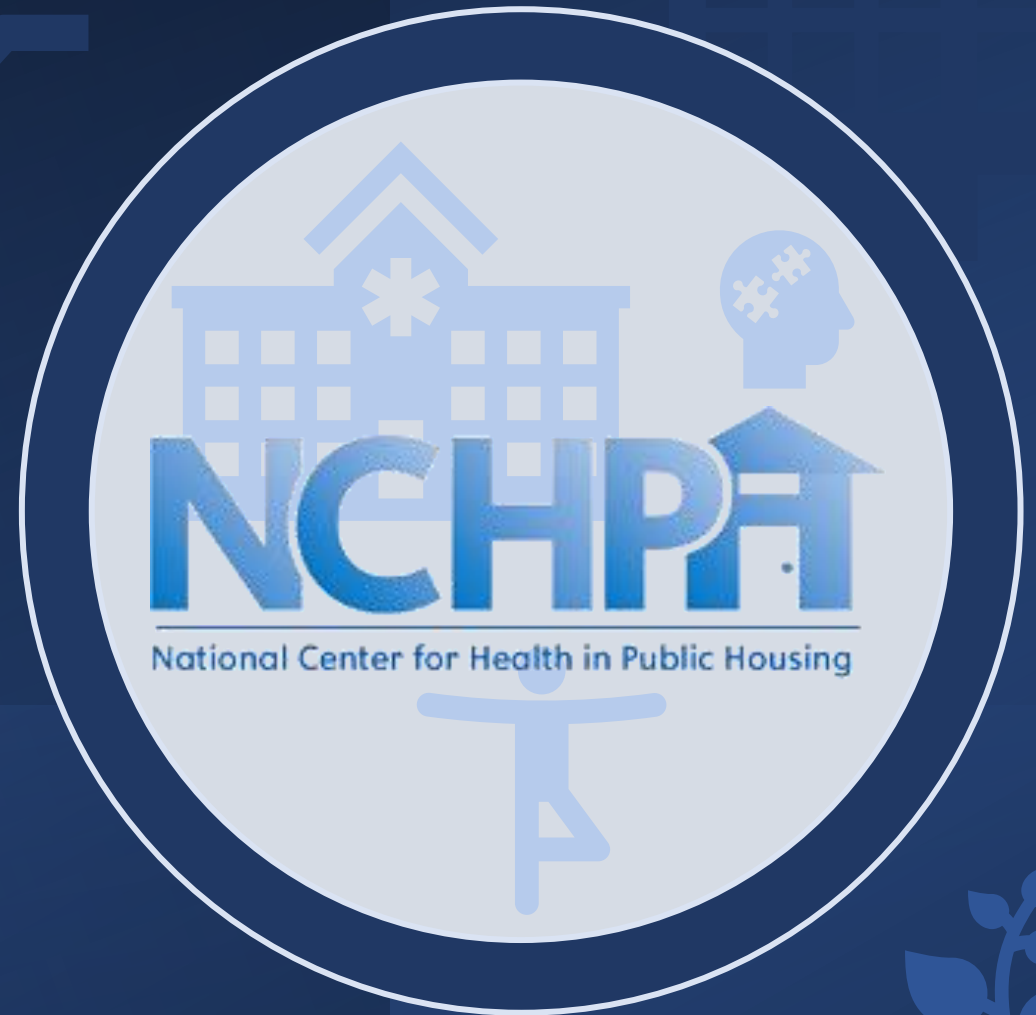


# Screening for Violence Risk in People Living with with disabilities: A Practical Approach

*Dr. Kevin Michael Lombardi MD, MPH*

*Director of Research  
The National Center for Health in Public Housing  
North American Management*



11/12/2024

# Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email

The Zoom logo is displayed in a blue, lowercase, sans-serif font. It is positioned on the right side of the slide, partially overlapping a faint background graphic of a house with a heart inside.

# National Center for Health in Public

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



# Speakers

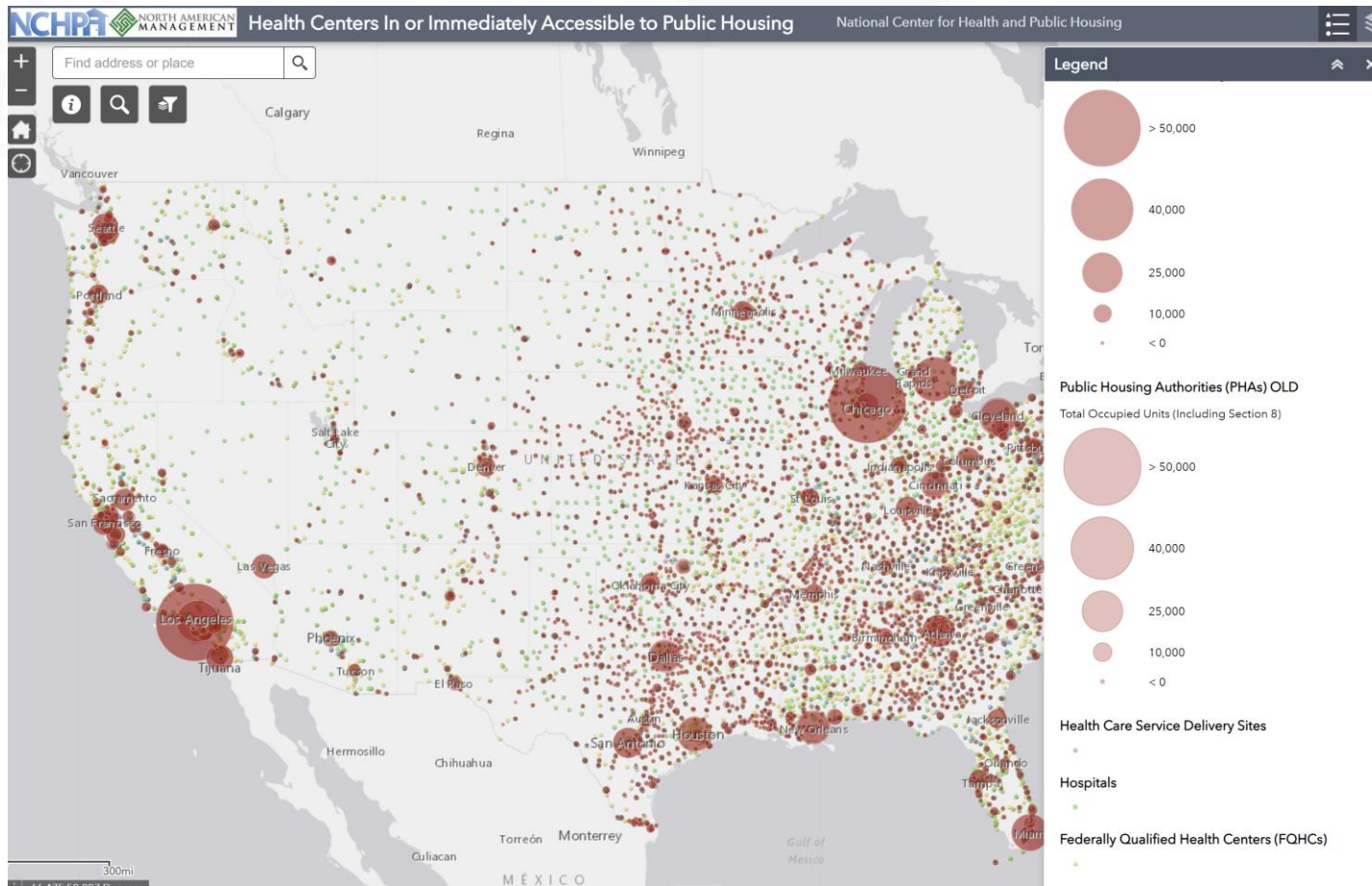


**Fide Pineda  
Sandoval, CHES**  
Manager of Training  
and Technical  
Assistance



**Kevin Lombardi MD,  
MPH**  
Manager of Policy,  
Research, and Health  
Promotion

# Location of PHPC Health Centers and Public Housing Developments



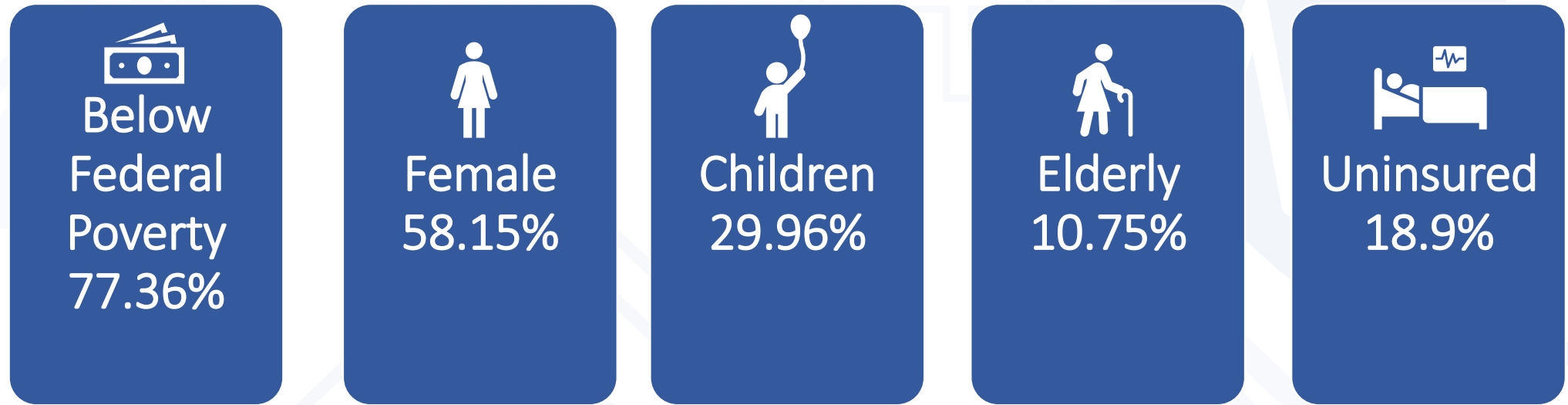
**1,363 Federally Qualified Health Centers (FQHC)=31 million patients**

**475 FQHCs near Public Housing= 6.5 million patients**

**107 Public Housing Primary Care (PHPC) = 992,815 patients**

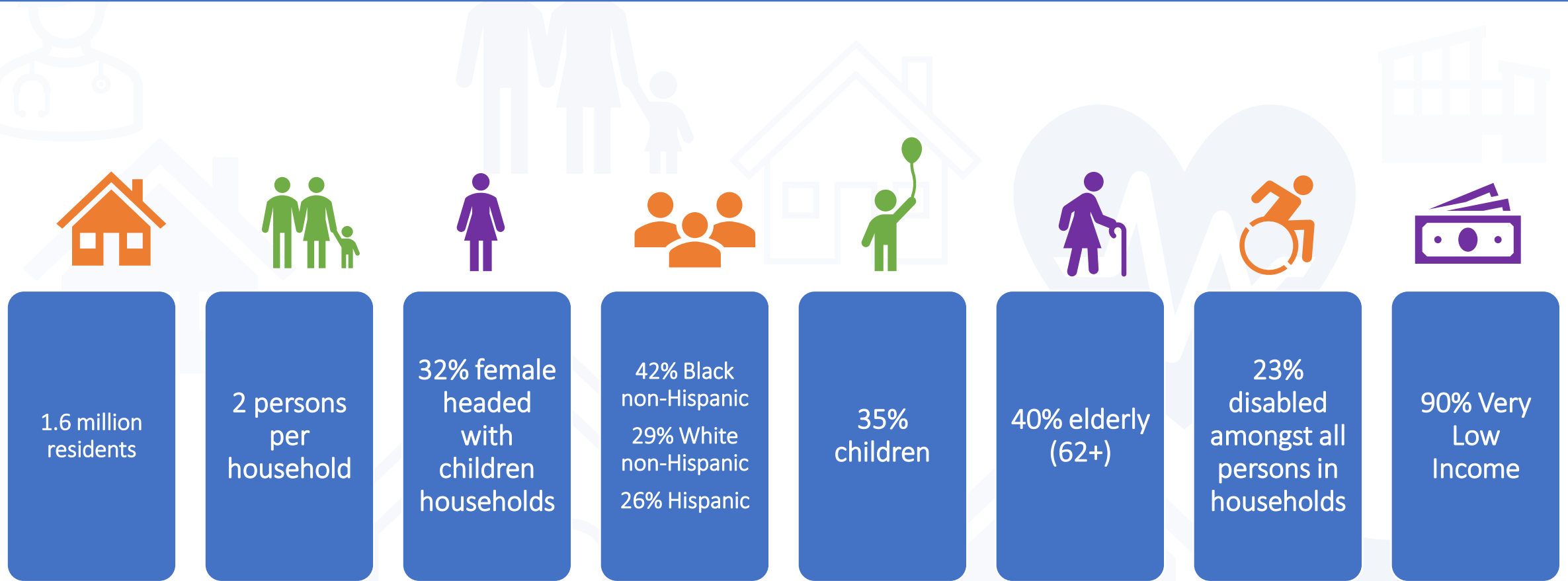
Source: [UDS 2023](#)

# PHPC Health Center Patient Demographics 2023



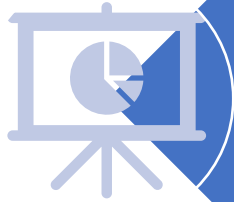
Source: [UDS 2023](#)

# Public Housing Resident Demographics 2023



Source: [HUD Picture of Subsidized Adults](#)

# Learning Objectives



Review the most recent and best available research regarding sexual violence and discussing sexual violence with individuals with disabilities in clinical and social support contexts.



Examine methods and promising practices in discussing sexual violence with individuals with disabilities in clinical and social support contexts.



Interact with a group-based clinical case study utilizing information and skills learned in 1-2.





Literature Review



Clinical case review



Epidemiology



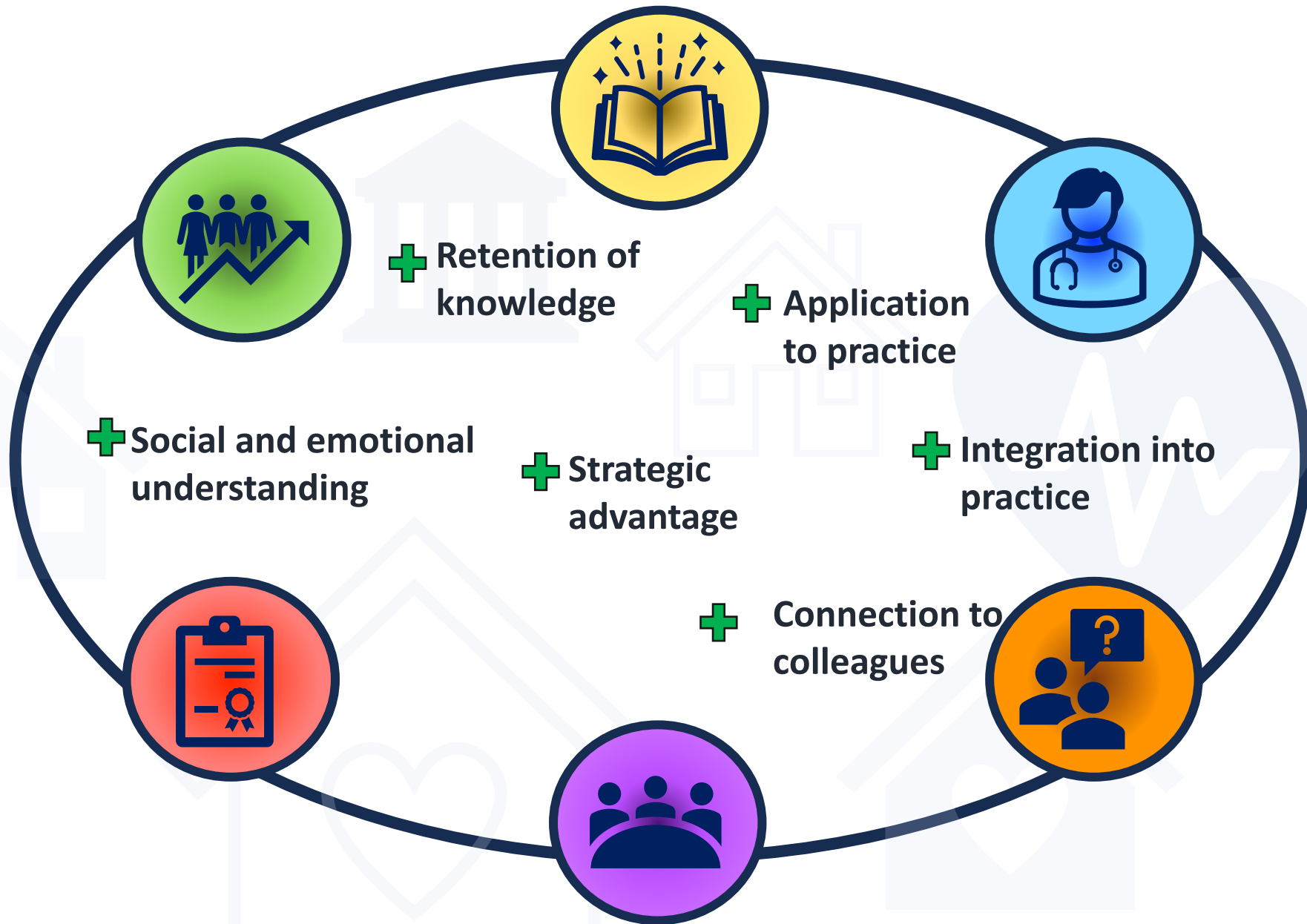
Discussion



Findings and  
recommendation



Implementation and  
advising





## Literature Review: Meta-Analysis

### Sexual Violence Against Persons With Disabilities: A Meta-Analysis

Amylee Mailhot Amborski<sup>1</sup>, Eve-Line Bussières<sup>1</sup>, Marie-Pier Vaillancourt-Morel<sup>1</sup>, and Christian C. Joyal<sup>1</sup>

#### Abstract

A growing number of large-scale studies suggest that people with disabilities are at greater risk of sexual victimization than nondisabled individuals. However, certain results are inconsistent and whether potential moderators explain this variability in previous findings remain to be considered. This meta-analysis aimed to determine the magnitude of the difference in risk of being sexually victimized based on the presence of a disability. An additional objective was to evaluate the relative influence of gender, age, type of disability, type of sexual violence, and relationship with the perpetrator on the association between the presence of a disability and sexual victimization. Studies were searched using pertinent databases and retained if they included a group with a disability, provided data that quantify the occurrence of abuse, indicated the type of sexual violence, and was published between 1970 and 2018 in French or English. A total of 68 studies, allowing 84 independent samples and 12,427 participants, were included. Individuals with disabilities were at significantly higher risk of sexual victimization than persons without disabilities (odds ratio = 2.27). The risk of sexual victimization among individuals with a disability was significantly higher in adult participants compared with the risk in minor participants. Sensory impairment was the type of disability associated with the highest risk of sexual victimization. Odds of sexual victimization among individuals with a disability were significantly higher in African countries compared with all others, and odds in Western Europe were significantly lower than in the United States. No significant differences emerged across eras.

#### Keywords

disability, sexual violence, victimization, meta-analysis

TRAUMA, VIOLENCE, & ABUSE  
2022, Vol. 23(4) 1330–1343  
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DOI: 10.1177/1524838021995975  
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- *Individuals with any disability had an a significantly higher risk of sexual victimization (OR 2.27).*
- *The risk sexual victimization among individuals with disability were much higher in adults (OR 2.84) than in children (1.40)*

Link to publication: [Mailhot et al](#)



## Practice Recommendations



1

*Health care professionals should receive training to assess for sexual victimization of persons with disabilities.*



2

*Information about available services should be readily accessible.*



3

*Ensure **physical and adapted access** to authorities and support services*

4

*Clinicians should adopt **systemic and standardized assessing and recording** of possible sexual violence of persons with disabilities*

5

*Reluctance to disclose due to lack of awareness of rights or fear of losing support should be **recognized and addressed***

6

*Sexual education should be provided to **adolescents and adults with disabilities***

Link to publication: [Mailhot et al](#)



## Epidemiology; Sexual Abuse and Disability

**Increased risk of sexual victimization  
Individuals with disability\***

**270% or 2.7 x  
the general  
population**

\* Includes pediatric patients

Link to publication:  
[Mailhot et al](#)

**Increased risk of rape  
women with disability**

**330% or 3.3 x  
the general  
population**

Link to publication:  
[Basile et al](#)

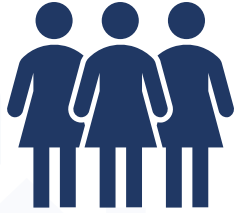
**Increased lifetime risk of  
nonconsensual sex: men  
with disabilities**

**150% or 1.5 x  
the general  
population**

Link to publication:  
[Mitra et al](#)



## Epidemiology; Sexual Abuse and Disability



### Women with disabilities\*

15.4%

*Lifetime rate, non-partner physical violence*

11.1%

*Lifetime rate, non-partner sexual violence*



### Men with disabilities\*

56.2%

*Lifetime rate, non-partner physical violence*

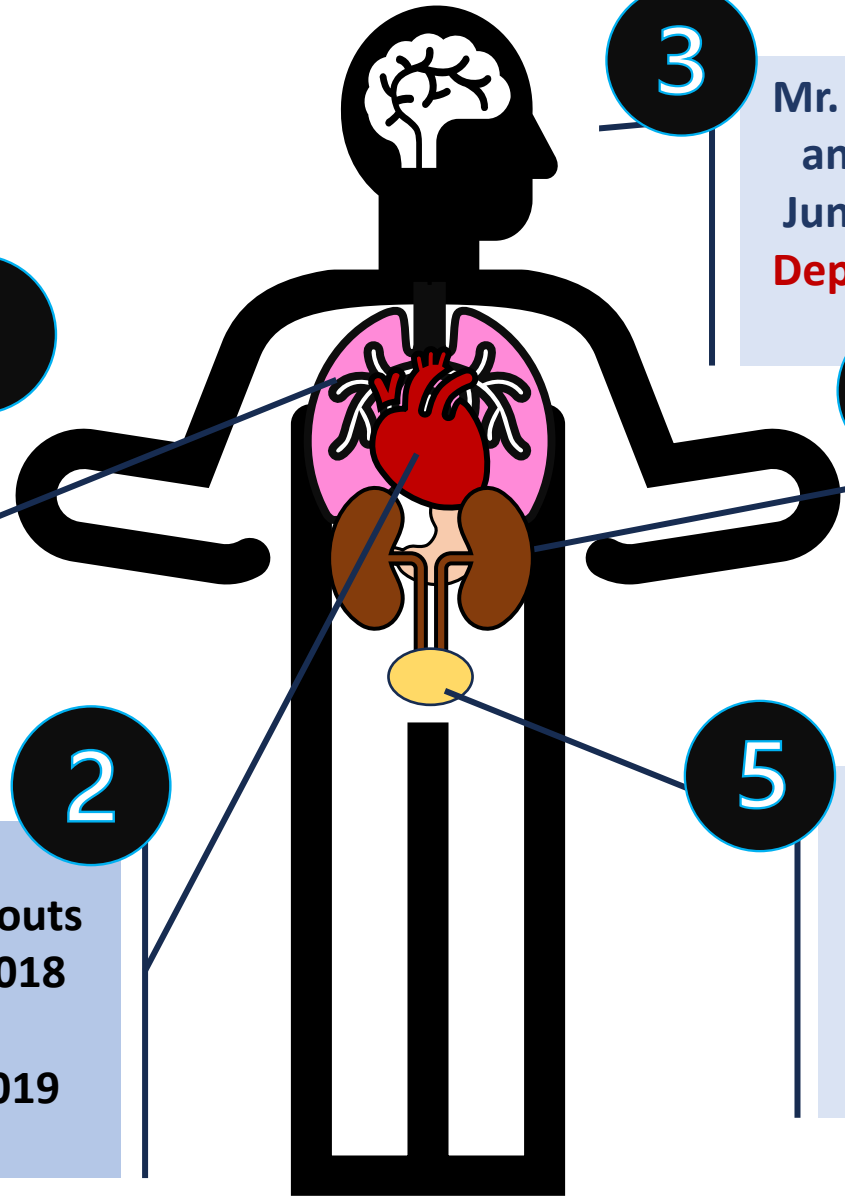
5.6%

*Lifetime rate, non-partner sexual violence*

\* Includes physical, intellectual and psychological disabilities  
Link to publication: [Malihi et al](#)



# Case Study: Disability and Heart Disease



1  
Mr. Tarzia (55, M) was diagnosed with **Congestive Heart Failure (CHF)** in 2017, the result of 30 years of poorly-controlled **Hypertension** complicated by cigarette smoking.

2  
Mr. Tarzia began to experience bouts of **Acute Pulmonary Edema** in 2018 and diagnosed with **Chronic Pulmonary Edema** in January 2019

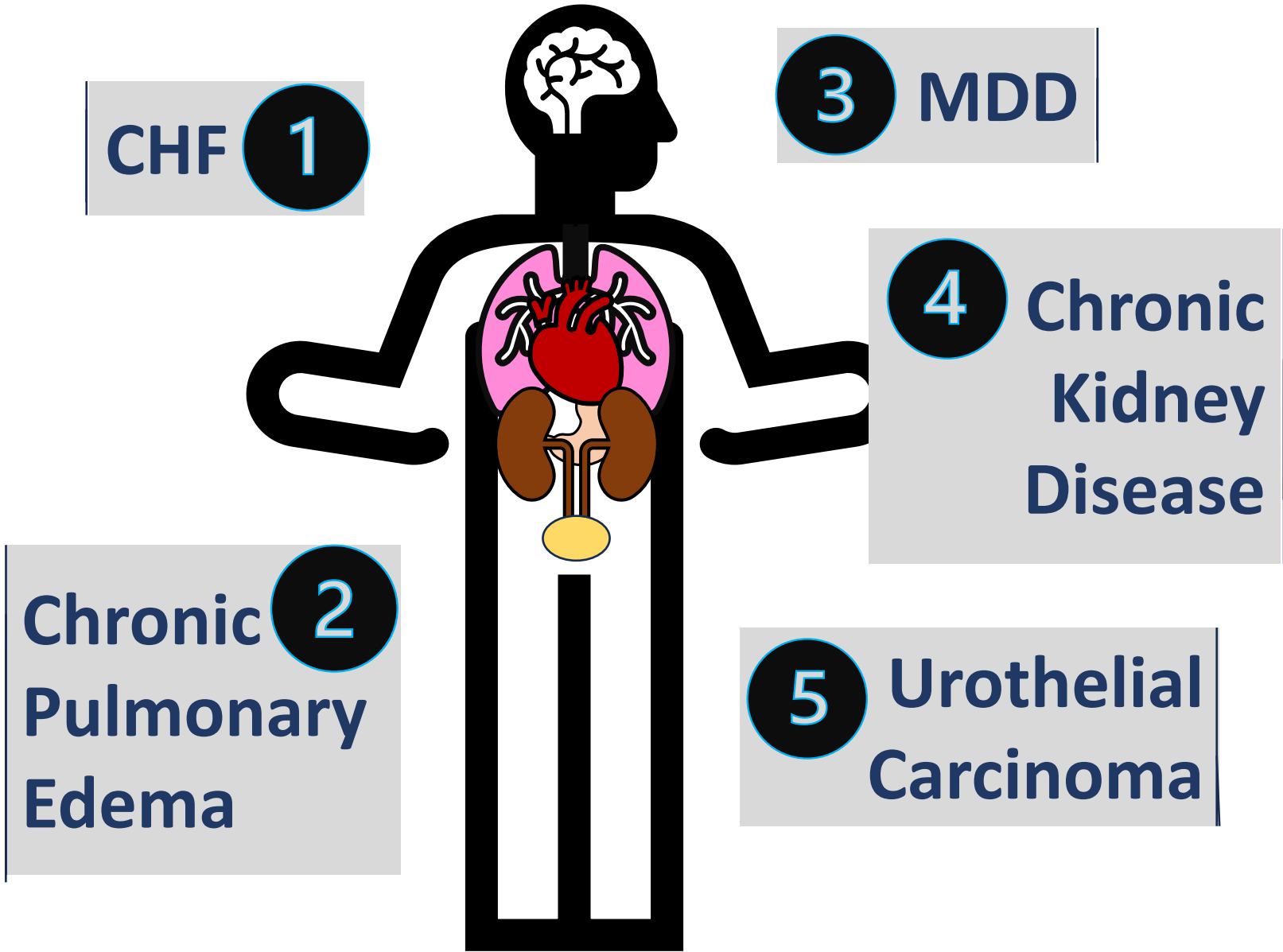
3  
Mr. Tarzia went on SS disability in May 2019 and started struggling with depression in June of 2019 he was diagnosed with **Major Depressive Disorder (MDD)** in September of 2019

4  
After his diagnosis with CHF Mr. Tarzia began to experience kidney damage. He was diagnosed with **CKD III** in 2020 and **CKD IV** in 2021

5  
Due to years of cigarette smoking, in December of 2023 Mr. Tarzia was diagnosed with **Urothelial Carcinoma**.



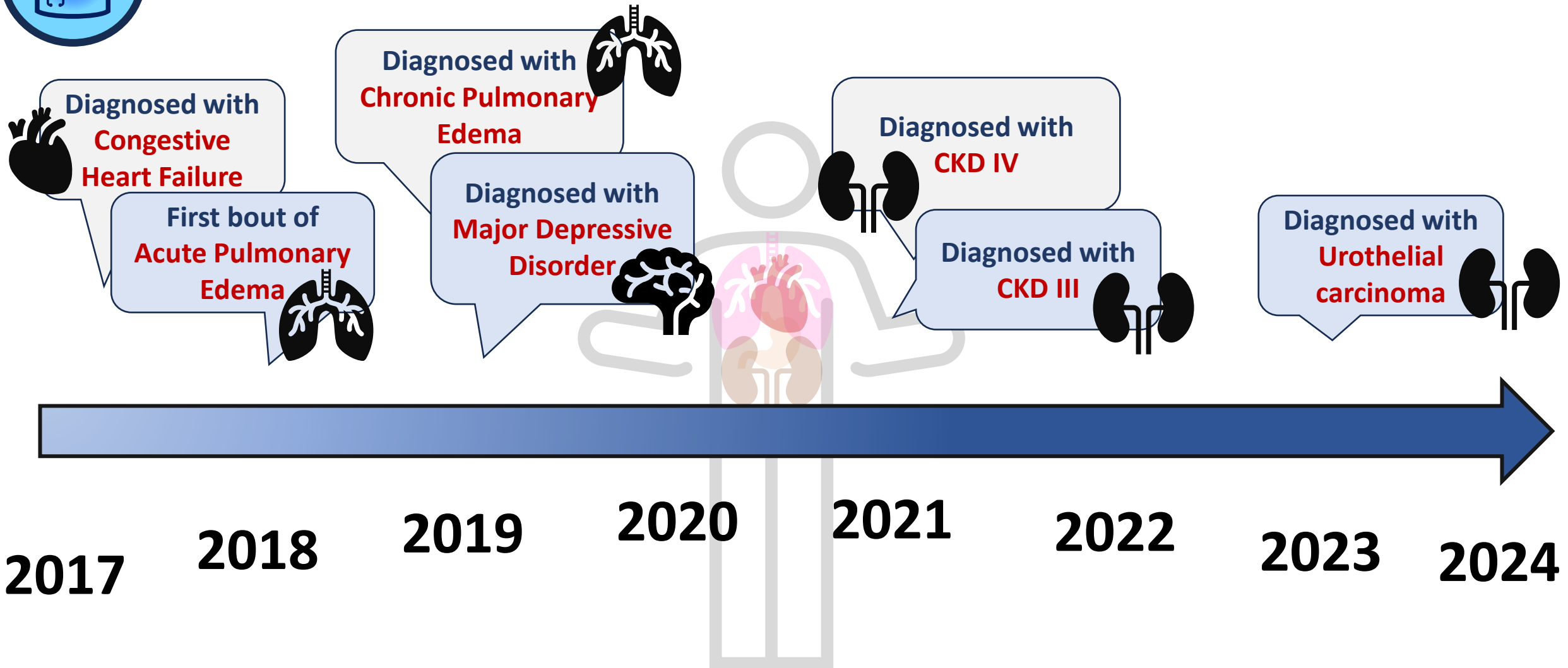
# Case Study: Disability and Heart Disease





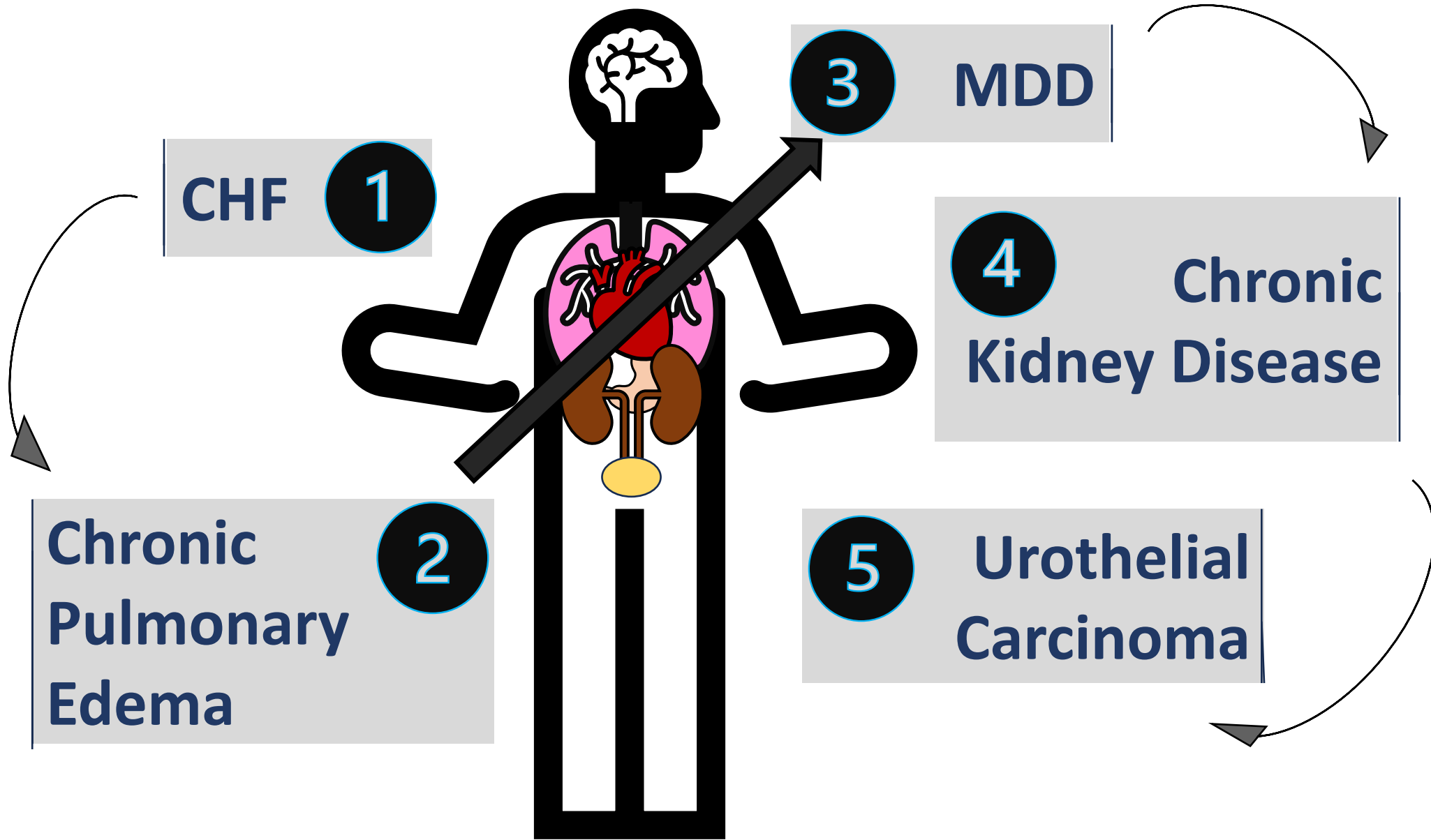


# Case Study: Disability and Heart Disease





# Case Study: Disability and Heart Disease



**CHF** 1

**Chronic Pulmonary Edema** 2

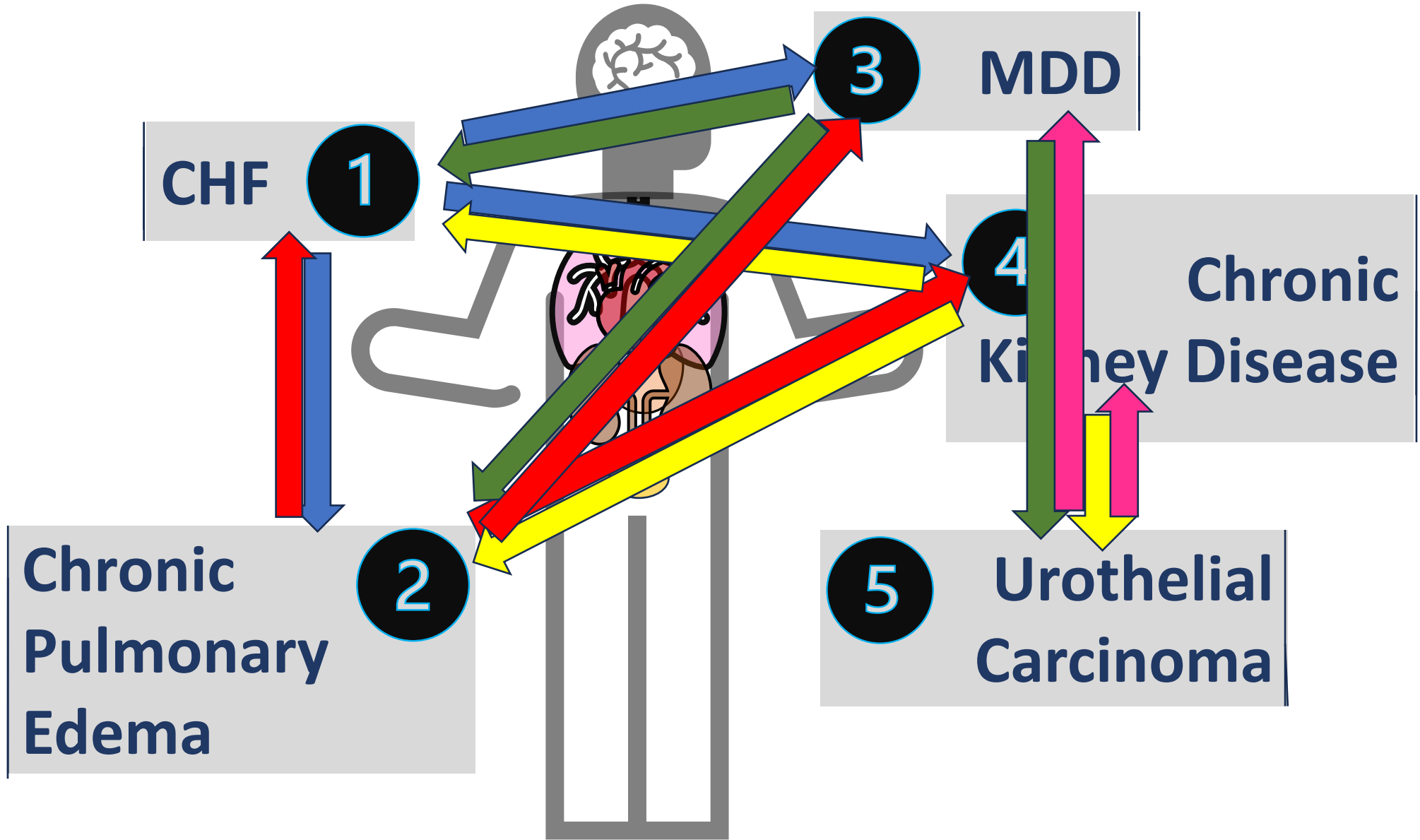
**3 MDD**

**4 Chronic Kidney Disease**

**5 Urothelial Carcinoma**

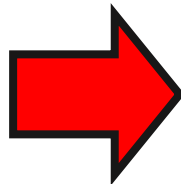
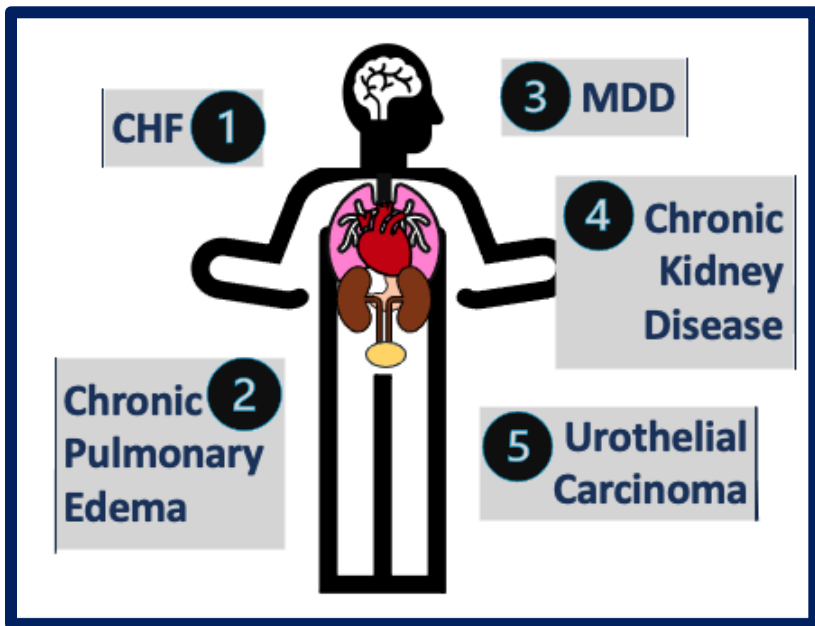


# Case Study: Disability and Heart Disease





# Case Study: Disability and Heart Disease



## Patient Outcomes

Poor Subjective Experience	+ Infection Risk	- Emotional wellbeing
+ Risk of Social Isolation	++ Economic cost of Care	- Income
+ Injury Risk	+ Disability Risk	+ Reliance on Social Support



# Case Study: Disability and Heart Disease

## Patient Outcomes

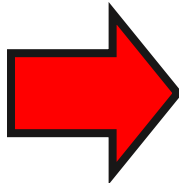
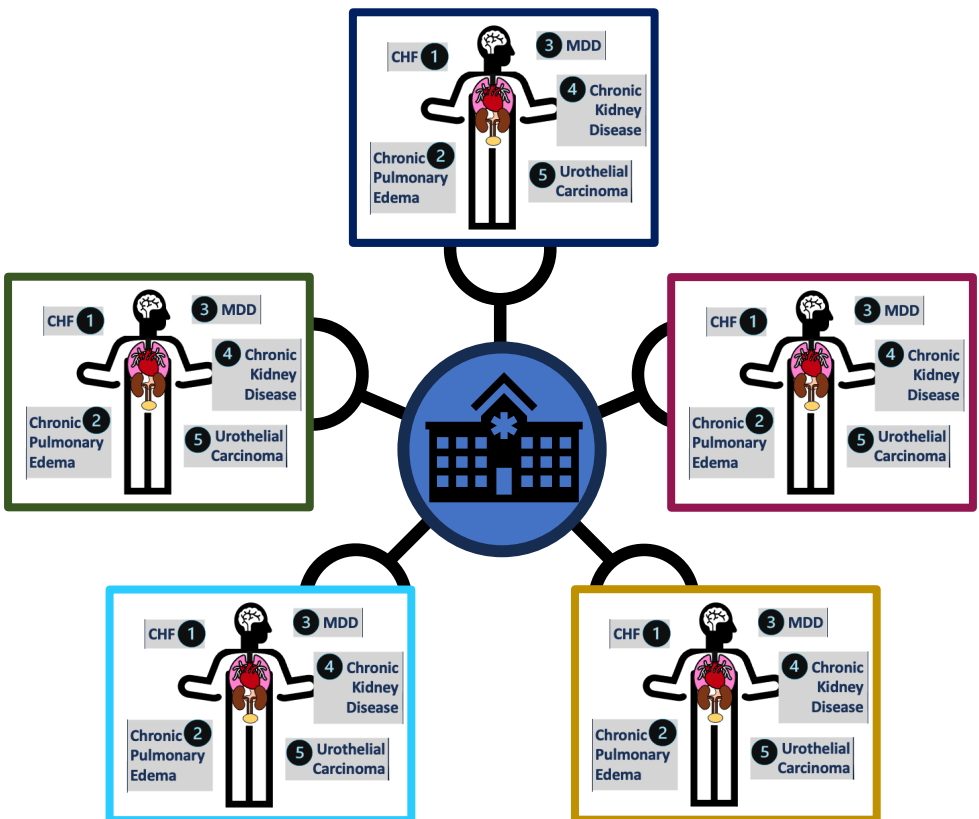
- |                            |                          |                              |
|----------------------------|--------------------------|------------------------------|
| Poor Subjective Experience | + Infection Risk         | - Emotional wellbeing        |
| + Risk of Social Isolation | ++ Economic cost of Care | - Income                     |
| + Injury Risk              | + Disability Risk        | + Reliance on Social Support |

=

**Increased risk of experiencing violence**



# Case Study: Disability and Heart Disease



## Public Health Outcomes

- Quality Adjusted Life Year

+ Medically vulnerable population

+ Cost of Care

+ Cost of healthcare coverage

+ Strain on existing resources

+ Healthcare staff burnout

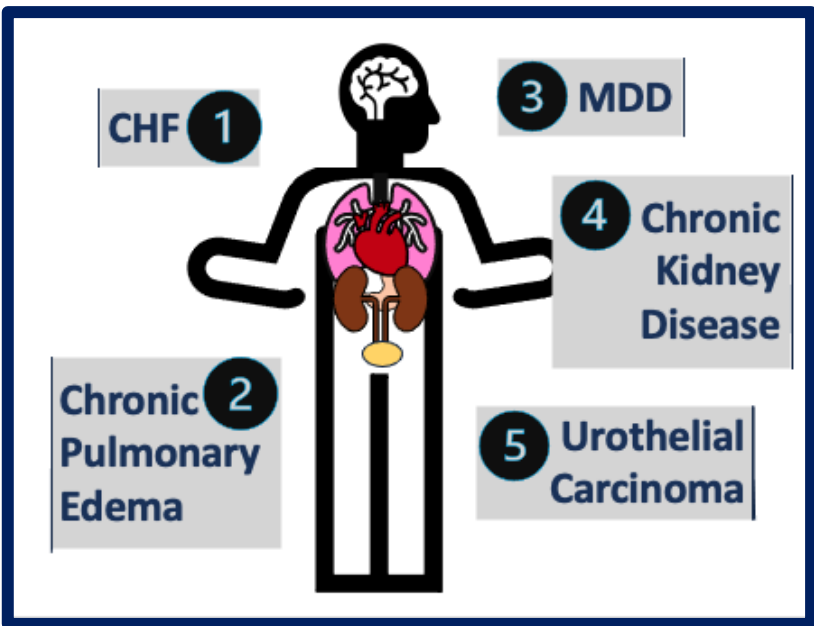
+ Emergency Dept. Use

+ Specialist Use

+ Strain on Social Services



# Case Study: Disability and Heart Disease



Link to resource: [Healthy People 2030](#)



Mr. Tarzia works as a contractor, and lacks employer health and disability benefits



Mr. Tarzia has a High School education and has struggled to retrain for new jobs

Mr. Tarzia is HUD-assisted and risks losing his voucher if he misses his rent



CHF 1

3 MDD

Mr. Tarzia is unable to attend usual social events and visit family/friends due to his health

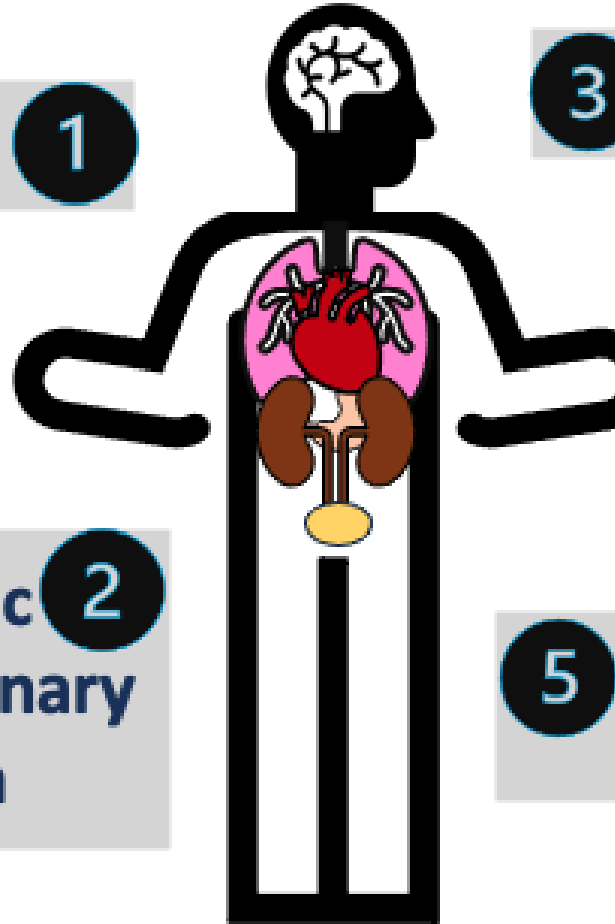


4 Chronic Kidney Disease

Chronic Pulmonary Edema 2

5 Urothelial Carcinoma

Mr. Tarzia is unable to work and depends on his SS disability for income





## Identifying violence risk among patients with disabilities

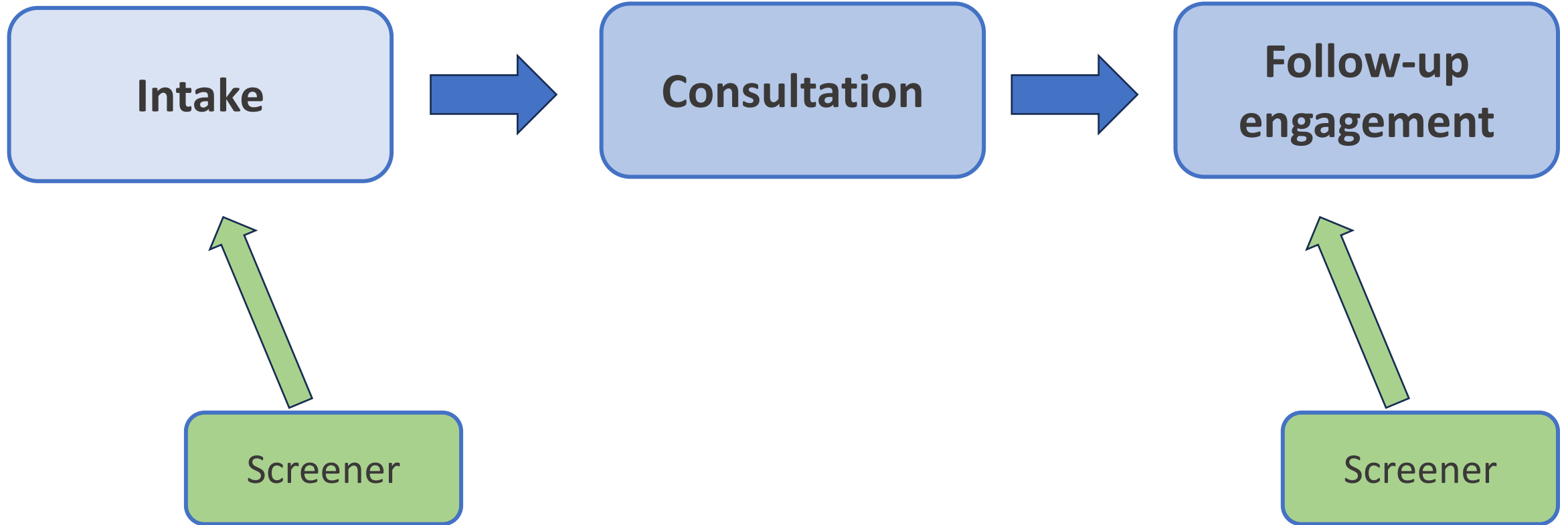
**Please take a moment to type your response to the following:**

Mr. Tarzia makes a statement during his next PCP exam that makes you, a mandated reporter concerned that he may be experiencing violence at home

- 1. What are your next steps?**
- 2. What systems does your organization have to identify violence in patients like Mr. Tarzia.**



## SDOH Screening, Patients with disabilities



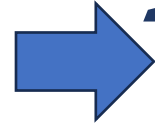


# SDOH Screening, Patients with disabilities



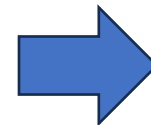
## Intake

- Relationship building  
Screening
- Networking.



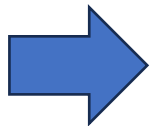
## Goal Setting

- Goals set during  
SDOH Screening.



## Follow-up engagement

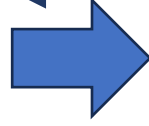
- Keeping focus on goals.
- Encouragement and  
networking.



## Navigation



- Relationship building,  
Screening
- Networking.



## Coaching



- Relationship building  
Screening
- Goal achievement.



## Case Closure

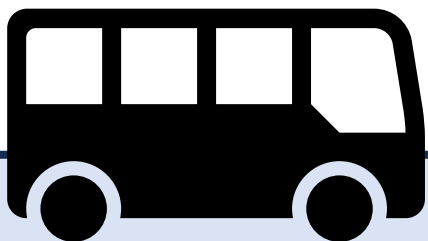


- Closure when all goals  
are achieved.

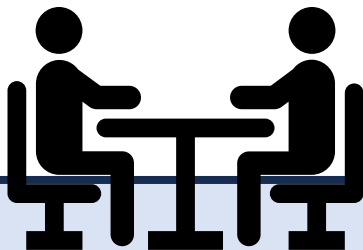


## Promising practices: patients with disability

*Health Centers utilize a variety of promising practices to support better outcomes in patients with chronic conditions*



Investing in transportation access is among the most cost-effective interventions used by [Health Centers](#)



Many Health Centers have [pursued partnerships](#) with local organizations as a cost-effective manner of improving nutrition access

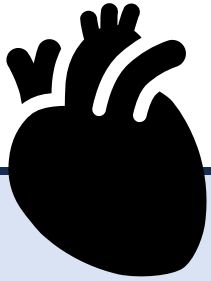


[Home safety checks](#) are utilized to lower fall risk for older adults who experience disability and/or chronic disease.



## Promising practices: patients with disabilities

*Health Centers Utilize Home Visitation to improve patient and community health in a variety of areas*



FQHCs have utilized CHWs and LPNs to perform home visit follow-ups for newly diagnosed Congestive Heart Failure



Nurse-led home visits are used by Health Centers to improve Hypertension self-management in older adults.



Long-acting Injectable antipsychotics are associated with a 71% of hospital admissions. Health Centers utilize RNs and advanced providers to provide these via home-visit.

# Questions and Answers



# Complete Our Post Evaluation Survey



# Contact Us

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703-812-8822



Thank you!

