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 HISTORY

- Sexual trauma is associated with mental health (e.g., PTSD) and Ob/Gyn problems (e.g., preterm delivery, pelvic pain, perinatal depression, dyspareunia)

SURVEY DEVELOPMENT

- Mixed methods needs assessment survey developed based on the literature

OBJECTIVES

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

STUDY DESIGN

- 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 email, 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

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

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