

Evaluating virtual care to improve follow-up for survivors of sexual assault and intimate partner violence

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BACKGROUND

Telemedicine and virtual care are innovative solutions to improve and expand options for healthcare delivery. Telemedicine has shown consistent **benefits** related to improved follow-up for counseling, chronic conditions, and psychotherapy¹.

However, there is very **little research** and evaluation of telemedicine among **sexual assault and domestic violence (SA/DV) survivors**.

SA/DV survivors have **complex** medical, legal, and social concerns and often require the participation of multiple specialized services in their care, making it **essential they return** for continued care.

The Ottawa Hospital piloted a virtual care program through the emergency department (ED) to improve follow-up care for this population.

OBJECTIVES

1. To evaluate the **effectiveness** of using virtual care among SA/DV patients to improve follow-up rates after an ED admission for SA/DV.
2. To qualitatively explore SA/DV **patient satisfaction** with virtual care services including **barriers** and **drivers** to use.

METHODS

Patients were identified from the Sexual Assault and Partner Abuse Care Program (SAPACP) based in the ED. The SAPACP provides medical, legal, and psychosocial support.

Programmatic data from January 1st to December 31st 2018 (pre-virtual care) was compared to January 1st to December 31st 2021 (when virtual care was introduced) to evaluate change in follow-up rates

Log-binomial multivariable regression models were used to compute adjusted risk ratios (aRR) and 95% confidence intervals to compare follow-up rates after virtual care was an option

Qualitative semi-structured, trauma-informed interviews were conducted with 9 consenting patients who completed a virtual care follow-up.

RESULTS

Table 1. Program follow-up rates, case characteristics, and regressions to assess changes in follow-up.

	2018	2021	RR (95% CI)	ARR (95% CI) ¹
	N=367	N=419		
Follow-up	145 (39.5%)	219 (52.3%)	1.32 (1.13-1.55)	1.28 (1.11-1.49)
Virtual	-	114 (27.2%)		
Sexual Assault	210 (57.2%)	272 (64.9%)		
Physical Assault	147 (40.1%)	175 (41.8%)		
Self-identified as a woman	337 (91.8%)	389 (93.8%)		

1. Adjusted for type of assault and gender of the survivor

1

Participant characteristics:

In the study timeframe, 786 patients were included in this study. Between 57-64% were sexual assault cases, 40-41% were physical assault cases, and 91-93% self-identified as women.

2

Feasibility and acceptability:

In 2021, there were 114 (27.2%) who attended a virtual follow-up appointment. Compared to 2018, there was a 12% increase in clinic follow-up in 2021. After adjusting for type of assault and gender, follow-up rates increases in 2021 vs 2018 (ARR: 1.28, 95% CI:1.11-1.49).

3

Patient satisfaction with virtual health care services:

From the 9 qualitative interviews, 7 (78%) expressed preference for HVV follow-up. Most patients who had a HVV (n = 8, 89%) felt satisfied with the medical care they received, 4 (45%) felt satisfied with the forensic care they received, and 7 (78%) felt satisfied with the emotional care they received during the HVV.

4

Barriers and drivers to use:

Three themes emerged that reveal barriers to HVV, and three themes emerged that reveal drivers to HVV.

BARRIERS

⊘ Lack of privacy

+

⊘ Lack of safety

+

⌚ Pressure to multitask

DRIVERS

↑ Increased comfort

+

↓ Lower time commitment

+

↑ Increased convenience

CONCLUSIONS

There was 12% increase in patient follow-up care following the introduction of a virtual care program for sexual assault

The use of virtual care for SA/DV survivor follow-up care is **feasible**, **acceptable** and can **improve patient satisfaction** for many.

However, many factors must be considered when determining whether this form of specialized follow-up is ideal for a patient. Of the utmost importance are **safety** and **privacy** considerations.

REFERENCES

1. Totten AM, Womack DM, Eden K, et al. Telehealth: Mapping the Evidence for Patient Outcomes From Systematic Reviews.; 2016. <https://www.ncbi.nlm.nih.gov/books/NBK379320/>

This study took place on unceded Algonquin Anishinaabe territory. Thank you to SA/DV survivors for sharing your stories and thank you to TOHAMO for funding this project.

I felt more comfortable because I was in my own safe space. I didn't have to go to a place I didn't know. When it's something that's really traumatic...you can actually talk about it more comfortable [via telemedicine].

- Female, age 23, sexual assault survivor

