

Sexual Assault Follow-Up Services at MUSC

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Acknowledgements

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Community Partners

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Tri-County SPEAKS

Women's Health, Dr. Gwenth Lazenby, M.D.

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South Carolina Telehealth Alliance

Office of Victims of Crime

SURVIVORS!

Overview

Background

Sexual Assault Follow-Up Services

Patient Population

Telehealth Interventions and Considerations

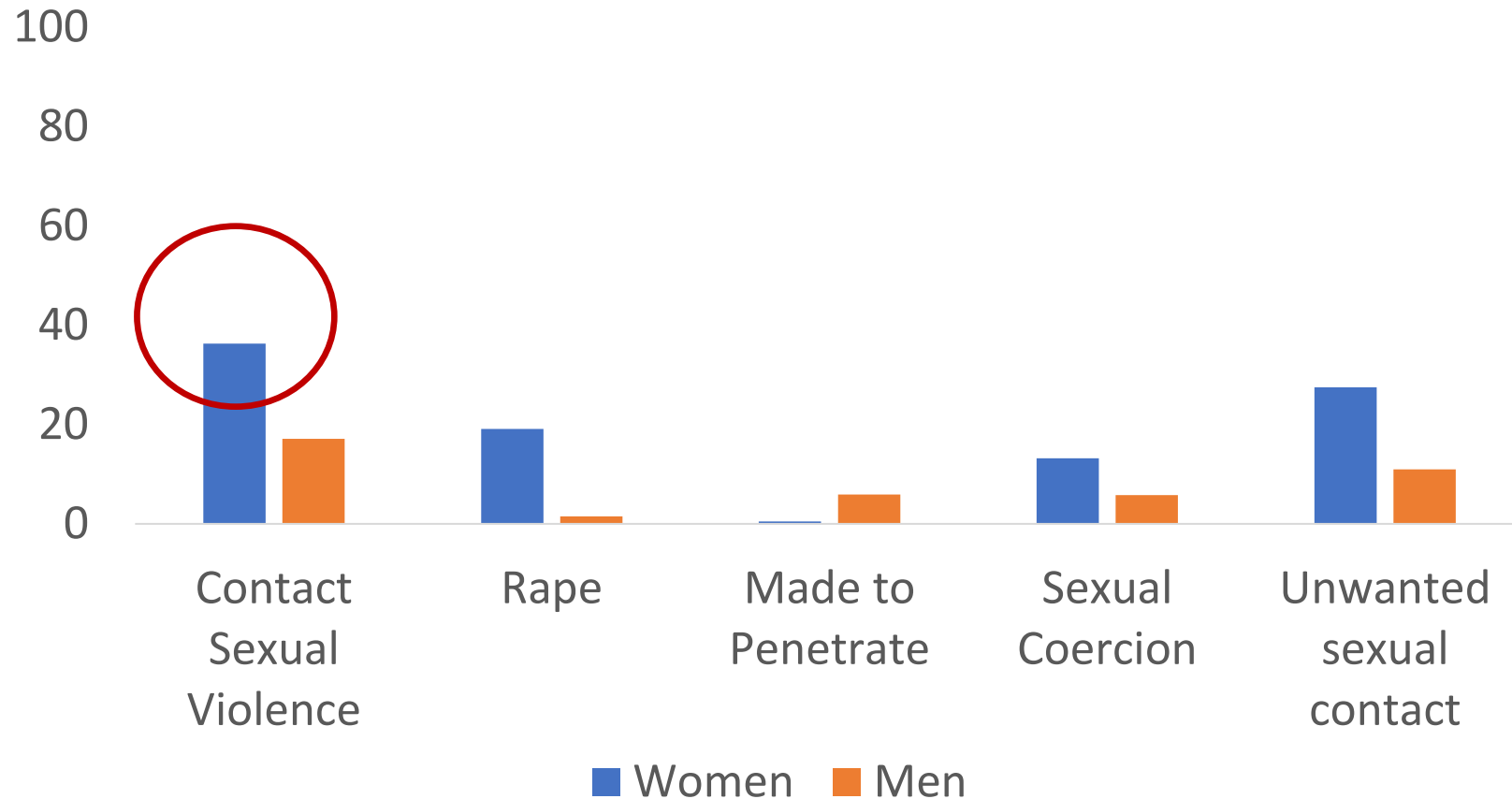
SUPPORT SURVIVORS BY
BELIEVING THEM

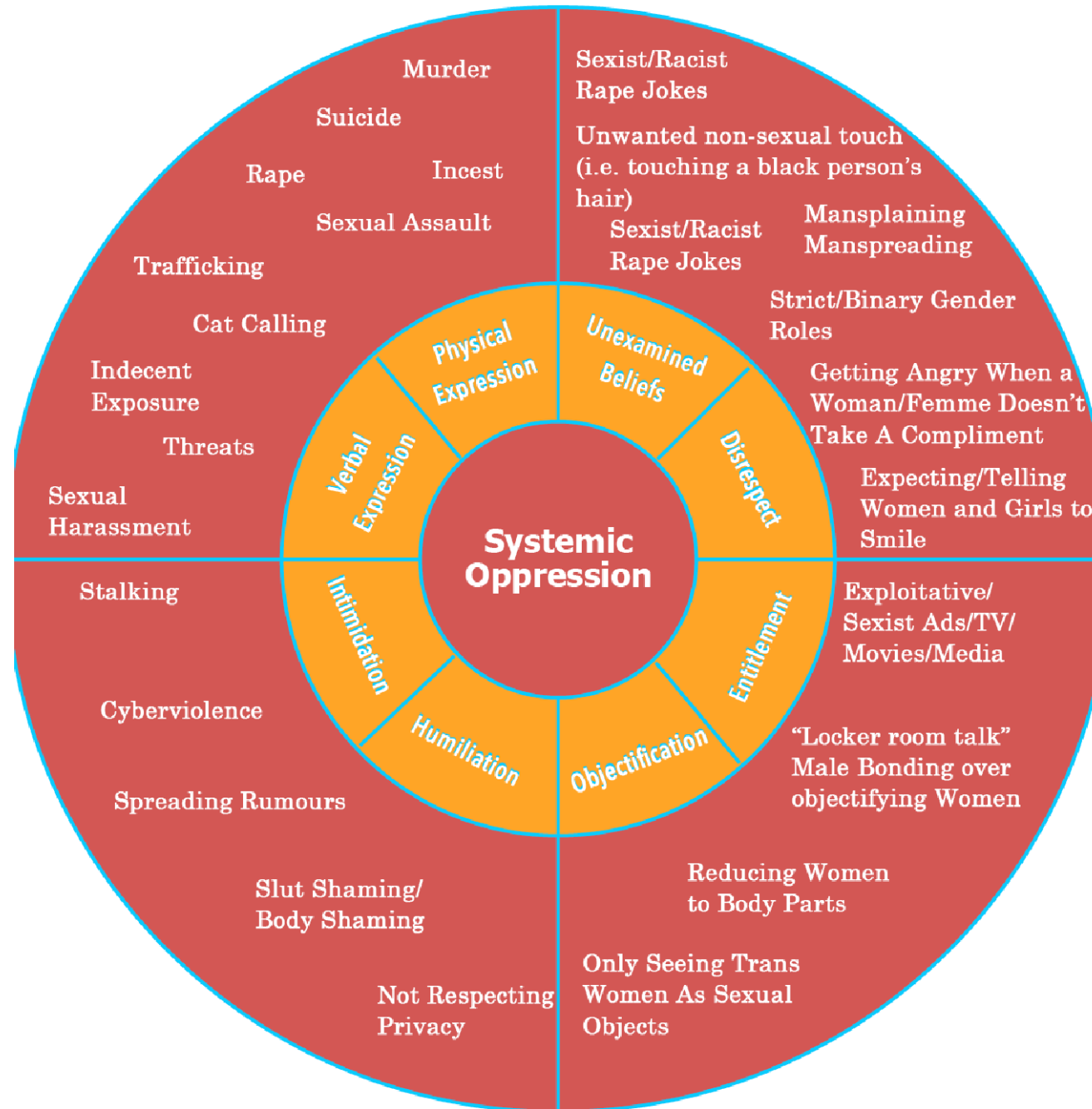


nsvrc.org/saam

Lifetime Rates of Sexual Violence

In South Carolina, 40.1% of women and 19.4% of men reported contact sexual violence





Areas of Identity

People of color

LGBTQIA individuals

Women with disabilities'

Immigrants and undocumented individuals

Characteristics of Sexual Assault

Low serious physical injury

Known perpetrator

Physical forced rape more common at younger ages

Alcohol- involved



Sexual Assault During COVID-19

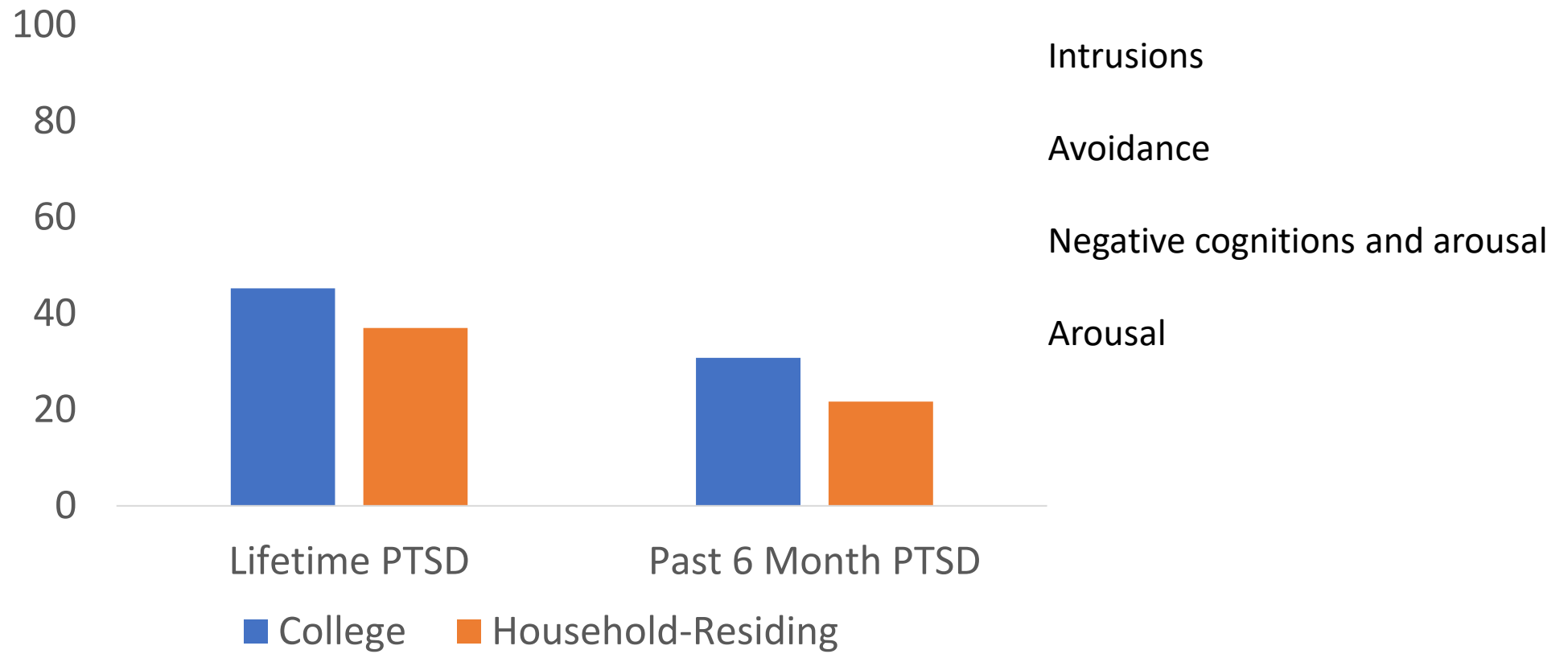
Isolation, stressors, increased alcohol use, lack of access to bystanders

Increases in utilization of help lines

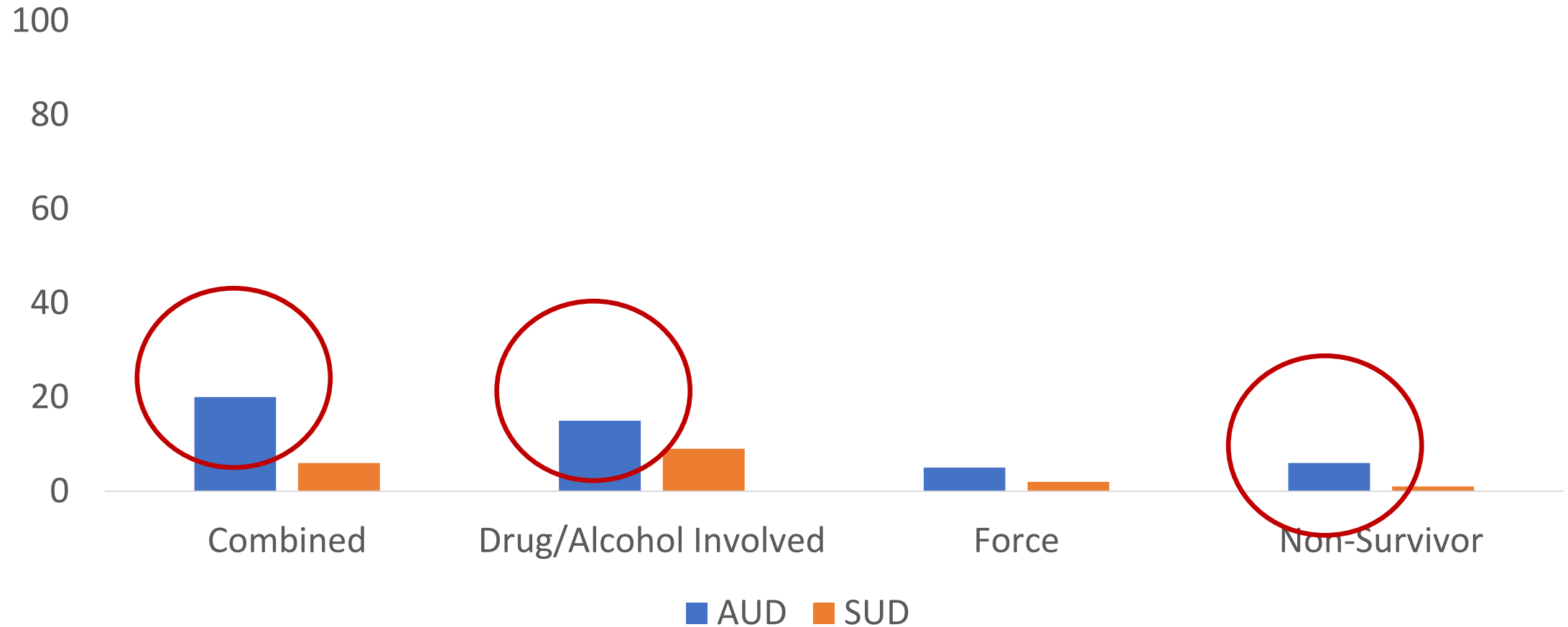
Decreases in reporting to law enforcement and accessing medical services

Less access to in-person advocates

Posttraumatic Stress Disorder Among Sexual Assault Survivors

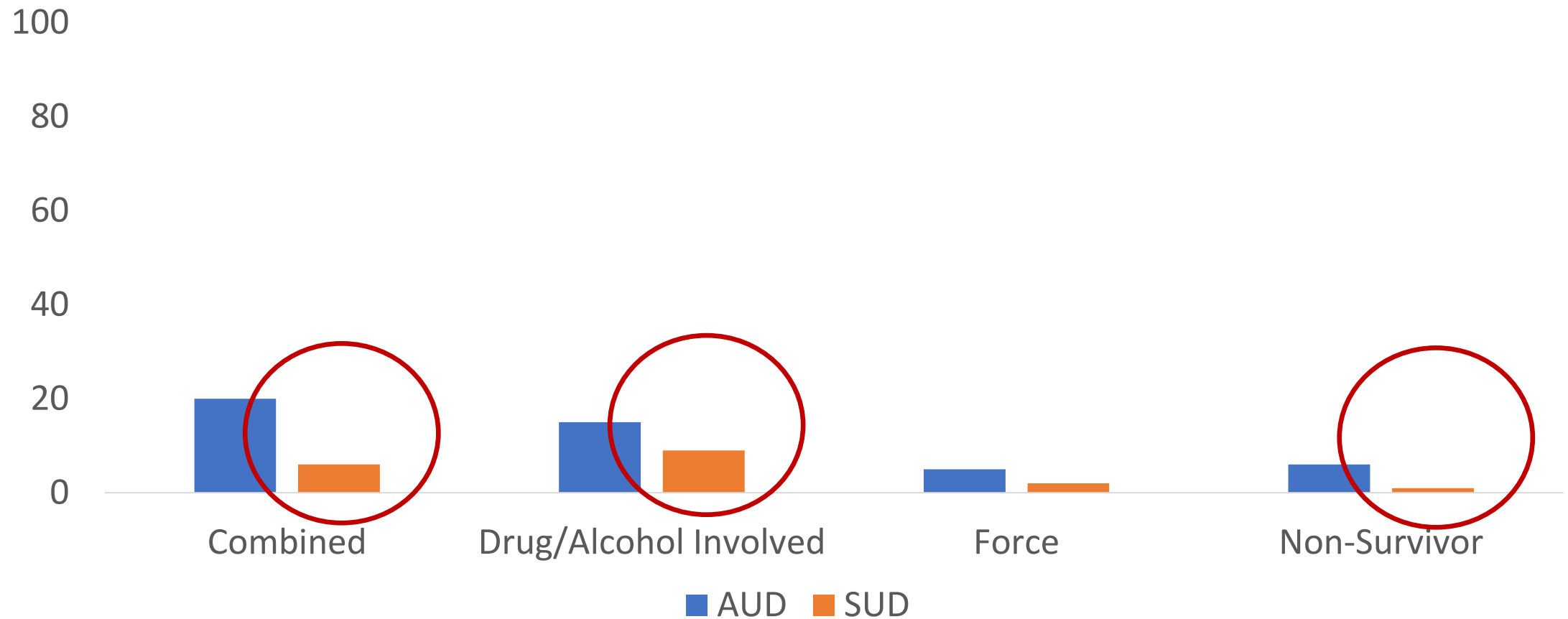


Prevalence of Substance Use Disorders Among Sexual Assault Survivors



Substance use during assault does not = fault!

Prevalence of Substance Use Disorders Among Sexual Assault Survivors



Substance use during assault does not = fault!

Sexual Assault Revictimization

- Emerging adulthood is a high-risk period for sexual assault, particularly among college women and many women report revictimization which increases risk for PTSD (Kilpatrick & Hahn, 2021; Walsh et al., 2012).
 - 53% of victimized adolescents
 - 50% of victimized college women
 - 58.8% of victimized household-residing women
- Almost half of all child rape victims do not disclose to anyone for more than 5 years and 28% never told anyone (Smith et al., 2000).

Sexual Assault Revictimization

- Various third variables explain the child maltreatment-later victimization/perpetration link
 - Emotion regulation
 - Environment
 - Alcohol use
 - Sexual risk taking
 - Gender norms
 - Rape myths

Services Following Sexual Assault

Sexual Assault Medical Forensic Exam

MUSC provides only SAMFE in Tri-County area

Provided free within 5 days of a sexual assault

DNA evidence kit collected

- Option to report anonymously, which will be stored for one year

Medications to prevent pregnancy and STIs

Follow-up services are recommended 1, 3, and 6-months after the exam

Use of Services Following Sexual Assault

One-fifth of survivors received a Sexual Assault Medical Exam

- Two in five received follow-up survivors during the first six weeks

29–54% received mental health services

People with co-occurring alcohol misuse were less likely to receive substance use services over time

Barriers to Receiving Mental Health Care Related to Sexual Assault

Stigma

- Shame
- Other people will find out
- Other people will think I am weak

Beliefs about mental health services

- Quality of services
- Trust/Skills of providers

Hahn, Turchik, & Kimerling, 2020; Holland et al., 2016;; Kilpatrick et al., 2007;
Short et al., 2021; Turchik et al., 2012; Turchik et al., 2013; Zinzow et al., 2015

Barriers to Receiving Mental Health Care Related to Sexual Assault

Self-Reliance

- I can handle it on my own

Secondary Victimization

- I won't be believed
- I will be blamed

Barriers to Receiving Mental Health Care Related to Sexual Assault

Gender Specific Barriers

- Confirming to stereotypical gender norms
- Concerns about being judged for sexual orientation
- Provider preferences
- Concerns about being in male-dominated environment

Barriers to Receiving Mental Health Care Related to Sexual Assault

Logistical Barriers

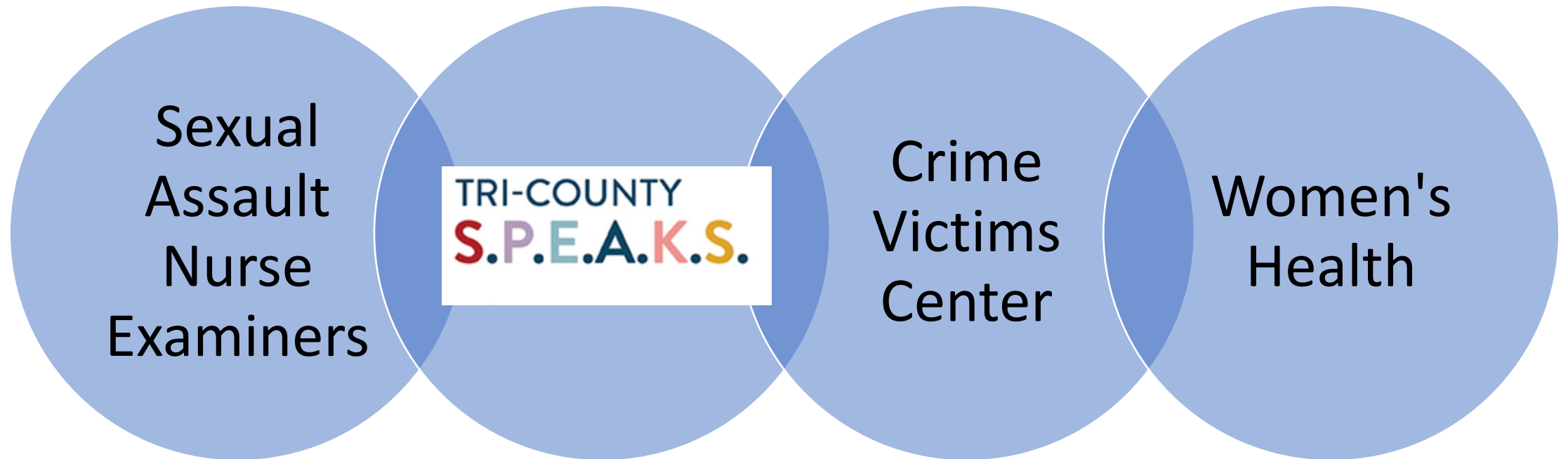
- Childcare
- Transportation
- Scheduling

Sexual Assault Follow-Up Services



Comprehensive Mental Health Care for Underserved Victims of Crime (1V20046; Rheingold)

Sexual Assault Follow-Up Services:



Sexual Assault Follow-Up Services

- Cognitive Processing Therapy
- Prolonged Exposure

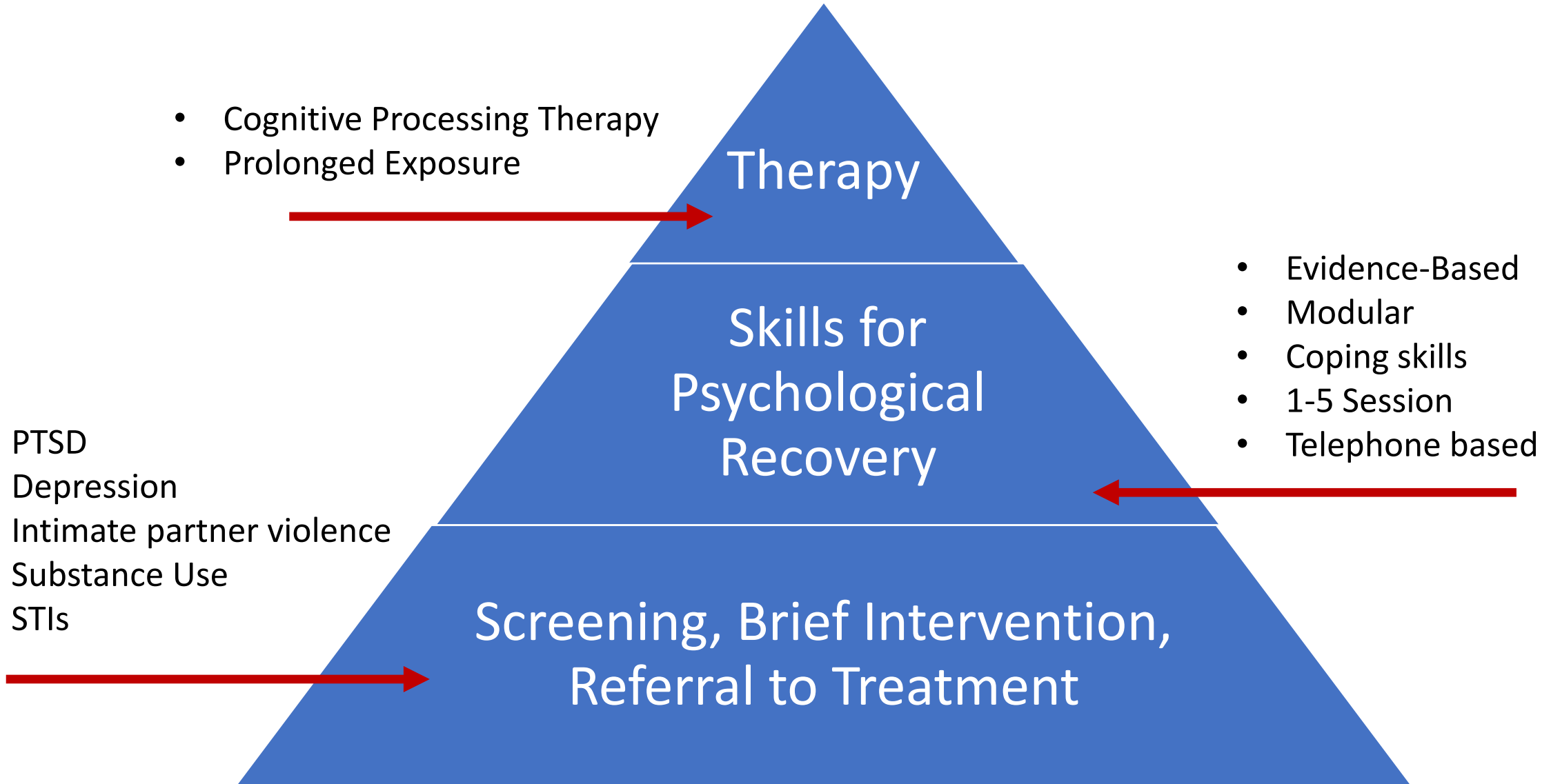
Therapy

Skills for
Psychological
Recovery

- Evidence-Based
- Modular
- Coping skills
- 1-5 Session
- Telephone based

- PTSD
- Depression
- Intimate partner violence
- Substance Use
- STIs

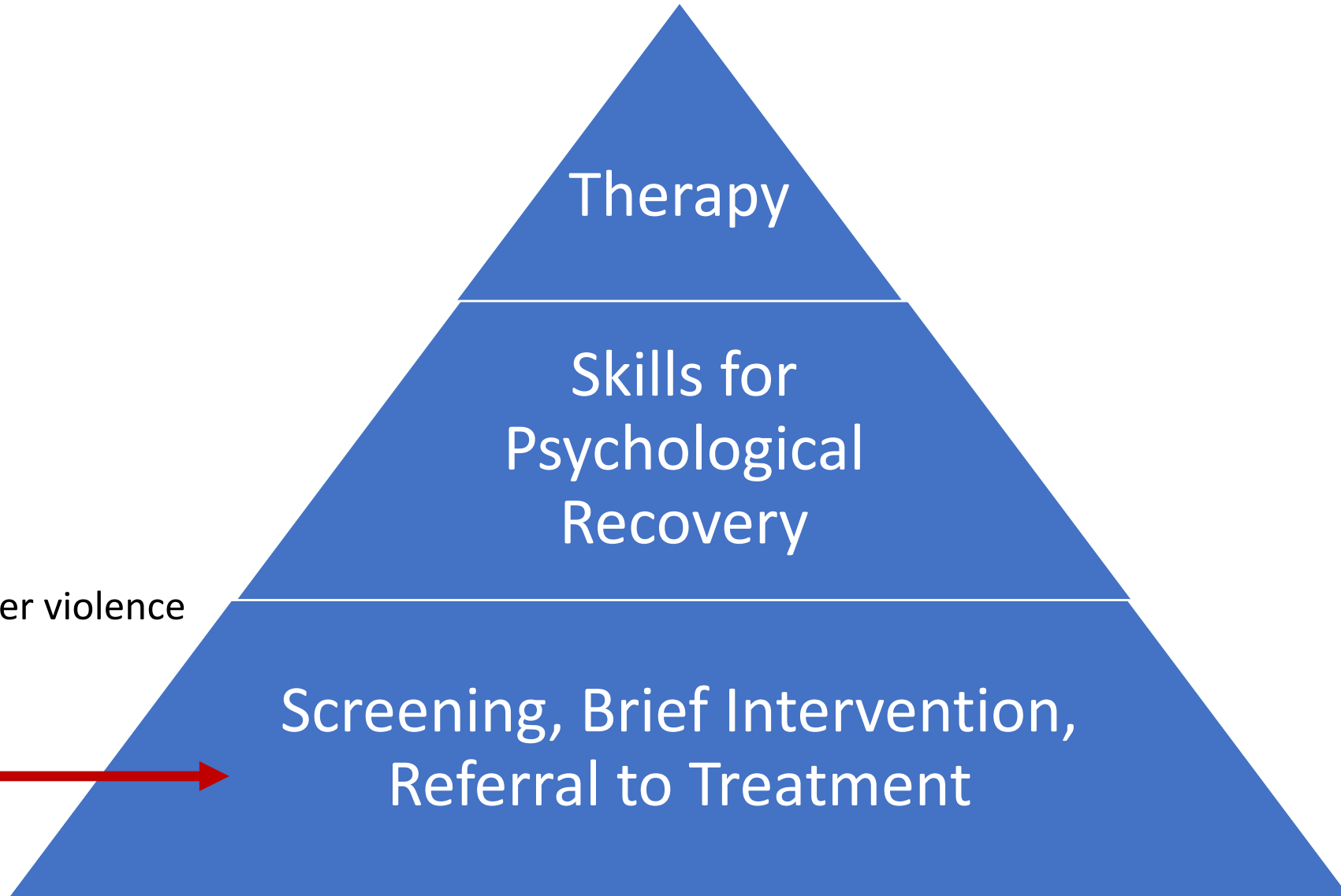
Screening, Brief Intervention,
Referral to Treatment



Referrals Have Increased During COVID-19

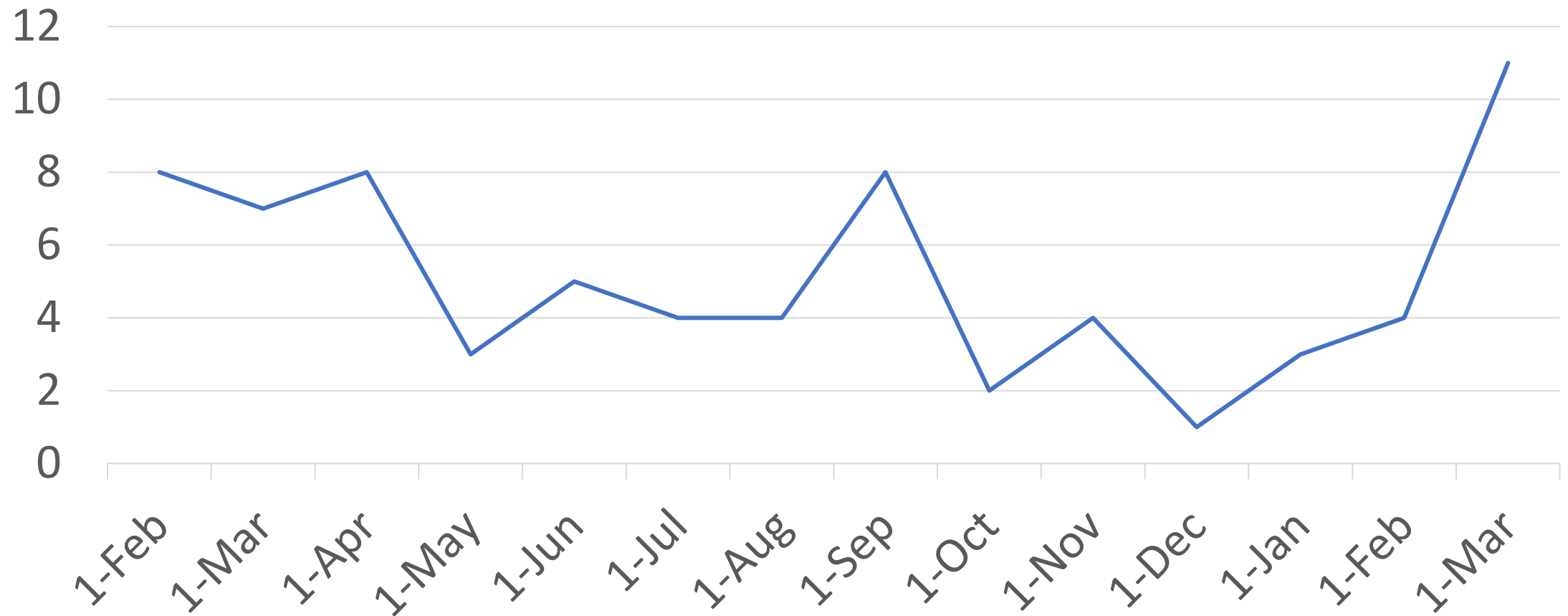
	Pre-COVID: March 1, 2019 – March 31, 2021	During COVID: March 1, 2020 – March 31, 2021
Referred to Services	198	266
Skills for Psychological Recovery	6	16
Referred to Therapy	19	39
Text Messages Sent	47	401
Phone Calls Made	377	304

Sexual Assault Follow-Up Services



- PTSD
- Depression
- Intimate partner violence
- Substance Use
- STIs

Completed Screens 2020-2021



Type of Sexual Assault

Physical force and substance-involved: 41.1%

Only substance-involved: 32.1%

Only physical force: 26.8%

Prior sexual assault: 39.3%

Mental Health Post-Sexual Assault

69.7% were + for depression on PHQ-9

34.2% were + for suicidal ideation at least several days

55.1% were + for PTSD & Depression

Average score on PCL-5 was above cut-off for PTSD

- $M = 45.57$; $SD = 18.62$

Substance Use Outcomes

50.0% had positive scores for alcohol misuse on the AUDIT-C

Lifetime substance use

- 33.7% used cannabis
- 15.7% used poly substances

COVID-19 Increased General Stress Among Patient Population

68% reported an increase in stress due to COVID-19

11.5% reported an increase in mental health related symptoms related to COVID-19

Less than 5% reported other concerns related to COVID-19 such as financial barriers, childcare difficulties, and substance use problems

Common reactions during an assault:

Shortness of breath Dizziness Fast Heart Rate Sweating, hot flashes, or chills
Upset stomach or nausea Trembling

These responses happen when the body prepares itself for an emergency. You may be having these reactions since the assault. These reactions are normal.

There is no wrong or right way to feel after a sexual assault. It is normal to experience:

Fear Anxiety Guilt Sadness Unwanted Thoughts Anger
Difficulty concentrating Nightmares Loss of Control Shock

Triggers remind you of the sexual assault:

Triggers are people, places, or things that make you feel upset after a sexual assault. Some triggers are easy to recognize. For example, a person might feel afraid after they watch the news about a crime. Other triggers are hard to recognize. For example, a person might feel afraid when a loved one touches them.

The best way to cope with triggers is to:

- Remind yourself that you are having a normal reaction.
- Try to let it happen. It will pass.
- Try not to avoid triggers. Avoiding triggers creates more problems.

Handout for Social Support

“I BELIEVE YOU”

It may be very difficult to accept that your friend or loved one went through a horrible experience. However, it is very important that you believe them. You should let them know that you think what happened to them is serious, is wrong, and is not their fault.

“IT’S NOT YOUR FAULT”

The only person responsible for an act of sexual violence is the person who chose to commit it. Tell the person that they did not do anything wrong and deserve support. Try not to ask questions about the details of the assault that might make the person feel bad (e.g., It is not helpful to ask the person if they were drinking or why they were at the location where the assault occurred).

KEEP THINGS CONFIDENTIAL

Respect privacy by not sharing what they told you with anyone else, unless they ask you to. If you want to talk to someone about what you learned, we recommend you seek a counselor.

ALLOW THEM TO MAKE THEIR OWN DECISIONS

During a sexual assault, control is taken away from a survivor. As a friend or loved one, you want to give them back their control. If they do not want to report or seek services, do not demand that the survivor seeks services. Inform them of their options and let them know you are there, but don't push them. Also, don't push them for details about the sexual assault. They need to have control over this information, and have every right to share or not share what they chose.

LISTEN

It is very important to LISTEN. You may be tempted to ask questions, but what your friend or loved one will need is someone to listen to what they have to say.

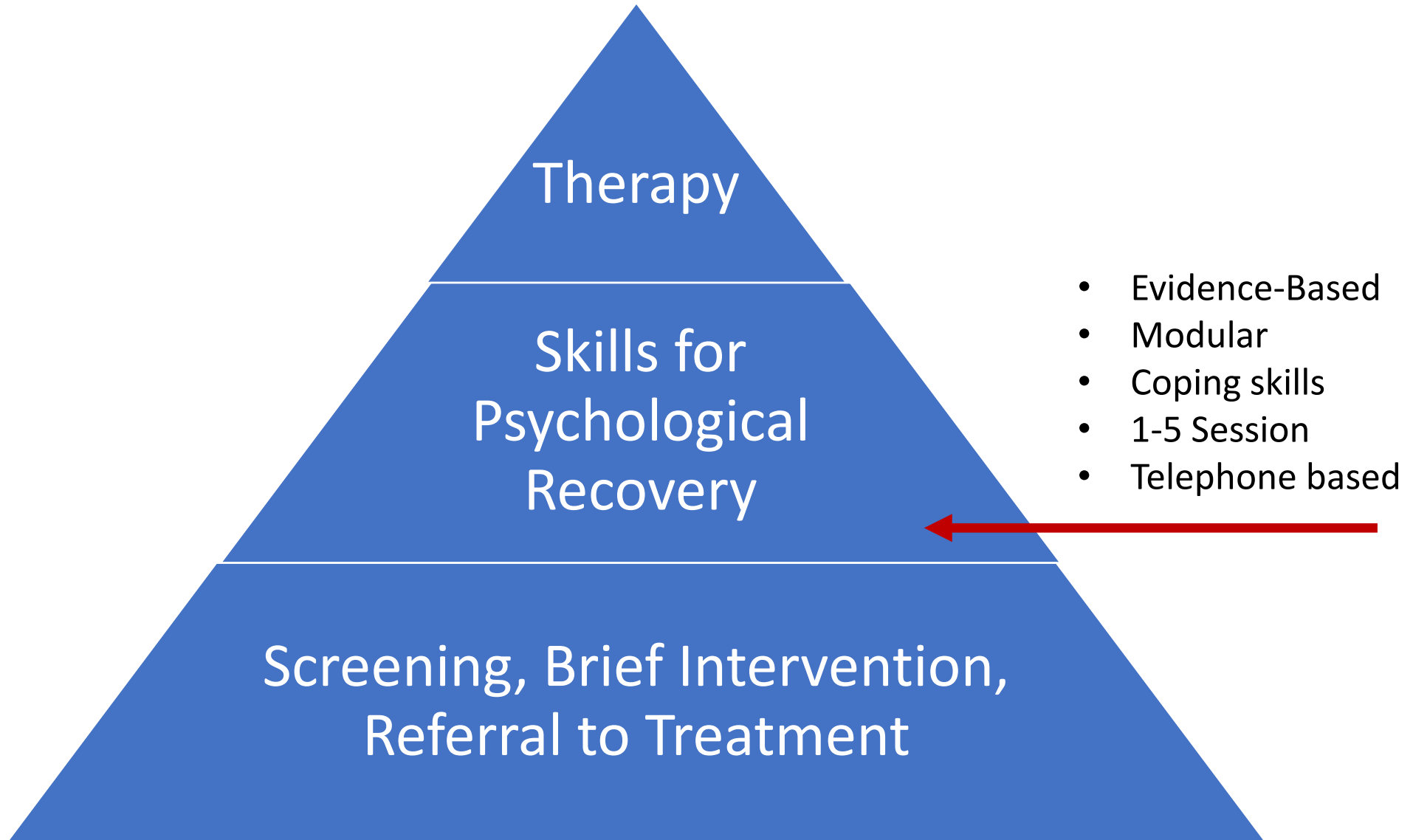
REFER THEM TO MENTAL HEALTH SERVICES

Sexual assault can be a very difficult experience to emotionally recover from. You can remind your friend or loved one about options to receive counseling. MUSC has follow-up services for sexual assault. You may also reach out to our program for support.

Case example of Phone Screen

Survivor reported having intense anxiety about leaving her apartment following a sexual assault. During follow-up contact, Provider psychoeducation regarding avoidance, how it can increase anxiety, and normalized her thoughts/feelings. Provider taught deep breathing as a coping skill. The next day, Patient reflected on psychoeducation and decided to walk to corner store. Patient reported using deep breathing to cope with her anxiety and reminded herself “it is normal to be anxious. I can get through this.” She was able to successfully go to the store and felt proud of herself for taking a difficult step.

Sexual Assault Follow-Up Services



Skills for Psychological Recovery Outcomes

- Pre and Post measures were completed for 7 patients in last year
- Average number of sessions completed was 2.5
- Average decrease in PTSD primary care screener was 1.33
- Average decrease in PHQ-9 was 1.67

Patient	Sessions Completed	PTSD Pre	PTSD Last Contact	Phq-2 Pre	PhQ-2 Last Contact
1	1	5	2	2	0
2	2	5	4	6	5
3	2	5	2	3	0
8	2	2	1	2	0
9	5	5	2	4	4
10	2	5	5	6	3
12	2	5	5	3	2

Case example of SPR

An adult female victim of sexual assault completed an initial follow-up screen 10 days after she was assaulted. During that screen, the individual endorsed: nightmares/intrusive thoughts, avoidance, hyperarousal, feelings of numbness/detachment, and negative cognitions. She expressed interest in engaging in SPR to help address these symptoms while waiting to engage in trauma therapy. The individual began engaging in weekly SPR sessions for a total of 5 weeks. During her SPR sessions, she worked on Promoting Positive Activities, Managing Reactions, Promoting Healthy Thinking, Rebuilding Healthy Social Connections, and Problem Solving. After completing 2 SPR sessions, the individual only endorsed 2 out of the 5 symptoms that were previously measured. After the individual completed all 5 sessions, the individual endorsed a reduction in all symptoms previously reported and no longer wished to engage in trauma therapy.

Web-based SBIRT tool following sexual and/or intimate partner violence



Hahn, Moreland, Goodrum, Barber, Gilmore, & Rheingold, In preparation

Key Components of SBIRT for Sexual Assault

Personalized Feedback

Identification of Values

Goal Setting

Empowerment

Advice

Encourage Social Support

Referrals

Summarize

SBIRT TOOL

The tool will take about 15 minutes to complete.

There are 4 sections.

- 1. EDUCATION** about substance use and violence.
- 2. ASSESSMENT** about your health.
- 3. FEEDBACK** that is personalized to you.
- 4. ACTIVITIES** to help you make decisions about your health.

Education about Substance Use and Violence

There are a lot of reasons people use substances after experiencing violence...

***Because it is hard to sleep
To escape pain
Relaxation
Wanting to forget***



Assessment and Personalized Feedback

What is your drinking pattern?

You typically drink 5 or 6 drinks on any day and up to 18 drinks per week.

**For women, drinking more than 3 drinks on any day or 7 drinks per week is "at risk" or "heavy drinking."
People who have experienced violence are two times more likely to be "heavy drinkers."**

Activities

It is great you selected 81 out of 100! It seems you have some very good reasons for being ready to change your substance use.

How do your values relate to choosing 81 instead of a lower number?

Changing my substance use would help me achieve things in my life that I could feel proud of.

I agree

I disagree

I am not sure

reset

Changing my substance use would help me to take good care of my children

I agree

I disagree

I am not sure

reset

Changing my substance use would help me to have a happy, loving family.

I agree

I disagree

I am not sure

reset

Focus Groups with Service Providers

- Clinicians and Victim Advocates ($n = 21$) from non-profit agencies
- Age: 21-75; $M = 42.29$, $SD = 15.12$
- Race/Ethnicity: 63.6% White; 31.82% Black; 4.5% Hispanic

Interviews with Survivors

- 11 women and 2 men who experienced sexual and/or intimate partner violence in the past year
- Age: 23 to 56; $M = 33$, $SD = 15.12$
- Race/Ethnicity: 84.6% White; 15.4% Black; 30.8% Hispanic

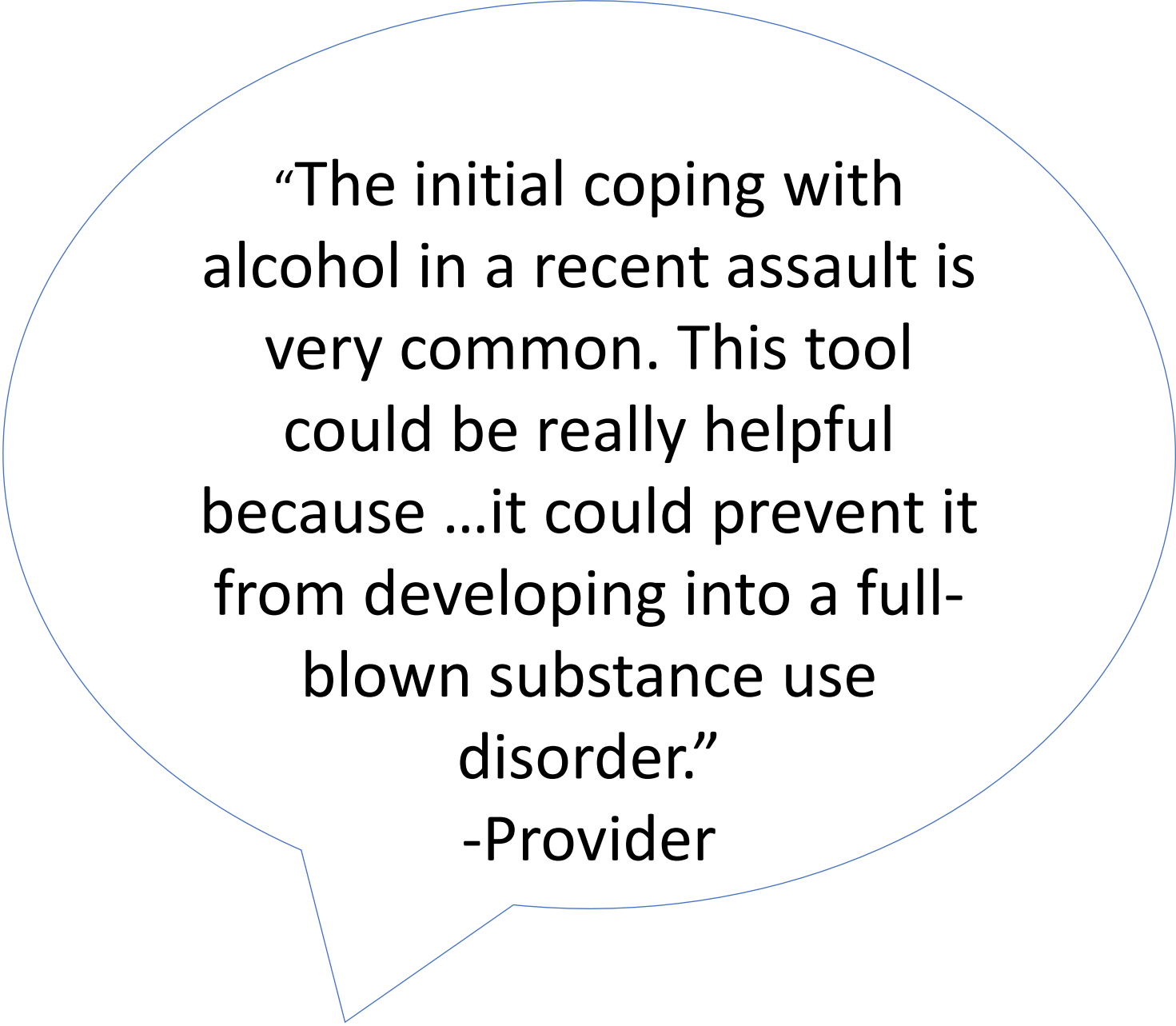
Qualitative Data about the SBRIT Tool

Feedback was provided on:

- Design
- Content
- Ideas for integrating the tool into practice
- Cultural sensitivity

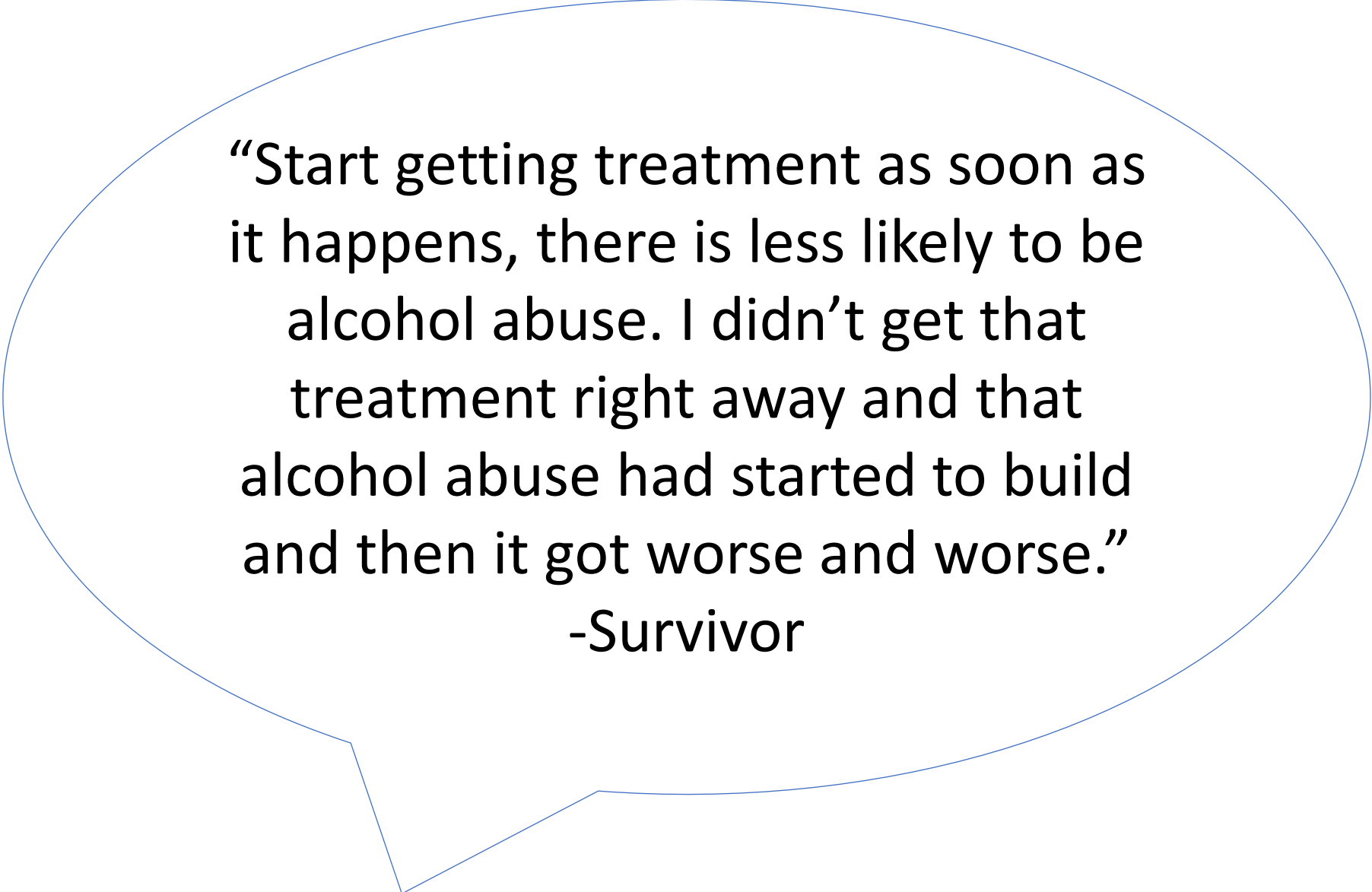
Providers and survivors stressed the importance of:

- Confidentiality
- Individualized, non-judgmental
- Link between IPV and substances



“The initial coping with alcohol in a recent assault is very common. This tool could be really helpful because ...it could prevent it from developing into a full-blown substance use disorder.”

-Provider



“Start getting treatment as soon as it happens, there is less likely to be alcohol abuse. I didn’t get that treatment right away and that alcohol abuse had started to build and then it got worse and worse.”

-Survivor

Acceptability Among Recent Survivors

17 women

- 77.8% white
- 94.4% non-Hispanic

High rates of co-occurring sexual assault and intimate partner violence (82.4%) in the past year (77.8%)

Everyone reported needing care related to IPV in the past year and 52.9% reported needing care related to substance use

Acceptability

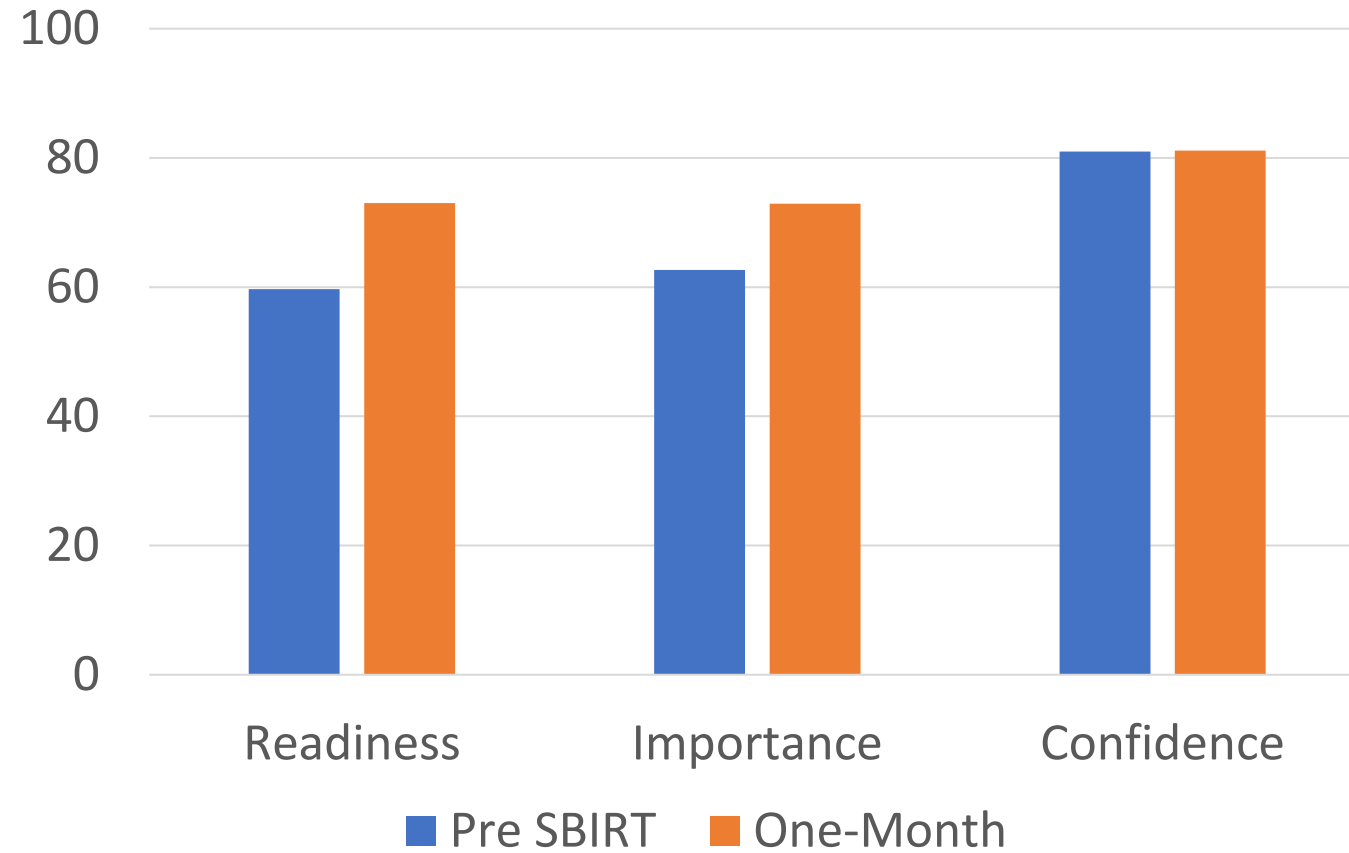
The Acceptability of Intervention Measure

- “I like the tool.”; 1-5 scale
- Average scores corresponded to *Agree to Completely Agree*
- $M = 4.19$ ($SD = 0.92$)

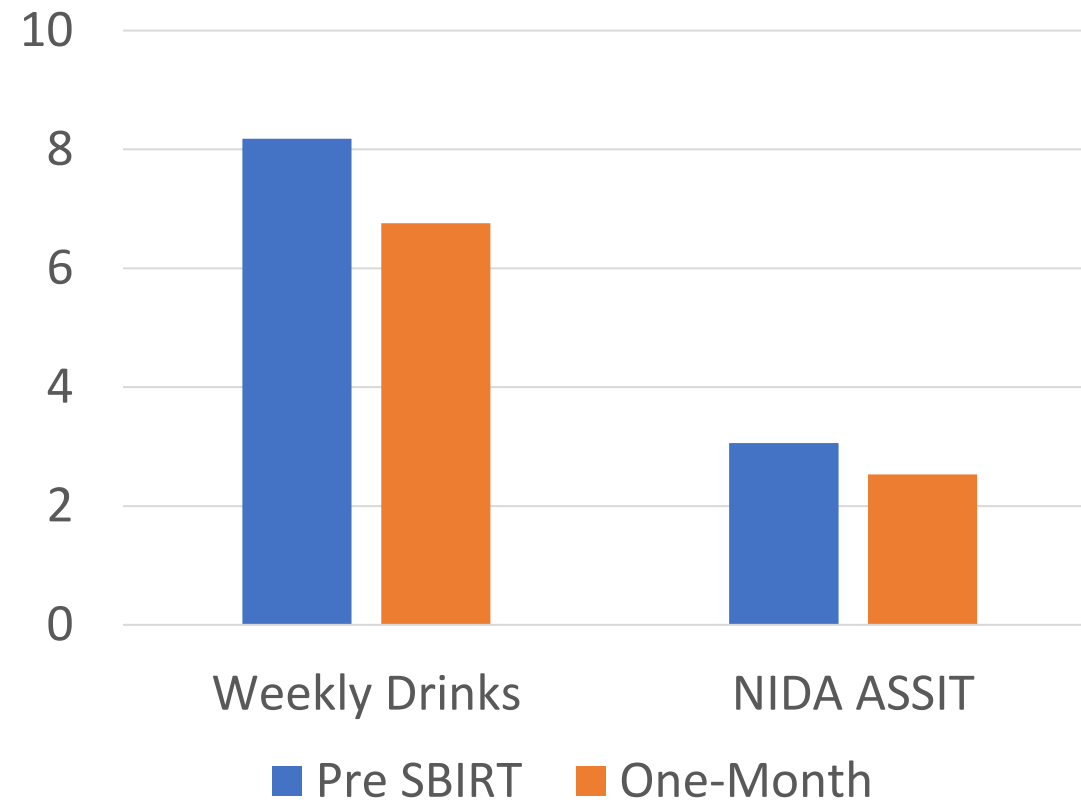
Perceived Intervention Characteristics

- “Using the tool makes it easier to get treatment.”; 1-7 scale
- Average scores corresponded to *Agree a Little to Agree*
- $M = 5.67$ ($SD = 1.03$)

Changes in Motivation

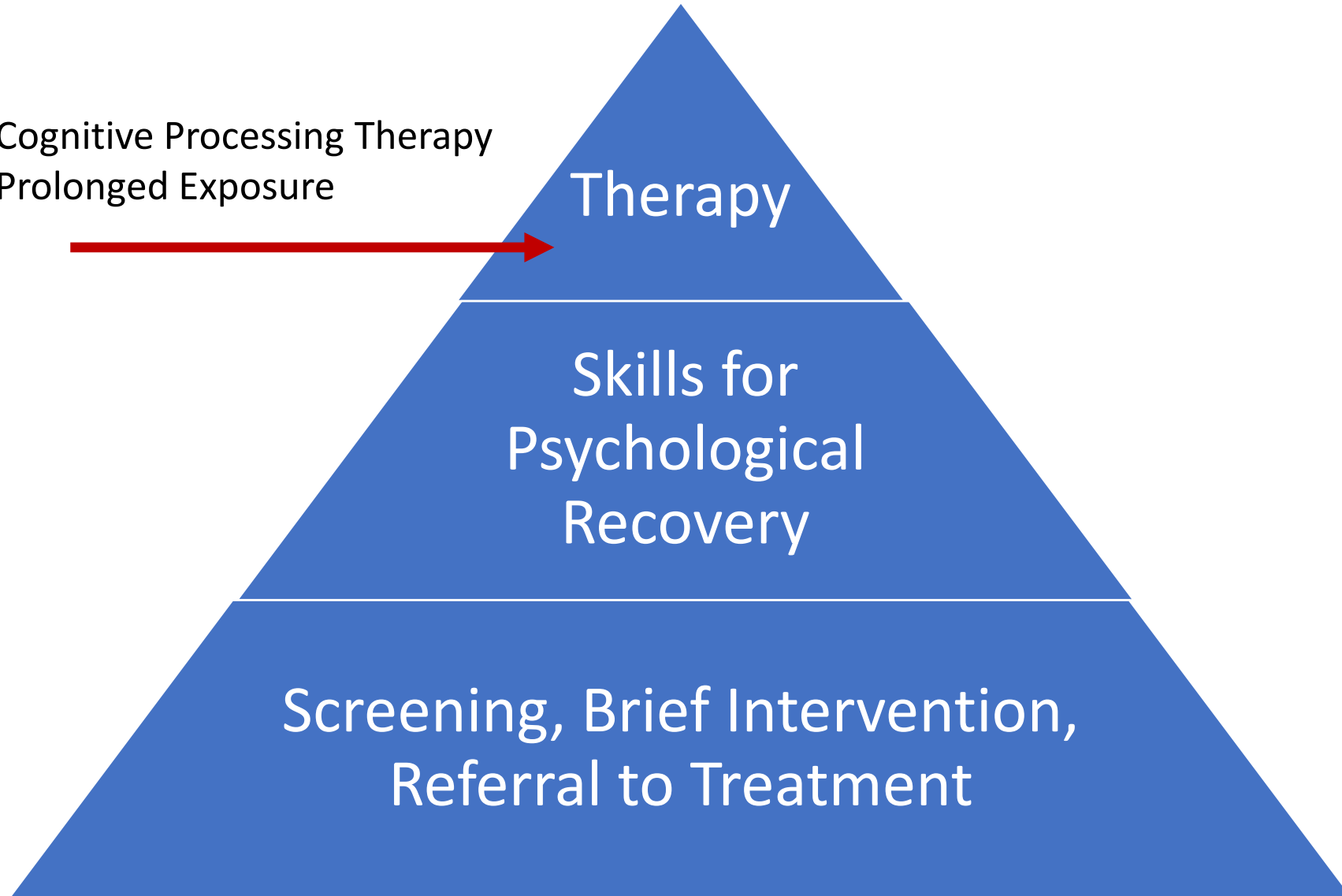


Changes in Substance Use



Sexual Assault Follow-Up Services

- Cognitive Processing Therapy
- Prolonged Exposure



Trauma-Focused Treatment During COVID-19 Pandemic

- Number of sexual assault survivors referred for Trauma-Focused Treatment during COVID: **39**
- Number of sexual assault survivors seen at NCVC clinic for Trauma-Focused Treatment during COVID: **20**

**Have you experienced a recent
sexual assault?**



Are you using alcohol or drugs to cope?

A therapy research study for common feelings of stress
after sexual assault is available to women at MUSC.

Payment available to those who qualify.

**Call Christine at 843-518-2875
or take our online screener.**

<https://is.gd/studyscreener>



Skills Training and Exposure Post Sexual Assault (STEPS)

5 minutes

20 minutes

30 minutes

5 minutes

Check-In

Skills
Training

Writing

Check-
Out



Skills Training and Exposure Post Sexual Assault (STEPS)

Session	Exposure 40 minutes	Skills Training 20 minutes
1	Details of the assault	Psychoeducation Motivational Interviewing
2	Details of the assault	Managing cravings and urges
3	Most upsetting part and impact on life	Managing high risk thoughts
4	Most upsetting part and impact on life	Problem solving, substance refusal skills, or assertiveness
5	Impact on life	Coping with high-risk situations

Telehealth Considerations

Suicidality

Distraction

Intimate partner violence

Engaging vs. too much contact

Managing avoidance

Access

Rapport

Connection

Technology competency

Readiness for session

Increasing Safety Via Telehealth

- Use of headphones
- Client's control over scheduling
- Yes/no questions
- Code words

Screening for IPV During COVID-19 (Iverson & Kaplan, 2020)

- “COVID-19 precautions and lockdowns are causing lots of couples to experience more conflict than usual, and relationship stress and violence have increased. “Has conflict, stress or violence increased since the start of COVID-19 lockdowns and precautions?”
- Has your partner limited your access to COVID-19 protective gear or prevented you from seeking medical attention?
- Has your partner pressured or forced you to engage in behaviors or activities that you think are increasing your risk for COVID-19 exposure?
- Has your partner used COVID-19 as a reason for restricting your access to family, resources, money, or other needs?
- Has your partner used COVID-19 to threaten or intimidate you?”

Next steps

- Prevention for Sexual Assault Related Stress Video
- Incorporating use of applications and text-messaged based screening

Take Away Message

- Screen for sexual assault in your own practice
- Ensure your setting is trauma-informed
- Always Start By Believing
- Have referrals available
- Inform social support how to help survivors
- Avoid revictimization. Substance use before, during, and after assault is common and does not indicate fault!

Resiliency (Leung et al., 2020)

- There's still so much in life that's worth living ...
I was not the cause of it, but I can do something about it... ”
- “I’m going to be a better parent than I was shown.”
- “I am going to actively review my life, constantly be engaged in my life”
- “As soon as I knew how to read ... I used to read all the time to myself and I really enjoyed that.”
- “I heard there was a university, but I never thought it was possible ... I actually started considering because all my teachers were like “You are really smart, you can do it.”
- “I actually think it really made my personality stronger and it ... kind of gave me a better appreciation for my life because not everybody has the opportunity to go through all of this and still end up studying towards a degree.”



Trauma-Informed Care is Crucial!



Contact Us

Sexual Assault Services

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- Website: <https://muschealth.org/medical-services/sexual-assault/follow-up-services>

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