

Talk About Sexual Violence

Need

The U.S. Bureau of Justice Statistics reports that people with intellectual/developmental disabilities (IDD) are sexually assaulted seven times more than those without disabilities. Transgender and gender non-conforming individuals also face high rates of sexual violence.

It is critical that healthcare professionals and their patients talk openly about sexual violence and abuse prevention. [Talk About Sexual Violence](#) provides tools to help create a safe place to have such conversations. With effective communication strategies, healthcare professionals can engage patients to talk about sexual abuse and what they can do to report the crimes.

Purpose

Talk About Sexual Violence aims to educate healthcare providers about widespread, and often unrecognized, sexual violence in the lives of people with IDD, and transgender or gender non-conforming individuals. Every day in every community across the U.S., people with IDD are sexually assaulted. Too many have stories to tell, and yet few are ever heard.

Guidance

Building on the proficiencies of healthcare professionals to discuss sexual violence helps to prevent abuse and empower patients. Often providers have little experience talking about sexual assault with patients with IDD or with gender non-conforming or transgender individuals. In addition, patients may be reluctant to raise the topic. They may be fearful of consequences, or not know what constitutes sexual abuse. Suggestions offered here are designed to facilitate conversations about sexual violence and provide patients with a safe environment in which to share their experiences and get the support they need.

- i. [Sexual Assault: The Numbers | Responding to Transgender Victims of Sexual Assault \(ojp.gov\)](#)

Three KEY APPROACHES

1. BUILD RELATIONSHIPS: Patients must feel safe and heard to be comfortable describing their experiences.

- ✓ Allow patients time to talk without interruption, don't assume they lack comprehension.
- ✓ Listen actively, demonstrating concern with nonverbal cues, paraphrasing to show understanding.
- ✓ Ask direct, open-ended questions. (Thank you, you're doing great, what happened next? Tell me more when you're ready)
- ✓ Use language suitable for your patients' levels of understanding.
- ✓ Avoid 'why' questions that appear to blame, reinforce that it is not the patient's fault.

2. SUPPORTED DECISION MAKING: This allows patients to obtain guidance and support without relinquishing their right to make decisions.

- ✓ Ask the patient's permission to examine them, explaining necessity.
- ✓ Let them know they have a right to privacy. Ask any caregivers/family members present to leave the examination room, if necessary. (I'd like to talk with you alone, so is it okay if I ask your _____ to wait outside?)
- ✓ Acknowledge the patient's struggle or difficulty. (I know this isn't easy for you. But it's important to get you the support you need. Is it ok if I put you in touch with a social worker/nurse/agency who can help you? Do you have a trusted person to talk to, like your case worker or a family member?)

3. REPORTING: Mandated reporters are obligated to report abuse—suspected or disclosed— and do not need to prove it has occurred.

- ✓ Explain your professional obligation to report. (Did you know medical providers must report abuse to protect patients? I can tell you more about that)
- ✓ Inform patients they can also report to authorities. (You have the right to contact law enforcement and Adult Protective Services. Can I give you their information?)
- ✓ Provide patients with support agency information. (We also have a list of community agencies that help. We'll give you a copy.)
- ✓ Don't forget to ask patients if they have questions.