Experiences of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) People of Color in Shared Decision-Making with Healthcare Providers about Intimate Partner Violence

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YOUR VOICE! YOUR HEALTH!
A study of how to engage and empower LGBTQ people of color within healthcare settings.

Background

- High-quality Shared Decision-Making (SDM) has been positively associated with patient satisfaction, quality of care, and health outcomes (Stewart 1995; Schneider et al. 2004). However, SDM has been infrequently studied among minority populations, especially LGBTQ people of color (POC).
- Successful SDM may be especially important for survivors of intimate partner violence (IPV) where sharing information, deliberating options and making decisions collaboratively between patients and providers can result in outcomes ranging from life-saving to catastrophic.
- IPV prevalence among LGBTQ populations is significantly higher than non-LGBTQ populations (Ard & Makadon 2011; Walters et al. 2013). Moreover, 62% of LGBTQ IPV survivors are people of color (NCAVP et al. 2014).
- However, no research studies have investigated how IPV survivors who are LGBTQ POC engage in SDM with providers.

Shared Decision-Making: The "3 Ds"

Main Objective

- To describe LGBTQ POC's SDM experiences with providers (i.e. physicians, nurses, counselors) about IPV and provide recommendations to improve SDM with this patient population.

Methods and Recruitment

- From December 2015-December 2016, partnered with community organizations and clinics to recruit LGBTQ people of color living in the Chicago area, 18 years of age or older, who reported past history of IPV with same-sex, transgender or genderqueer partners.

- Conducted 36 one-on-one, semi-structured interviews and 2 focus groups. Also, collected participants' demographic information through self-administered paper survey.
- We explored participants' experiences discussing IPV and decision-making with past and current providers, and their advice on improving SDM about IPV with LGBTQ POC.
- Interviews and focus groups were audio recorded. Data extracted from audio recordings were transcribed verbatim.
- To ensure internal consistency multiple reviewers developed a codebook through an iterative process using a modified template approach. We used qualitative data analysis software (HyperRESEARCH) to identify barriers and facilitators that LGBTQ POC experience when discussing and making IPV decisions with providers.

Results: Select Themes, Sub-themes and Representative Quotes from Interviews (N = 36) and Focus Groups (N = 10)

Barriers to SDM about IPV with LGBTQ POC

- Provider is not attuned to issue of IPV among patients with same-sex or transgender partners
- Provider has assumptions about IPV based on gender identity and sexual orientation
- Provider does not understand issues that may be unique to patients based on their racial and ethnic identity or their LGBTQ identity
- Provider lacks skills to ask about IPV with LGBTQ POC
- Provider does not build trust and rapport with patients

"I think that that could be one of the issues with medical providers, not having sensitivity to LGBT or women of color in these situations with intimate partner violence. And not being able to identify or take it seriously. To think about it as being like cat fights because it's between two women." (Woman who has sex with women)

"The doctor… kept referring [to] me as she, as female, even though I corrected her multiple times… But they don't [laugh] listen… In that kind of environment, I didn't feel obligated to speak about possible abuse or punishment to them… I don't think it would have happened if I was white." (Asian, Asexual, Transgender Man)

"Their lack of knowledge about gay life was number one factor [I did not share my IPV experience]… The number two factor was that I didn't think you were qualified or you could possibly help me. And I felt that way because… we don't have [a good relationship]… You're willing to give me pills… but you're not here to listen to me. When a doctor doesn't listen… I'm not going to provide that information… I didn't feel I could trust a doctor." (African American, Bisexual, Cisgender Man)

Facilitators to SDM about IPV with LGBTQ POC – Recommendations for Providers

Information Sharing

- Build positive relationship and trust with LGBTQ POC patient. Create a safe space by being culturally competent, professional, and sympathetic.
- Ask about IPV in a sensitive way – Don't ask about abuse right away. First ask about the patient's relationships and broader life context and current well being.
- Use intake or screening questionnaire to ask about IPV discreetly

Deliberation

- Provide resources, recommendations, and options

Joint Decision Making

- Engage patients in decision making and support their decisions.

"Check your assumptions before you walk in. If you look on your chart and you know it's your masculine-presenting queer… client… just like, have a minute. Like, "I'm not going to go in there and bring all of that [bias] in there." Or knowing, if I say something, that is laced or rooted in bias, then I am also ready to be checked... I think that that's necessary." (Latina, Queer, Woman)

"I think when talking about intimate partner violence it starts with just a conversation about asking about the person. Are they seeing someone? And talk to them about their relationship, and how do they feel in that relationship. And let them start to tell the story of what that looks like. And then you'll be able to parse out—has this person ever hit you, or things like that. But it doesn't sound like you're reading off a list. This is a conversation between two people." (African American, Queer, Transgender Woman)

"I think if… it was a verbal conversation, some guys would feel ashamed of even bringing it up. But if they give me a paper to write down or check, then I don't mind doing it… Because to admit that I was hurt… feels less masculine, just because of the endurance seem to be the measurement of the masculinity in some cultures. So paper would be better." (Asian, Asexual Transgender Man)

"I think if I had been able to disclose that, I think it would have been great to have somebody say, 'Let's make a plan.' [laugh] Or, 'What's at stake? What do you feel like is impeding you from this?' Or, 'If you decide to do this, how will this happen?' And you know, not creating a lot of shame around that" (Latinx, Gay, Transgender Man)

"Having the feeling that I have the support from the provider goes a long way. So when the provider gives you tools, and the patient takes a step forward, empower them and stand behind their decision, and really give them everything that they need for them to feel that your can do this." (Black Cherokee, Gay, Transgender Man)

Characteristics (N=46)	N	(%)
Sexual Orientation		
Straight/Heterosexual	2	(4.3)
Lesbian or Same-gender loving	8	(17.4)
Gay or Same-gender loving	20	(43.5)
Bisexual, Pansexual, or Queer	15	(32.6)
Gender Identity		
Man	22	(47.8)
Woman	13	(28.3)
Female-to-Male (FTM)/Transgender Male/Trans Man	2	(4.3)
Male-to-Female (MTF)/Transgender Female/Trans Woman	8	(17.4)
Genderqueer, neither exclusively male nor female	1	(2.2)
Racial/Ethnic Identity		
Black/African American	27	(58.8)
Latino/Hispanic	10	(21.7)
Multiracial	7	(15.2)
Age		
18-35	22	(47.8)
36 and older	19	(41.3)
Education Level		
≤ High School graduate	11	(24.0)
Some college or 2-year degree	22	(47.8)
4-year college graduate	3	(6.5)
More than 4-year college degree	10	(21.7)
Income		
< $30,000	25	(54.3)
≥ $30,000	13	(28.3)
Employment Status		
Employed full time or part time	17	(37.0)
Unemployed or unable to work	18	(39.1)
Other	7	(15.2)
Participants Have Regular Healthcare Provider		
Yes	36	(80.0)
Participants Attend LGBTQ Friendly Clinics		
Yes	41	(89.1)

Participant IPV Discussion with Providers

Figure 1. In the last 12 months, provider asked if participant was in a relationship where their partner ever hits, kicks, hurts, or threatens them

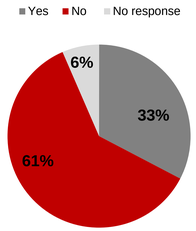


Figure 2. Participant ever talked to a health care provider about the IPV they have experienced with a same-sex or transgender partner

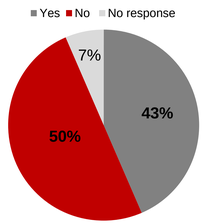
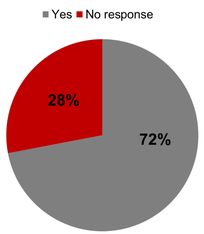


Figure 3. Participants think healthcare providers should ask about IPV



Limitations

- Our sample size was small and only included LGBTQ POC who live in Chicago. Thus, our results cannot be generalized.
- The majority of our patients have a regular healthcare provider (80%), and attend LGBTQ friendly clinics (89%), which could help them be more active in healthcare discussions and decisions about IPV.
- Many participants are well-connected to the LGBTQ community and might feel more comfortable talking about their LGBTQ identity and their IPV experience with same-sex or Transgender partners.

Conclusions

- Addressing barriers to IPV disclosure that are specific to intersecting identities (race and ethnicity, gender identity, and sexual orientation) of LGBTQ POC requires providers to approach their encounters with greater sensitivity around the lived experiences of LGBTQ POC.
- Participants described facilitators to SDM about IPV that likely resonate with a general patient population (e.g., ask thoughtful questions, share and discuss resources and options, support your patients' decisions). However, resources for IPV should be tailored to LGBTQ POC.
- Despite only 33% of participants reporting provider screened for IPV and 50% of participants reported they had never disclosed IPV to a provider, the majority of study participants (72%) are open to providers asking about IPV in a sensitive way.
- Providers may need to approach conversations about IPV in different ways to encourage disclosure. When sharing information about IPV, some patients may prefer to answer questions on an intake form, others may appreciate an in-person conversation that starts by learning about their current well-being and relationships, past and current.

Acknowledgments

This research was supported by the Agency for Healthcare Research and Quality (AHRQ 1U18HS023050). Morten Group led the community outreach, recruitment and data collection activities.

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