



Anonymous 61-question test-retest electronic survey on Qualtrics



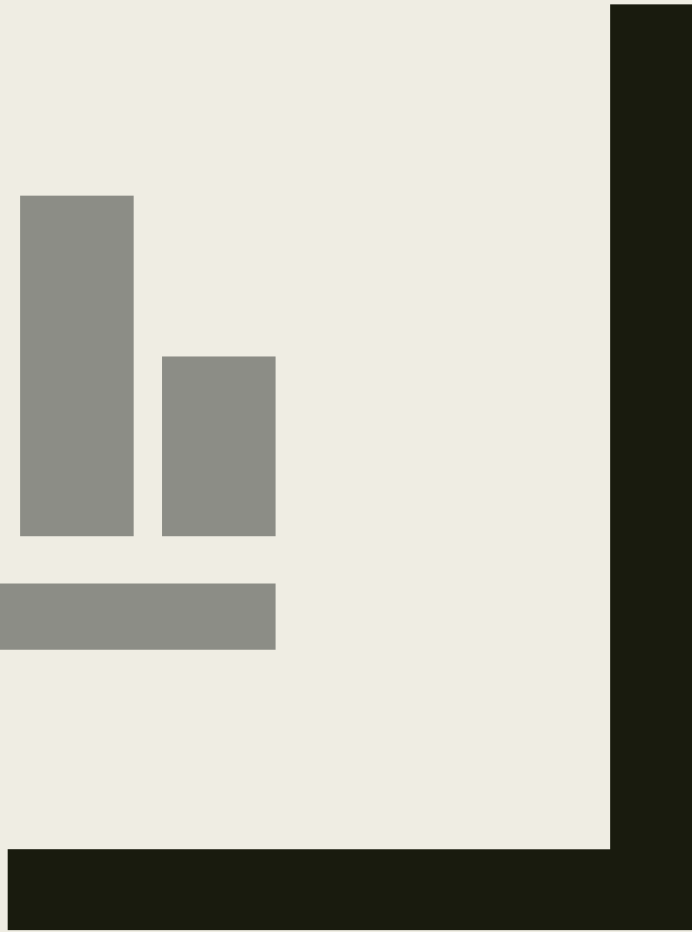
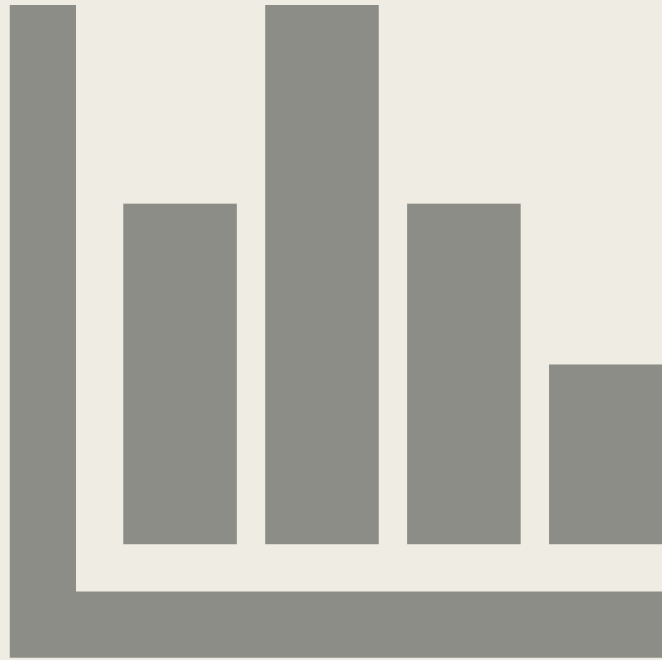
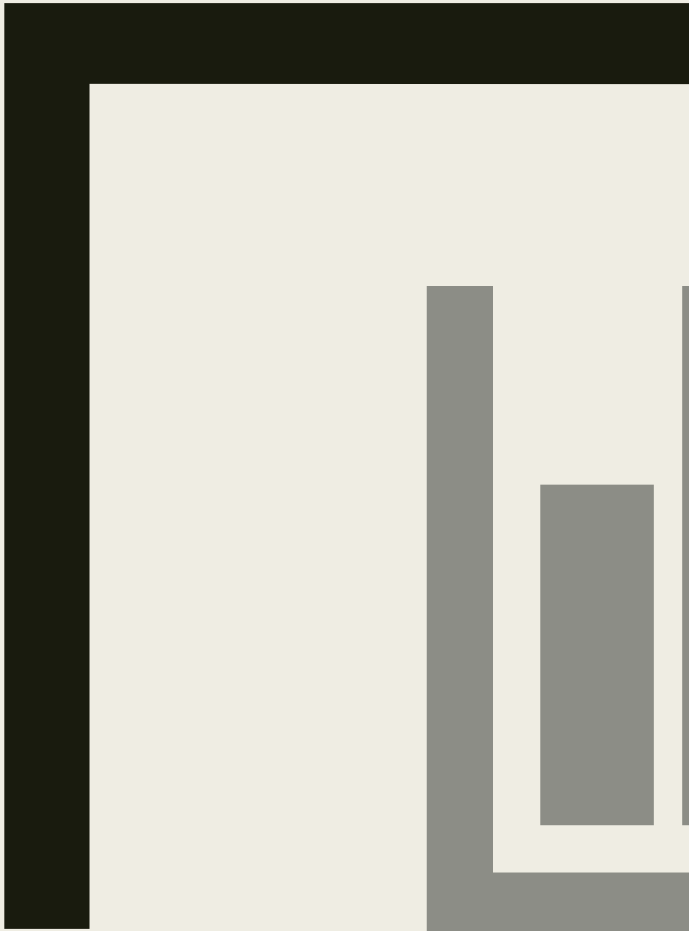
Questions were formatted as closed-ended with responses using the Likert scale



Survey was posted to FaceBook to get participant involvement

Survey Categories

- Demographic Questions
- Self-Perceived Health Subscale
- Healthcare Seeking Actions
- Unmet Healthcare Needs Subscale
- Barriers and Facilitators to Healthcare
- Engagement with Healthcare Provider Subscale
- Disclosure Subscale
- Sexual Assault History Subscale



RESULTS

Characteristics	n (%)	Mean	Range
Race			
Black	2 (10.5%)		
American Indian/ Alaskan	2 (10.5%)		
White	14 (73.7%)		
Not indicated	1 (5.3%)		
Ethnicity			
Hispanic	5 (26.3%)		
Non-Hispanic	14 (73.7%)		
Gender & Sex			
Gender identity	19 (100%)		
Sex assigned at birth	19 (100%)		
Sexual orientation			
Asexual	1 (5.3%)		
Bi-sexual / Pan-sexual	3 (15.7%)		
Gay / Lesbian	1 (5.3%)		
Straight / Heterosexual	14 (73.7%)		
Age (years)		28.2	20-66
Education			
Professional /Graduate school	2 (10.5%)		
College Graduate	4 (21.1%)		
Some college	9 (47.3%)		
High School / GED	4 (21.1%)		
Health Insurance			
Medicaid / Medicare	10 (52.7%)		
Private	6 (31.6%)		
None	3 (15.7%)		
Income (yearly)			
< 20,000	8 (42%)		
20,000-34,999	4 (21.1%)		
35,000-49,999	2 (10.5%)		
50,000-74,999	4 (21.1%)		
>75,000	1 (5.3%)		

Demographics

Self-Perceived Health Subscale

Health Subscale	General Health n (%)	Emotional Health n (%)
Excellent	5 (26.3%)	3 (15.7%)
Very Good	3 (15.7%)	5 (26.3%)
Good	7 (36.8%)	5 (26.3%)
Fair	4 (21.1%)	5 (26.3%)
Poor	0 (0%)	1 (5.3%)

Unmet Healthcare Needs Subscale

Unmet Healthcare Needs	n (%)
Primary Care	
Yes	10 (52.6%)
No	9 (47.3%)
Mental Healthcare	
Yes	8 (42%)
No	11 (58%)
Gynecological Care	
Yes	11 (58%)
No	8 (42%)
Dental Care	
Yes	6 (31.6%)
No	13 (68.4%)
Specialist Care	
Yes	6 (31.6%)
No	13 (68.4%)

Mesosystem Barriers and Facilitators to Healthcare

Mesosystem Barriers	
Bad experiences with healthcare provider(s) in the past make it hard for me to get the healthcare I need.	
Very often to always	5 (26.3%)
Sometimes	8 (42%)
Rarely to never	6 (32.6%)
Mesosystem Facilitators	
Appointment times/office hours make it easy to get the healthcare that I need.	
Very often to always	11 (58%)
Sometimes	5 (26.3%)
Rarely to never	3 (15.7%)

Healthcare Seeking Actions

Healthcare Seeking Actions	n (%)
Last Checkup	
Within the last year	10 (52.6%)
Between 1-3 years	5 (26.3%)
More than 3 years ago	4 (21.1%)
Where is healthcare sought out	
Regular healthcare office	14 (73.7%)
Urgent Care	4 (21.1%)
Emergency department	1 (5.3%)
How often for health problems	
Fewer than once a year	7 (36.8%)
1-2 times a year	7 (36.8%)
Every few months	5 (26.3%)
Every few weeks	0 (0%)
Once a week or more	0 (0%)
Seeking healthcare after assault	
Same as before	7 (36.8%)
Less often	5 (26.3%)
More often	7 (36.8%)

Disclosure Situations in Healthcare

Disclosure Situations in Healthcare	n (%)
Emergency or urgent care	
Yes	11 (58%)
No	8 (42%)
Mental healthcare visit	
Yes	12 (63.2%)
No	7 (36.8%)
Check-up	
Yes	11 (58%)
No	8 (42%)
Problem visit	
Yes	12 (63.2%)
No	7 (36.8%)
Prenatal care	
Yes	7 (36.8%)
No	12 (63.2%)
Dental care	
Yes	6 (32.6%)
No	13 (68.4%)
Specialty care	
Yes	10 (53.7%)
No	9 (47.3%)

Barriers to Disclosure

Barriers to Disclosure	n (%)
I did not tell my healthcare provider(s) about the sexual assault(s) because I did not think they could help me.	
Agree to strongly agree	8 (42%)
Undecided	6 (32.6%)
Disagree to strongly disagree	5 (26.3%)
I did not tell my healthcare provider(s) because they did not ask me.	
Agree to strongly agree	8 (42%)
Undecided	7 (36.8%)
Disagree to strongly disagree	4 (21.1%)
I did not tell my healthcare provider(s) about my sexual assault(s) because I was worried how they would react.	
Agree to strongly agree	11 (58%)
Undecided	5 (26.3%)
Disagree to strongly disagree	3 (15.7%)
I did not tell my healthcare provider(s) about the sexual assault(s) because I was embarrassed or ashamed.	
Agree to strongly agree	12 (63.2%)
Undecided	2 (10.5%)
Disagree to strongly disagree	5 (26.3%)

Engagement with Healthcare Provider Subscale

Engagement with Healthcare Provider	n (%)
I have enough time to talk with my providers.	
Very often to always	9 (47.3%)
Sometimes to never	10 (52.7%)
I do not tell my healthcare providers all of my concerns because I am worried about how they would react.	
Very often to always	8 (42%)
Sometimes to never	11 (58%)
It is hard to talk with my healthcare providers about my questions when they seem like they do not care about me.	
Very often to always	7 (36.8%)
Sometimes to never	12 (63.2%)

Test-Retest Correlation & Significance

Meso/Exo System Barriers and Facilitators Engagement with HCP	Correlation	Significance
I have enough time to talk with my hcp	0.6980	0.0010
Do not tell hcp about SA - worried about rxn	0.5140	0.0240
I know that my healthcare provider(s) will keep my information secret, so I do not worry about asking embarrassing questions.	0.4070	0.0840
I withhold information from my healthcare provider because I worry that they will share the information with others.	0.5360	0.0180
Having female healthcare provider(s) helps me to talk about tough topics with them.	0.5920	0.0080
Bad experiences with hcp in past make it difficult to get hc that I need	0.5350	0.0180

Sexual Assault Disclosure	Correlation	Significance
Did you tell your healthcare provider about your sexual assault(s) in the following situations? - While in emergency room or urgent care	0.4540	0.0510
Did you tell your healthcare provider about your sexual assault(s) in the following situations? - During a mental healthcare visit (social worker, psychologist, psychiatrist, etc.)	0.5350	0.0180
Did you tell your healthcare provider about your sexual assault(s) in the following situations? - During prenatal care	0.5680	0.0110
Did you tell your healthcare provider about your sexual assault(s) in the following situations? - During dental care	0.5000	0.0350
Did you tell your healthcare provider about your sexual assault(s) in the following situations? - During specialty care	0.4500	0.0700
When I told my healthcare provider(s) about my sexual assault(s), they were helpful.	0.3000	0.2260
Did you tell your healthcare provider about your sexual assault(s) in the following situations? - While in emergency room or urgent care	0.4540	0.0510



DISCUSSION

Healthcare Seeking

(Berry & Rutledge, 2016, Irish et al., 2010 & Short et al., 2021, Wadsworth et al., 2019)

- Data revealed that almost 50% of SA victims and survivors have not received a checkup within the last year
- The lack of checkups can be attributed to the seeking healthcare less often after the sexual assault for more than 25% of participants
 - *Previous literature explains that the utilization of healthcare following a SA was uncommon* (Short et al., 2021 & Wadsworth et al., 2019)
 - *There is also conflicting results, saying individuals who have been victims or survivors of SA seek healthcare more often* (Berry & Rutledge, 2016 & Irish et al., 2010)
- Primary and gynecological care were the most troublesome to seek for over 50% of participants

Mesosystem Barriers and Facilitators

- Mesosystem barriers correspond with the community and organizations, with a focus on healthcare

Barriers

- Previous negative experiences with healthcare providers
 - *Not receiving necessary medical care*
 - *Victim blaming, secondary victimization, or revictimization*

Facilitators

- Available appointment times or office hours make it easy to get care

Engagement with Healthcare Provider

Lack of time

(Wadsworth et al., 2019 & Berry & Rutledge, 2016)

Worried about provider's reaction

(Baker et al., 2012, Berry & Rutledge, 2016, Lanthier et al., 2018, Mason & Du Mont, 2015, Ullman et al., 2008, & Wadsworth et al., 2019)

Lack of caring attitude from provider

Clinical Implications: Barriers to Healthcare

Individual

- *Maintain a non-judgmental attitude to establish a trusting relationship*
- *HCP provide careful explanations of procedures before and during*
- *Allowing as much time patients need*

Microsystem

- *Provide more walk-in appointments*

Mesosystem

- *HCP can create and maintain a safe therapeutic environment*
- *Provide validation*
- *Reduce stigma*

Clinical Implications: Barriers to Healthcare

mHealth

- Electronic application that is accessed instantly, any location, freely, privately and is individualized
- Overcomes time, transportation, cost, stigma, and cultural barriers

Intervention Application

- Five modules
 - *Substance use*
 - *Suicide prevention*
 - *PTSD and depressive symptoms*
 - *Coping skills*
 - *Physical health*
- Referral can be made

(Gilmore et al., 2019)

Clinical Implications: Barriers to Disclosure

(Auten et al., 2014, Berry & Rutledge, 2016, Lanthier et al., 2018, & Sherman, 2019)

- Lack of knowledge that HCP can help
 - *HCP can make aware they are a resource by letting patients know verbally or by posting signs in their office*
- Lack of screening by a HCP
 - *HCP can improve SA screening by including it at every appointment*
 - *Patients can become more comfortable with HCP*
- Worried about HCP reaction and feelings of embarrassment or shame
 - *More extensive training on responding to SA disclosure*
 - *Recognize own biases to provide non-judgmental care*
 - *Create a therapeutic environment*
 - *Become a Sexual Assault Nurse Examiner*
 - <https://www.forensicnurses.org/page/AboutSANE?>
 - *Explains that an RN must practice 2 years first in order to become a SANE*

Sexual Assault Resources for Healthcare Providers

Academy on Violence and Abuse

Organization of healthcare professionals researching and educating on the effects of violence and abuse.

[abusehttps://www.avahealth.org/welcome.html](https://www.avahealth.org/welcome.html)

Futures Without Violence

Train healthcare professionals on improving responses to violence and advocate for healthy relationships.

<https://www.futureswithoutviolence.org/>

International Association of Forensic Nurses

Provides information on how to become a SANE, local SANE programs, and education and training.

<https://www.forensicnurses.org/>

Centers for Disease Control and Prevention

Educates on sexual violence prevention and information regarding STI treatment.

<https://www.cdc.gov/violenceprevention/sexualviolence/>

National Sexual Violence Resource Center

Has a guide on interventions and recommendations for care for sexual assault survivors.

<https://www.nsvrc.org/publications/assessing-patients-sexual-violence-guide-health-care-providers>

RISE

Helps healthcare providers navigate conversations about sexual assault with patients and responding to disclosures.

https://www.riseslo.org/resources_for_healthcare_providers.php

HOW CAN NURSES SUPPORT

SEXUAL ASSAULT VICTIMS AND SURVIVORS



Be a resource.

Let patients know that you are a resource verbally or posting signs in visible spaces in a healthcare setting.

Screen for sexual assault.

Patients may think their assault is irrelevant information to tell a healthcare provider. Screening at every appointment is important for them to know healthcare providers are a safe space, ease the process of disclosure, and can provide a variety of resources.

(Berry & Rutledge, 2016)

Create a therapeutic environment.

A therapeutic environment helps to achieve a trusting relationship that is welcoming for a patient.

(Lanthier et al., 2018)

Provide careful explanations.

Explain procedures carefully and allow patients as much time as they need to feel ready and safe.

Advocate for sexual assault victims and survivors.

Advocate to relieve healthcare barriers and support new interventions to alleviate barriers.

Helpful and Unhelpful Responses to Disclosure

Helpful

- Validation
- Provides emotional support
- Accessible resources
- Recognize common signs and symptoms
- Create therapeutic environment
- Patient-centered care
- Culturally competent care
- Empowerment

Unhelpful

- Blaming
- Minimizing
- Dismissing
- Treating survivor differently
- Cold demeanor
- Doubting

HOW TO RESPOND TO A SEXUAL ASSAULT DISCLOSURE

Helpful responses include:

EMPOWERMENT

NOSTIGMA

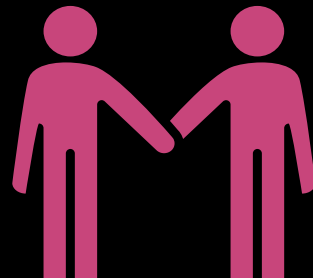
EMOTIONAL
SUPPORT

VALIDATION

NO JUDGEMENT

RESOURCES

EMPATHY



(Lanther et al., 2018 & Sherman, 2019)

Signs of Sexual Assault

RESOURCE:

<https://www.rainn.org/national-resources-sexual-assault-survivors-and-their-loved-ones>



- Sleep disturbances
- Decrease in appetite
- Decrease in self-esteem
- Relationship difficulties
- Self-blame
- Phobias
- Suicidal/ homicidal ideations
- Somatic reactions

(Lessing, 2005, p. 21)

Limitations

Small study with only 19 participants

Geographic limitations to only one state

Incongruencies between the test and the retest

Most of the participants identified as white, non-Hispanic, and heterosexual

Participants were only women

Research Implications

- Further research needs to be conducted on why sexual assault victims and survivors are not seeking out follow-up healthcare services and why they have a higher rate of chronic health issues
- New research should consist of a larger, more diverse study including all genders, languages, ethnicities, as well as an increase in geographical location
 - *This study was using a small sample to assess the reliability of the instrument to be used in future research*
- New research should examine correlations between
 - *Perception of health and healthcare seeking*
 - *Demographic characteristics and healthcare seeking*
 - *Additional barriers and healthcare seeking*

References

Alvidrez, J., Shumway, M. Morazes, J., & Boccellari, A. (2011). Ethnic disparities in mental health treatment engagement among female sexual assault victims. *Journal of Aggression, Maltreatment & Trauma*, 20(4), 415-425. Doi: 10.1080/10926771.2011.568997.

Amin, P., Buranosky, R., & Chang, J. C. (2017). Physician's perceived roles, as well as barriers, towards caring for women sex assault survivors. *Women's Health Issues*, 27(1), 43-49. Doi: 10.1016/j.whi.2016.10.002.

Baker, L. L., Campbell, M., & Straatman, A. (2012). Overcoming barriers and enhancing supportive responses: The research on sexual violence against women. Centre for Research & Education on Violence Against Women & Children, Western Education. Retrieved from https://www.vawlearningnetwork.ca/our-work/reports/report_2012_1.html.

Berry, K. M. & Rutledge, C. M. (2016). Factors that influence women to disclose sexual assault history to health care providers. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 45(4), 553-564. Doi: 10.1016/j.jogn.2016.04.002.

Campbell, R., Dworkin E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence & Abuse*, 10(3), 225-246. Doi: 10.1177/1524838009334456.

Campbell, R., Wasco, S. M., Ahrens, C. F., Sefl, T., & Barnes, H. E. (2001). Preventing the "second rape": Rape survivors' experiences with community service providers. *Journal of Interpersonal Violence*, 16(12), 1239-1259. Doi: 10.1177/088626001016012002.

Cannon, L. M., Sheridan-Fulton, E. C., Dankyl, R., Seidu, A., Compton, S. D., Odol, A., Darteh, E. K. M., Munro-Kramer, M. L. (2020). Understanding the healthcare provider response to sexual violence in Ghana: A situational analysis. *Plos One*, 15(4), e0231644. Doi: 10.1371/journal.pone.0231644.

References

Gilmore, A. K., Davidson, T. M., Leone, R. M., Wray, L. B., Oesterle, D. W., Hahn, C. K., Flanagan, J. C., Gill-Hopple, K., & Acierno, R. (2019). Usability testing of a mobile health intervention address acute care needs after sexual assault. *International Journal of Environmental Research and Public Health*, 16(17), 3088. Doi: 10.3390/ijerph16173088.

Gilmore, A. K., Leone, R. M., Hahn, C. K., Oesterle, D. W., & Davidson, T. M. (2021). Barriers to accessing mental health care after a sexual assault medical forensic examination. *Journal of Forensic Nursing*, 17(2), 84-92. Doi: 10.1097/JFN. 0000000000000321.

Irish, L., Kobayashi, I., & Delahanty, D. L. (2010). Long-term physical health consequences of childhood sexual abuse: A meta-analytic review. *Journal of Pediatric Psychology*, 35(5), 450-461. Doi: 10.1093/jpepsy/jsp118.

Jacques-Tiura, A. J., Tkatch, R., Abbey, A., & Wegner, R. (2010). Disclosure of sexual assault: Characteristics and implications for posttraumatic stress symptoms among African American and Caucasian survivors. *Journal of Trauma and Dissociation*, 11(2), 174-192. Doi: 10.1080/15299730903502938.

Lanthier, S., Du Mont, J., & Mason, R. (2016). Responding to delayed disclosure of sexual assault in health settings: A systemic review. *Trauma, Violence, & Abuse*, 19(3), 251-265. Doi: 10.1177/1524838016659484.

Lessing, J. E. (2005). Primary care provider interventions for the delayed disclosure of adolescent sexual assault. *Journal of Pediatric Health Care*, 19(1), 17-24. Doi: 10.1016/j.pedhc.2004.06.010.

Mason, R. & Du Mont, J. (2015). The development of a novel curriculum to address past sexual assault. *International Journal of Medical Education*, 6, 158-160. Doi: 10.5116/ijme.5643.a0d0.

Mennicke, A., Bowling, J., Gromer, J., & Ryan, C. (2019). Factors associated with and barriers to disclosure of a sexual assault to formal on-campus resources among college students. *Violence Against Women*, 27(2), 255-273. Doi: 10.1177/1077801219889173.

Munro-Kramer, M. L., Dulin, A. C., & Gaither, C. (2017). What survivors want: Understanding the needs of sexual assault survivors. *Journal of American College Health*, 65(5), 297-305. Doi: 10.1080/07448481.2017.1312409.

References

Orchowski, L. M. & Gidycz, C. A. (2015). Psychological consequences associated with positive and negative responses to disclosure of sexual assault among college women: A prospective study. *Violence Against Women*, 21(7), 803-823. Doi: 10.1177/1077801215584068.

Rabin, R. F., Jennings, J. M., Campbell, J. C., & Bair-Merritt, M. H. (2010). Intimate partner violence screening tools. *American Journal of Preventative Medicine*, 36(5), 439-445. Doi: 10.1016/j.amepre.2009.01.024.

Sexual Assault Nurse Examiner. IAFN. (n.d.). Retrieved April 8, 2022, from <https://www.forensicnurses.org/page/AboutSANE?>.

Sherman, M. D. (2019). Communication tips for caring for survivors of sexual assault. *Family Practice Management*, 26(4), 19-23. PMID: 31287273.

Short, N. A., Lechner, M., McLean, B. S., Tungate, A., Black, J., Buchanan, J., Reese, R., Ho, J., Reed, G., Platt, M., Riviello, R., Rossi, C., Nouhan, P., Phillips, C., Martin, S. L., Liberzon, I., Rauch, S. A. M., Bollen, K., Kessler, R. C., McLean, S. A. (2021). Health care utilization by women sexual assault survivors after emergency care: Results of a multisite prospective study. *Depression and Anxiety*, 38(1), 67-78. Doi: 10.1002/da.23102.

Ullman, S. E., Starzynski, L. L., Long, S. M., Mason, G. E., & Long, L. M. (2008). Exploring the relationships of women's sexual assault disclosure, social reactions and problem drinking. *Journal of Interpersonal Violence*, 23(9), 1235-1257. Doi: 10.1177/0886260508314298.

Wadsworth, P., Krahe, E., & Searing, K. (2018). An ecological model of well-being after sexual assault: The voices of victims and survivors. *Family and Community Health*, 41(1), 37-46. Doi: 10.1097.FCH.0000000000000168.

Wadsworth, P., Krahe, E., & Searing, K. (2019). Healthcare seeking and engagement after sexual assault. *Journal for Nurse Practitioners*, 15(2019), 801-805. Doi: 10.1016/j.nurpra.2019.07.022.

World Health Organization. (2021, March 9). *Devastatingly pervasive: 1 in 3 women globally experience violence*. Retrieved from <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>.

Zinzow, H. M., Resnick, H. S., Barr, S. C., Danielson, C. K., & Kilpatrick, D. G. (2012). Receipt of post-rape medical care in a national sample of female victims. *American Journal of Preventative Medicine*, 43(2), 183-187. Doi: 10.1016/j.amepre.2012.02.025.