

Access, Care, and Support for Survivors of Sexual Assault and Coercion:

A Sexual Assault Awareness Month Panel for Healthcare Providers



Tuesday, April 25th, 2023



Share in the chat!



- Name
- Pronouns
- Organization you're joining us from
- One thing that's bringing you joy right now



Let's Take A Collective Moment To Ground Ourselves





Futures Without Violence is a health and social justice nonprofit with a mission to heal those among us who are traumatized by violence today – and to create healthy families and communities free of violence tomorrow.

Home to the National Health Resource Center on Domestic Violence.

Bianca Palmisano, MSN RN (they/them) Nurse, Medical Educator



Alisa Zipursky (She/her) Writer, Speaker, Survivor





Virginia Duplesis, MSW (She/Her) Associate Director, Health Futures Without Violence



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Program Specialist
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Health Equity Framework

Individuals and communities have equitable access to the things necessary for well-being and self-determination, such that no one's health outcomes are the result of interpersonal or structural oppression

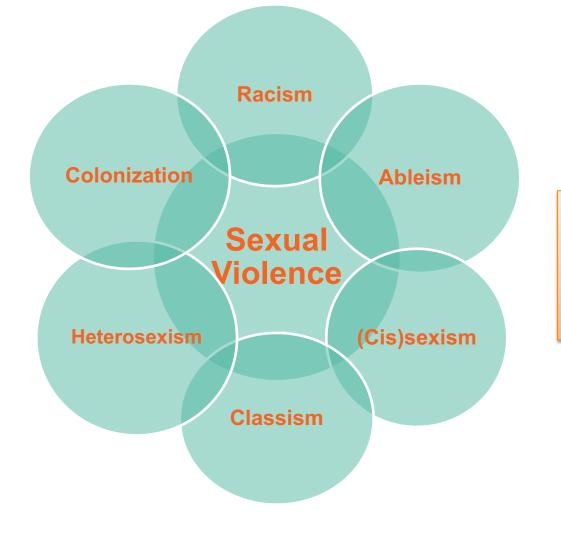
A Health Equity approach requires:

- Centering historical marginalized, exploited, and oppressed communities
- Focus on structural and systems change, not individual behavior change



Sexual Violence includes a spectrum of actions that violate another person's right to bodily autonomy and consent.

- Rape or sexual assault
- Child sexual assault and incest
- Sexual assault by a person's spouse or partner
- Unwanted sexual contact/touching
- Sexual harassment
- Sexual exploitation and trafficking
- Nonconsensual image sharing



Sexual Violence
Does Not Occur in a
Vacuum!

Who Does Sexual Violence Impact?



- Sexual Violence affects people of all ages, races, genders, and religions.
- Over half of women and 1 in 3 men have experienced sexual violence involving physical contact during their lifetime. (CDC, 2022).

Because of intersecting forms of sexism, racism, and other forms of oppression, marginalized and/or historically exploited peoples experience higher rates.

Oppression creates disparities

- 64.1% of Multiracial women
- 55.0% of American Indian/Alaska Native women
- 46.9% of non-Hispanic White women,
- 38.2% of non-Hispanic Black women
- 35.6% of Hispanic women
- 31.9% of Asian or Pacific Islander women experienced sexual violence other than rape during their lifetime

In their lifetime......

- 47% of trans/ non-binary people experience sexual assault, many times before the age of 18.
- 40% of gay men report experiencing sexual violence
- 3 in 4 bisexual women experience sexual violence

People with intersecting oppressed identities are more likely to experience sexual violence because of structural and interpersonal trans- and homophobia.

Reproductive and Sexual Coercion

Exerting control around another persons' own reproductive decisions.

Birth Control	Pregnancy	Sexual Coercion	Abusive
Sabotage	Pressure		Environment
 Poking holes in condoms Throwing away birth control pills Pulling out IUDs 	 Pressuring someone to get pregnant Carry to term, or terminate when they don't want to 	 Pressuring someone to have sex or do something sexual they don't want to Threatening STI disclosure 	Even when partner is not explicitly trying to control reproductive decisions, survivors' reproductive options may be severely limited

How Sexual Violence Can Impact Survivor Health

- Mental health: PTSD, depression, anxiety, selfharm, and more
- Acute injuries
- Unwanted or unplanned pregnancy
- STDs/STIs
- Chronic physical health: chronic pain, asthma, diabetes, and more

- Using substances more or less safely than patient wants in order to cope
- Gynecologic: chronic pelvic pain, vaginismus, fibroids
- Gastrointestinal disorders
- Unaddressed health issues and reluctance to seek healthcare

Barriers For Survivors Seeking Healthcare

- Lack of access to resources such as; transportation, cost of services, access to hospitals/health centers etc
- Medical racism, fatphobia, transphobia, misogyny
- Re-traumatization
- Lack of privacy and self-determination
- Invasive procedures- removal of clothing, physical touch, vulnerable physical position
- Fear of reporting to law enforcement, CPS, or ICE
- Societal stigma, shame and victim blaming
- Lack of culturally component providers and services



Panel Discussion



Bianca Palmisano, MSN, RN (They/Them)



Alisa Zipursky (She/her) Writer, Coach, Speaker, and Survivor



Virginia Duplesis, MSW
(She/Her)
Moderator
Futures Without Violence

Q&A

Please use the zoom feature!

CUES- Universal Education Approach

C: Confidentiality

- Disclose limits of confidentiality
- See patient alone

UE: Universal Education + Empowerment

- Normalize activity: "I've started giving info on abuse to all of my patients"
- Make the connection: "They talk about sex, consent, and relationships. Here
 is some information and here is another one for a friend or family member. On
 the back of the card there are 24/7 text and hotlines."

S: Support

- Affirm and support
- Offer warm referral

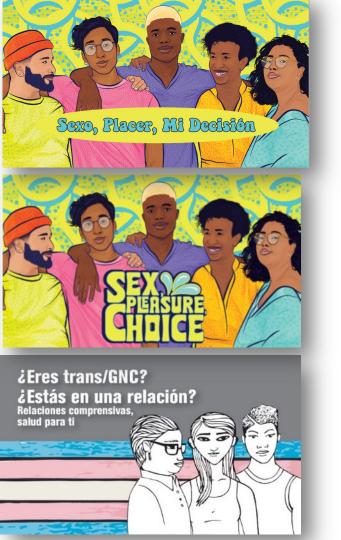
C: Confidentiality

- Know your states reporting requirements and share any limits of confidentiality with your patients.
- Ensure that you can see patients alone for at least part of the visit
- Use professional interpreters and do not rely on family or friends to interpret.
- How else can you foster a confidential and trusting relationship with patients?

"Before I get started, I want you to know that I cannot share anything we talk about today outside of the care team, unless ____I am required to report ___."

UE: Universal Education

- Connect to the Visit: "Because relationships are important to our health and they also can be really hard at times, I talk with all of my patients about their sexual and romantic relationships and give them these cards."
- Introduce Safety Card: (Unfold card and show it) "It's kind of like a quiz. It talks about consent, relationships, boundaries and health"
- Make the Connection: "When someone is hurting you, being very controlling, or scary, it can affect our health. There are resources in our community for people who need them"
- Always Give Two Cards "This resource may not be useful for you right now, but I am going to give you two cards in case you want to look at in the future or have a friend or family member who would find the information useful"



CUES Intervention Tool: Safety Cards

- "Sex, Pleasure, Choice" for sexual and reproductive health and testing
- Developed with survivors, health providers, and advocates
- Other cards for LGBTQ communities, parents, youth
- Order for free
 at store.futureswithoutviolence.org

S: Support

- Offer gratitude to patients for sharing their story
- Document abuse and inform patient of documentation
- Make warm referral to a domestic/sexual violence advocacy services
- Offer safety and wellness strategies



Learn more about CUES and health worker response at ipvhealth.org

Supporting patients



"Thank you for sharing this with me. That sounds really difficult – I am so sorry this happened. There are supports in our community. I can connect you today - even right now if you like."

"Thanks so much for telling me about what you are going through. What you have shared makes me worried for you. How are you feeling about it? How has this been affecting you?"

Safety cards as a tool for connection

"On the back of the card are some phone numbers and websites, in case you ever need information or support."

National hotlines can provide support 24/7 via phone or online chat:

National Domestic Violence Hotline 1–800–799–7233 | TTY 1–800–787–3224 thehotline.org

National Sexual Assault Hotline 1–800–656–4673 | rainn.org SAMHSA National Helpline drug use and mental health support 1–800–662–4357

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Sexual Violence Advocates



Sexual assault programs have vast experiences working with survivors of violence and can offer:

- Crisis emotional support and safety planning
- Legal advocacy
- Support groups/counseling
- And much more!

Normalize Help Seeking For Patients Using Violence



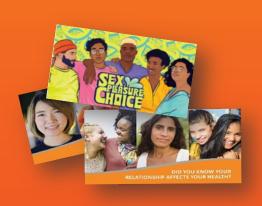
CALL FOR CHANGE:

Free, confidential, anonymous help for abusive partners: Call 877-898-3411 7am-7pm or email Help@ACallForChangeHelpline.org "Many of my patients who are in similar situations have found it helpful to connect with our social work department to learn about available resources..."

"It sounds like you are going through a lot and are concerned about how you are treating your partner. There are anonymous resources I can share."

"I know you care so much about your kids and are really trying to be a great parent and role model for them. It sounds like you are concerned about how your actions are impacting them...do you want to talk with someone about that?"

Resources from National Health Resource Center on Domestic Violence











Ipvhealth.org

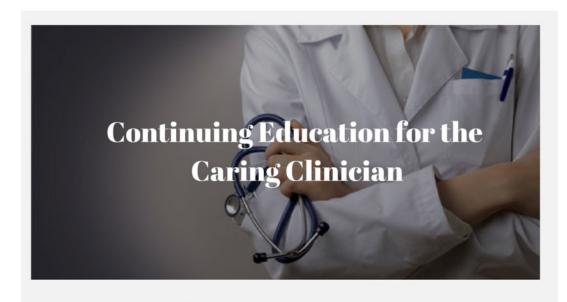
- Using CUES universal education
- Supports for healthcare professionals
- Partnering with DV/SV advocates



Resources from Bianca Palmisano MSN, RN

Continuing medical education at IntimateHealthConsulting.com, with offerings like:

- Taking an (Inclusive) Sex-Positive Sexual History
- Why Pleasure Matters: Risk Reduction for HIV, STI, or Unintended Pregnancy
- Building the Inclusive Healthcare Practice for Sex Workers



Patients and Sexual Health

Intimate Health Consulting

More from Alisa Zipursky

Healing Honestly available for pre-order at BookShop.org

HealingHonestly.com



The Least Retraumatizing Read on Childhood Sexual Abuse

For Survivors, by a Survivor

Healing Honestly

The Messy and Magnificent
Path to Overcoming Self-Blame
and Self-Shame

Alisa Zipursky





For additional resources visit IPVHealth.org