

BREAKOUT SESSION



12TH ANNUAL TELEHEALTH SUMMIT OF SOUTH CAROLINA

OCTOBER 28-30, 2024

General Track:

Early Intervention for Sexual Assault and Intimate Partner Violence: Strategies for Telehealth Delivery

Tuesday, October 29 • 11:15 AM - 12:00 PM



Stephanie Amaya, PhD.
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Early Intervention for Sexual Assault and Intimate Partner Violence: Strategies for Telehealth Delivery

Sexual Assault Services

National Crime Victims Research and Treatment Center
Medical University of South Carolina

Emily Tilstra-Ferrell, Stephanie Amaya, Aurelia Sands-Belle, Alex Brockdorf, Caroline Knight, Jordyn Tipswood, Selime Salim, & Christine Hahn

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MEDICAL TECHNOLOGY

Agenda

- Introductions of Panel
- Overview of Sexual Assault Services at National Crime Victims Research and Treatment Center
- Responding to IPV
- Skills for Psychological Recovery
- Questions

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MEDICAL TECHNOLOGY



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Telehealth
ALLIANCE

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

Novel Application of Skills
for Psychological Recovery
Following Sexual Assault
(000583; Rheingold)

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Acknowledgements Slide

- Survivors of sexual assault who used our services
- Tri-County SPEAKS
- Katharine Hassell, MSW
- Caroline Knight, LMSW



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MEDICAL TECHNOLOGY

Broad Overview: Making the Case for Telehealth



Safe and equitable access to mental health services



Adapting to growing demands and cultural shifts



Dismantling systemic barriers through advocacy and activism

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MEDICAL TECHNOLOGY



Sexual Assault Services at MUSC

Sexual
Assault
Nurse
Examiners

Rape
Advocacy
Center

Crime
Victims
Center

Women's
Health

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MEDICAL TECHNOLOGY

Mission:

Prevent and treat
mental health distress
and sexually
transmitted infections
(STIs) following sexual
assault.



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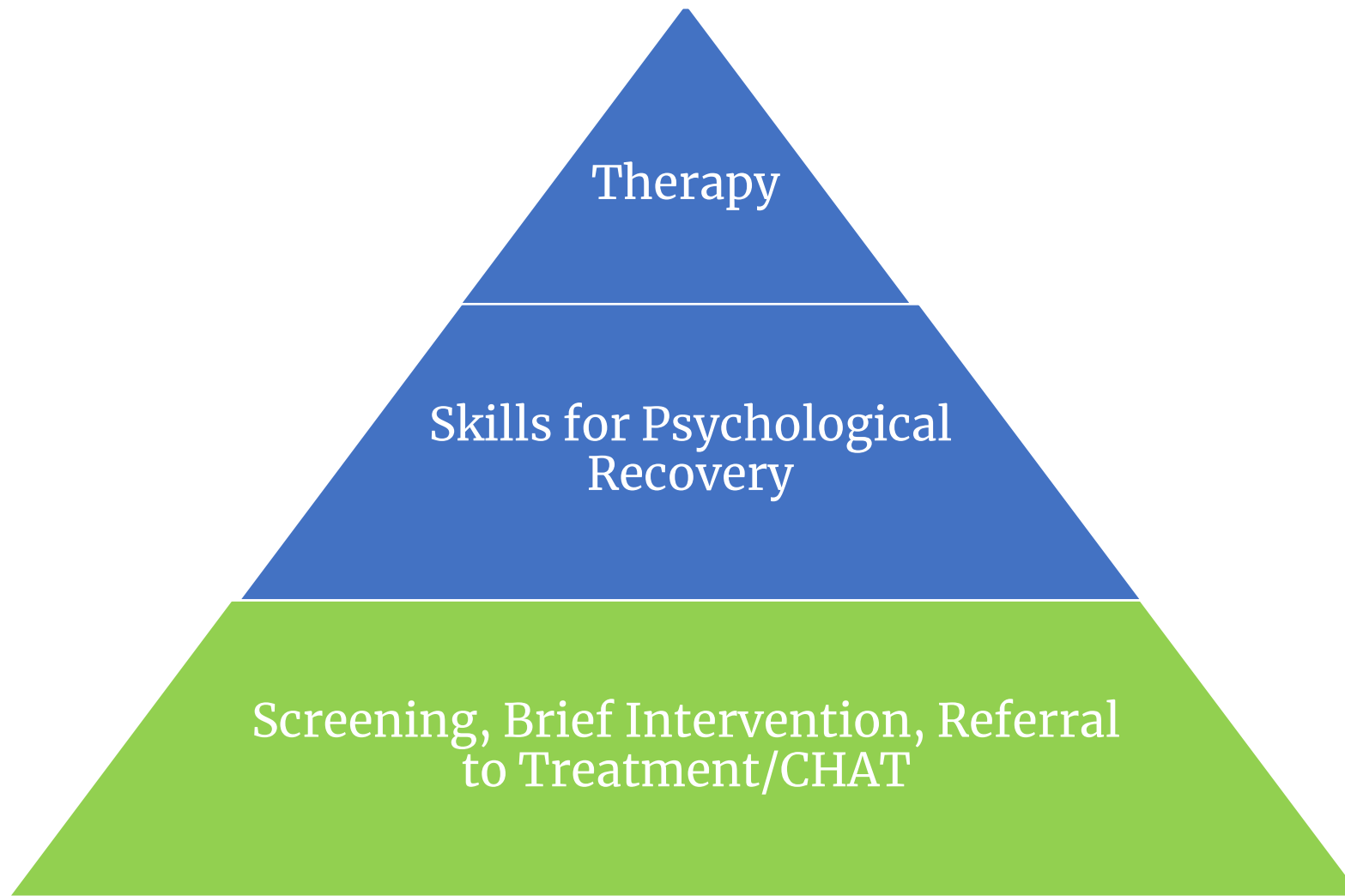
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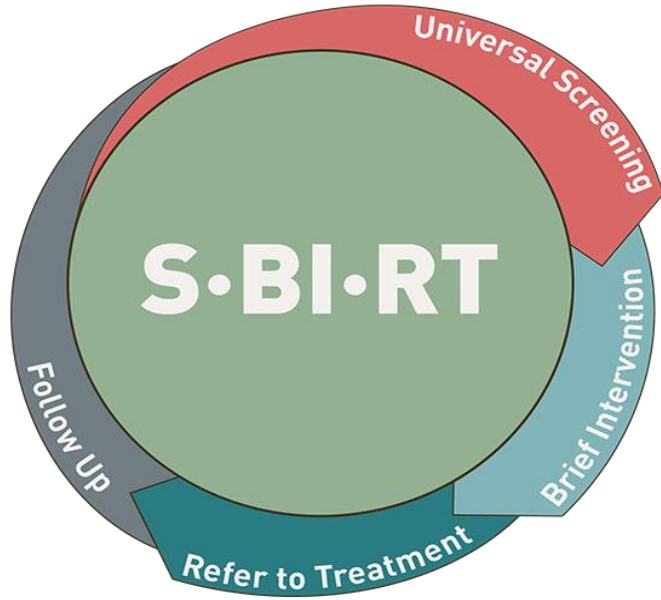
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MEDICAL TECHNOLOGY



Screen

Suicide:
PHQ item 9

Partner Violence
Screen

“Have you received
STI testing since
your sexual assault?”



Brief Intervention

Further assessment
and safety planning

Further assessment
and safety planning

Normalize concerns,
problem solve barriers



Referrals

Therapy
Emergency
Service

Advocacy
programs

Insurance and
free STI testing



91 survivors completed follow up calls between January 2020 and February 2023

Age: $M=26.4$ ($SD=7.8$), Range=17-51

Race/Ethnicity:

- 50.5% White
- 28.6% Black/African American
- 9.9% Hispanic/Latine
- 5.5% Other identity

Gender:

- 92.3% Cisgender women
- 2.2% Cisgender men
- 3.3% Trans/gender diverse

Sexual Orientation:

- 70.3% Heterosexual
- 27.5% Sexual minority



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Intimate Partner Violence

24%



PTSD

69%



Depression

53%

Suicidality

15%



Alcohol Misuse

51%

Drug Use

18%



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Among those with IPV

- 15.2% still had contact with perpetrator
- 22.7% had difficulty meeting basic needs
- 27.3% suicidality
- High rates of PTSD, depression, and substance misuse

IPV Telehealth Case Example



Abusive Partner (Sean):

33 y/o, white, cis-man

Client (Marshall):

38 y/o, white, Transwoman

STI Screening

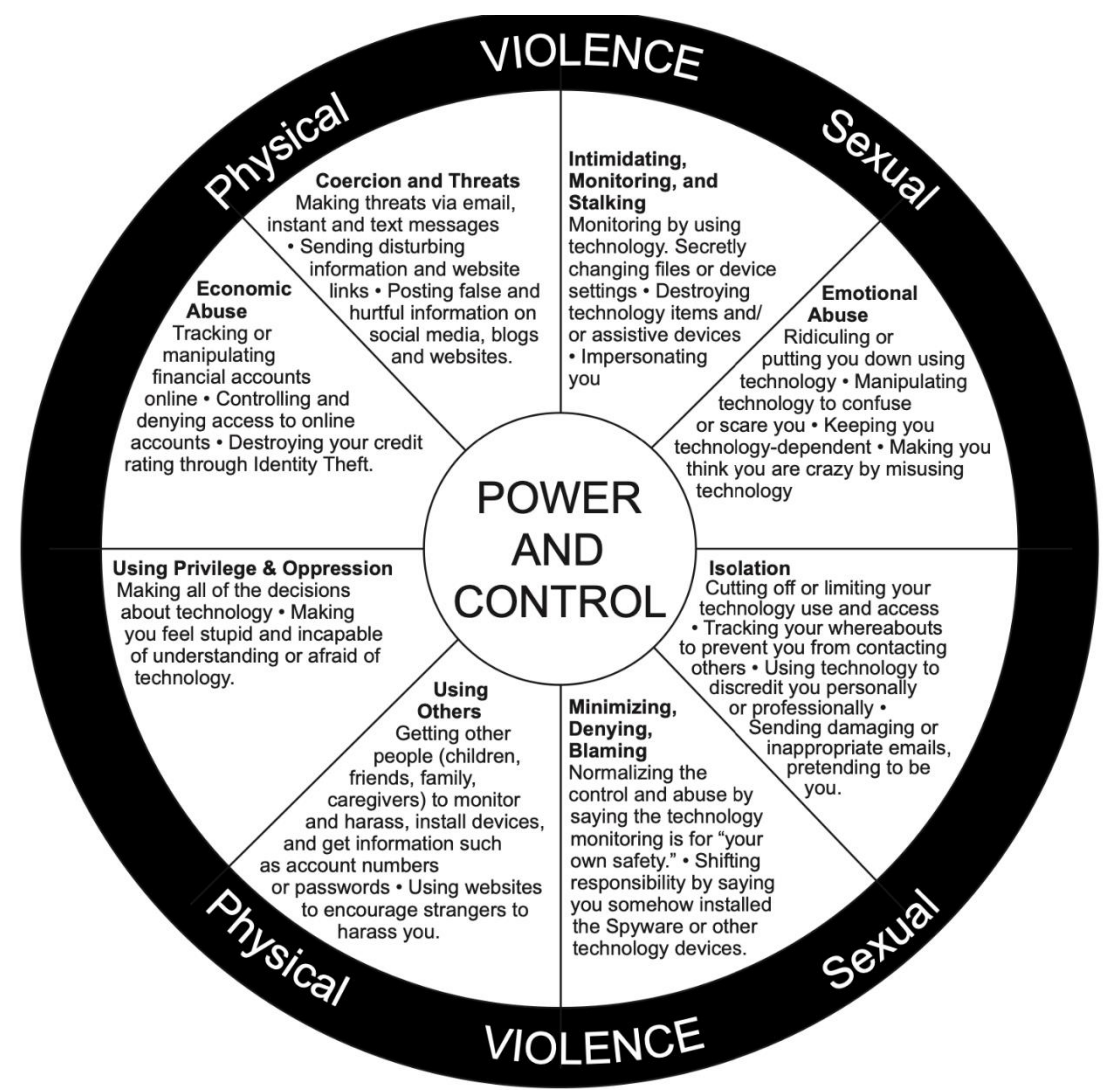
Elevated Substance Use



Technology as a Tool for Abuse



Electronic Copy:
Power/Control Wheel



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MEDICAL TECHNOLOGY

Safeguarding Privacy: Best Practices



Technology as a Tool for Abuse

Restricted access

Digital surveillance

Tech-based control



Safety Response

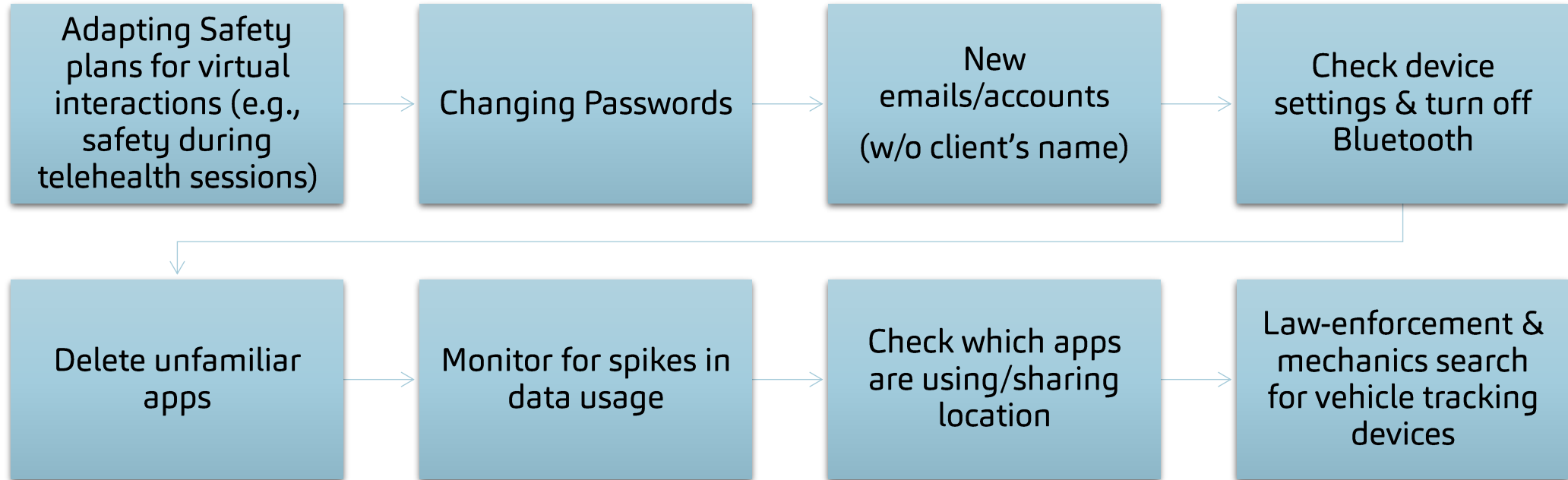
Psychoeducation on tech-facilitated abuse

Secure Platforms/ Encryptions

Mitigating Impact of Unauthorized Access



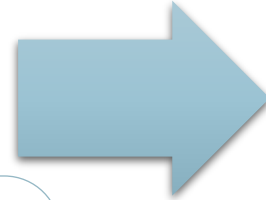
Safety Planning in the Digital Age



Health Equity: Closing the Digital Divide

Barriers to Access

- **Systemic**
Reliable Internet
Tech literacy
Language

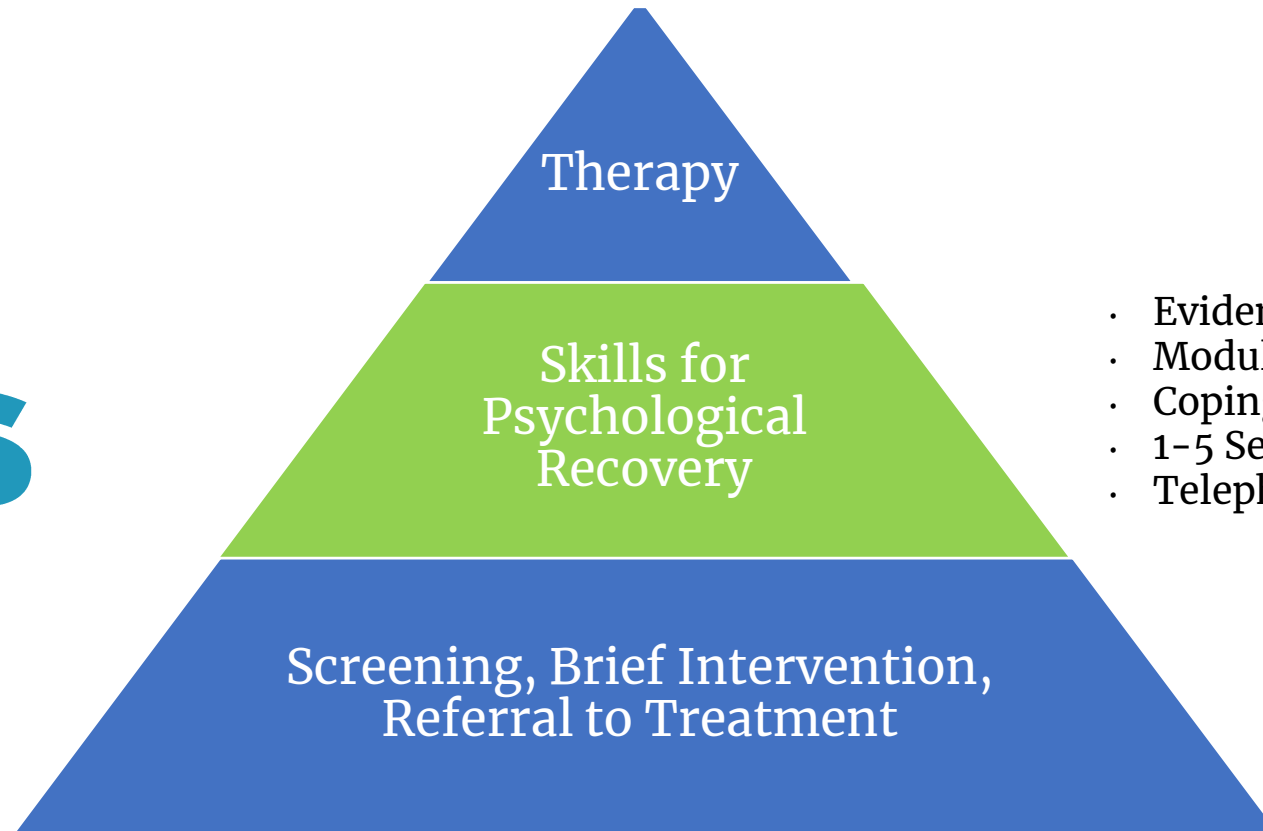


Equitable Practices

- **Institutional**
Tech platforms/ devices
Interpreters/ materials
- **Advocacy and Outreach**
Policy and Funding
Local Partnerships



What is SPR?



- Evidence-Based
- Modular
- Coping skills
- 1-5 Session
- Telephone or video

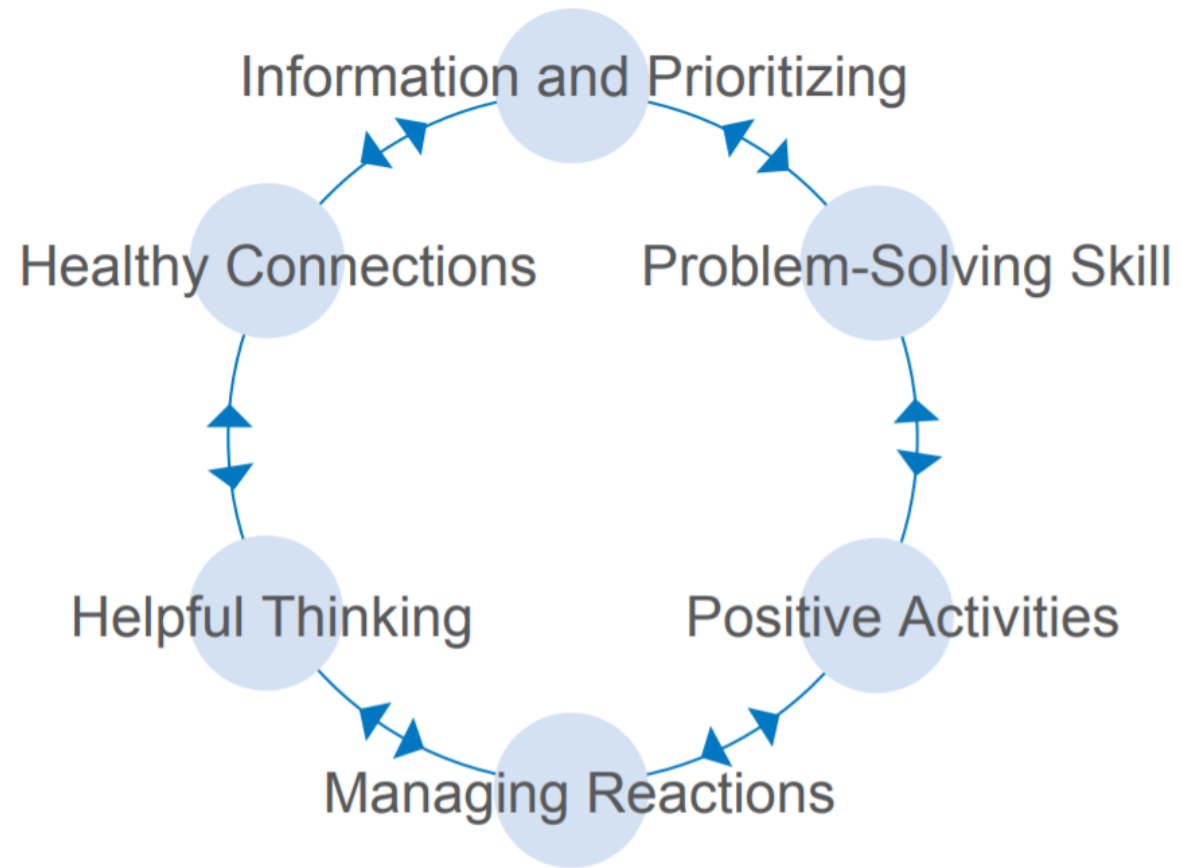
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MEDICAL TECHNOLOGY

Why Skills for Psychological Recovery?

Addresses barriers

Follows hierarchy of needs

Promotes natural recovery processes

Present focused

Paraprofessionals can deliver

Flexible

Waitlists

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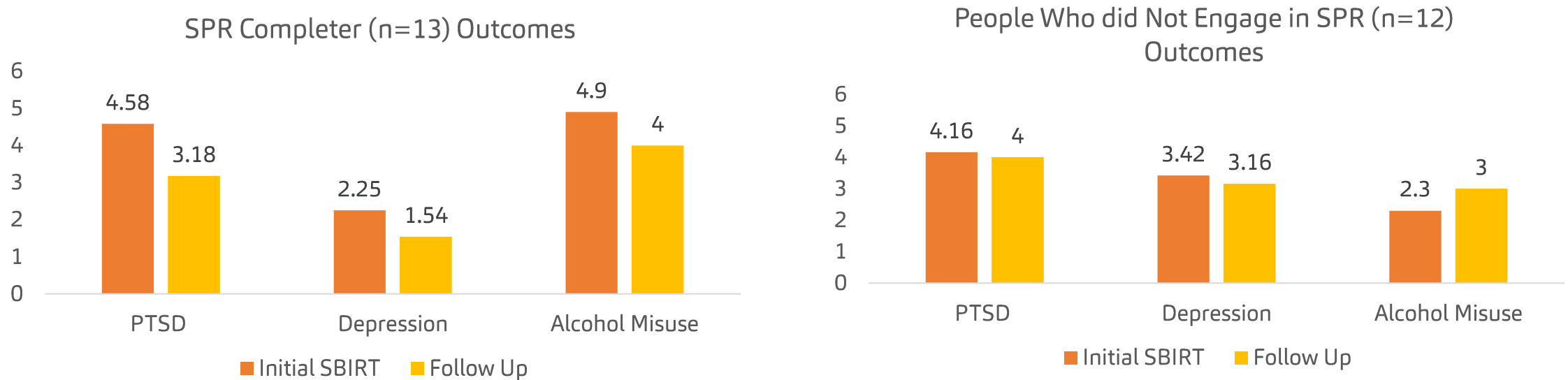
SPR Clinical Outcomes

- Twenty-five recent SA survivors with positive PTSD screens during SBIRT were offered SPR by phone or video
 - Half (n=13) completed SPR
- Each completed a screening 1-3 month follow-up call
- Analysis:
 - Differences in average scores on initial compared to follow up calls for
 - PTSD (PTSD Primary Care Screen-5)
 - Depression (Patient Health Questionnaire-2)
 - Alcohol misuse (Alcohol Use Identification Test–Concise)



SPR Clinical Outcomes

- SPR completers reported significantly lower PTSD and depression at follow up, but no changes in alcohol misuse



Telehealth Phone Adaptations

Privacy confirmations, Location for emergency

Code Words (for active IPV)

Audible inhaling (super demo that by phone, client repeat)

Discussions around how to navigate ending a call abruptly

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MEDICAL TECHNOLOGY

Case Examples

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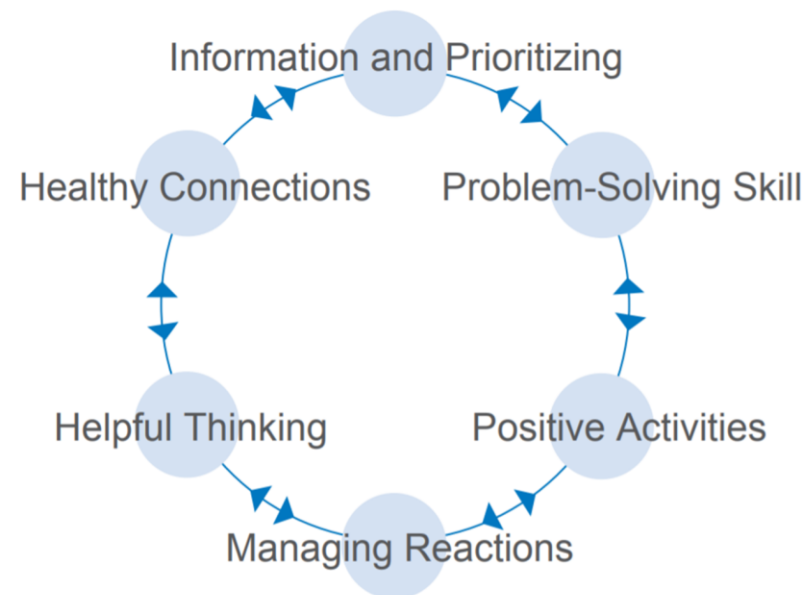
SPR Telehealth Case Example: Brittany

- 21 years old
- Black Woman
- Cisgender Female, Lesbian
- College Student
- Connected to SPR within 2 weeks of assault
- Positive PTSD and Depression Screens
- All services delivered by phone



Session Breakdown

- Session 1: Positive Activities
- Session 2: Healthy Connections
- Session 3: Helpful Thinking
- Session 4: Managing Reactions
- Session 5: Problem Solving



Session 1: Positive Activities



- Highest identified need: Depression
 - Staying in bed, poor self care, not doing housework (telehealth critical to reach her)
- Daily self care plan and diary
 - Helped her to be able to leave house; improved mood

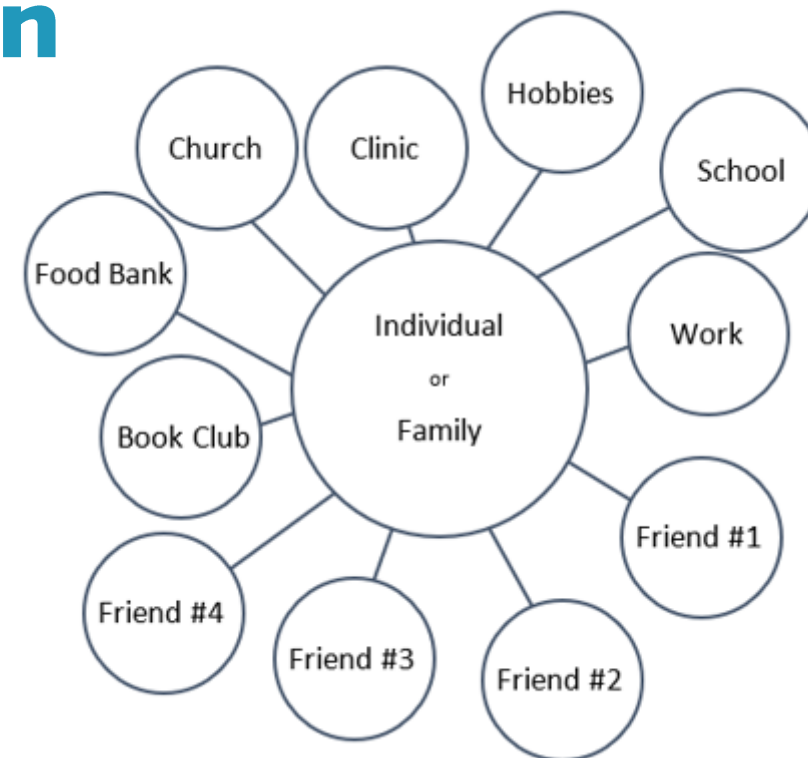
“I liked the simpleness of it... Everything felt so difficult in my head, and they made it seem easier. I liked that it reminded me that I can do these things, I don’t need to sit in bed all day and it gave me different choices of what to do... which I needed.”



Session 2: Healthy Connection

Highest Identified Need: Social support

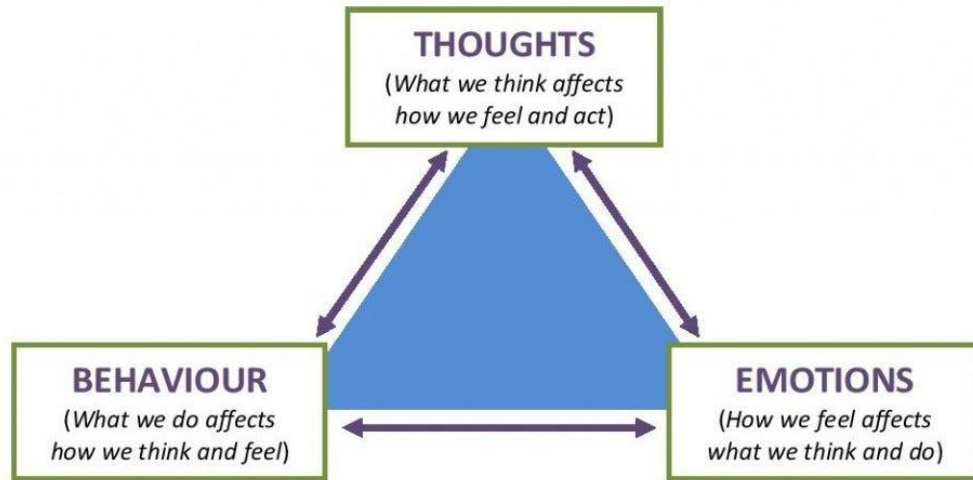
- Increasing social connections
- Outcome
 - Disclosed to father
 - Made plans with friends first time since SA
- Phone adaptations:
 - Worksheets sent in email in advance



Social network helped her realize "how many people she can trust"

Session 3: Helpful Thinking

- Highest identified need: Self Blame



*“That wasn’t really rape, I’m a fraud”
→ “This was real trauma that I survived,
and I did assert myself when it was safe to
do so”*

*“I am not coping normally/as fast as other
people” → “This is a normal reaction to a
traumatic experience and I have made so much
progress in SPR.”*

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Session 4: Managing Reactions to Triggers

- Highest need: Avoidance of triggers (telehealth critical)
 - Identify triggers, plan ahead to cope in healthy way
 - e.g., sleep, substance use
- Helping to approach rather than avoid triggers

“This gave me greater control over flashbacks/intrusive memories before bedtime.”

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Session 5: Problem Solving

- Highest need: Unemployment
 - Perpetrator stalked her at her place of work
- Using problem solving module
 - Helped client to identify options in their control
 - Create safety plan
 - Make employment seeking plan with considerations for safety
 - Referred
 - Rape Advocacy Center for legal support
 - MUSC Advocacy Program (MAP) for additional safety planning

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SPR Telehealth Case Example: Anne

- 23 years old
- White Woman
- Cisgender Female Bisexual
- Retail Worker
- Connected to SPR within two weeks of assault
- Positive PTSD, depression, and alcohol misuse
- All services delivered by phone



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MEDICAL TECHNOLOGY

Session 1: Problem Solving

- Highest need: Legal Support and STI services needed
- Used call to help survivor identify these were her needs and make those referrals
 - Rape Advocacy Center for legal support
 - STI testing
- Based on strengths and support
 - Did not request any additional mental health services after one session



“I liked doing telehealth... it wasn’t as scary as going in-person.”

Provider Perceptions of SPR via Telehealth

- Providers rated that delivering SPR via telehealth increases access to evidence informed services by addressing numerous barriers
 - Transportation
 - Stigma
 - Intimidation of local hospitals
 - Rural resident access

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Future Directions: Smart Phone SPR

- 11/12 providers and 15/15 Sexual Assault Advocacy Center staff said a smart phone app for SPR would be helpful

“Often times sexual assault survivors want anonymity and confidentiality, no one to know what they are going through and the desire to help themselves. Having SPR modules in a mobile app would be a great way to support survivors.”

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Questions?

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