While talking about sex is difficult for many people, it can be especially uncomfortable or painful for women who have experienced intimate partner violence. Meredith Bagwell-Gray has specifically designed the Trauma Informed Sexual Safety Planning program to put the participants at ease and to help them feel empowered to improve their sexual health.

In one session, the women will be asked to share with one another the places where they have found good sexual health care, where they have felt safe and comfortable. “Some women who are survivors haven’t had gynecological care for a long time, so I want to find ways to link them to resources,” Bagwell-Gray says.

In another, the group will talk about how to cope with sexual trauma and the ways domestic violence can impact women’s health, increasing their risk of sexually transmitted diseases. The women will create a personalized risk assessment.

Session five is geared toward empowering women to reclaim their personal sexuality. They will have a chance to define their sexual boundaries and expectations in a relationship. “This is for preventing future violence, to create a trajectory towards healthy relationships,” Bagwell-Gray explains.

The pilot will conclude with an unconventional group directed project, where the women will decide together how they want to use the experience and education they just gained to help others. “When women talk about their healing, an important part for them is giving back to others, making sure other women don’t go through what they went through,” she explains.

This study was supported in part by an American Cancer Society grant (IRG-16-194-07), awarded to the University of Kansas Medical Center.
The pilot will be held at two domestic violence shelters, where up to 40 women will be invited to go through an eight-session class focused on giving them the knowledge, resources, and support they need to engage in safer sexual practices that can result in reducing their rates of cervical cancer.

Bagwell-Gray recounts, “She paused, and I remember the look on her face. She was trying to think. Then she said, ‘We don’t really have anything. We don’t do anything.’ I went home and realized these domestic violence shelters are doing great work, but they have a gap in their ability to provide services.”

Bagwell-Gray knew that women who have experienced intimate partner violence are much more likely to have sexually transmitted diseases, including HPV, which causes most cervical cancer.

Today, Bagwell-Gray is an assistant professor at the University of Kansas School of Social Welfare and she is working to change that. With funding from the American Cancer Society, she is conducting a unique pilot intervention designed to test the most effective way to empower women who are survivors of intimate partner violence to reduce their sexual health risks, including their rate of cervical cancer.

“There are very few researchers who look at cervical cancer for survivors of intimate partner violence. It’s under-studied,” she explains. “The goal is to help women to visit a sexual health care provider, get a pap test or HPV vaccination.”

As a researcher, she knows that the only way you know for sure that any intervention is working is to test it. So she has designed a pilot program that addresses the unique sexual health needs of women who have experienced intimate partner violence, called Trauma Informed Sexual Safety Planning. The pilot will be held at two domestic violence shelters, where up to 40 women will be invited to go through an eight-session class focused on giving them the knowledge, resources, and support they need to engage in safer sexual practices that can result in reducing their rates of cervical cancer. The pilot’s efficacy will be measured through pre- and post-tests with participants and focus groups.

Bagwell-Gray’s next step is to take her research to rural areas in Kansas and study the impact of increased barriers and risk factors for women seeking care.

At the end of the day, Bagwell-Gray says her work as a researcher has one goal: caring for people and communities. “To me, social welfare research is grounded in everyday, practical impact. It’s not limited to the theoretical or philosophical. With practice, you might be able to impact a person, but with research, you can test the effectiveness. Are you having the impact you say you want to have?”
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