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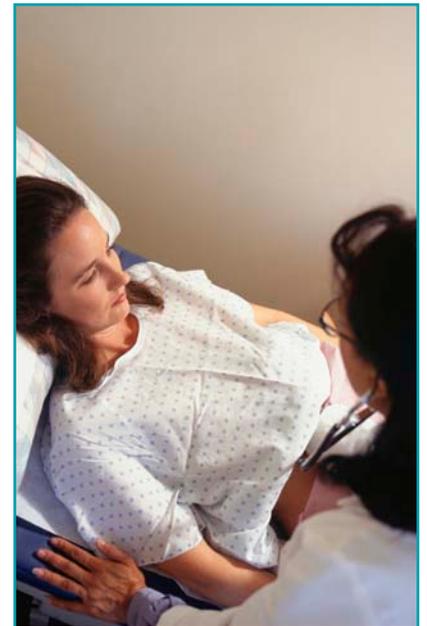
Technical Assistance Bulletin

Healthcare Issues and Survivors of Sexual Violence

Sexual abuse and assault impact millions of women, men and children every year. The impact often lasts far beyond the assault itself, and can resonate in many areas including survivors' access to and experience with, healthcare. We are increasingly aware that our advocacy role must be informed by the long-term consequences of sexual abuse and assault and their influence on survivor encounters with healthcare over the lifespan, in addition to the crisis medical response immediately after a sexual assault.

Some of the long-term effects of child sexual abuse may include post-traumatic stress disorder (PTSD) symptoms, psychological issues, interpersonal difficulties, self injuring, pain, and other somatic complaints. Numerous studies have reported an association between child sexual abuse and various medical conditions, including chronic pelvic pain, gastrointestinal disorders, irritable bowel syndrome, and recurrent headaches). Researchers have also reported that adult survivors of child sexual abuse have a heightened prevalence of medical conditions, increased visits to healthcare providers, increased surgeries, and hospitalizations (Romans, Belaise, Martin, Morris & Raffi, 2002).

While it is known that sexual abuse can have long-lasting negative effects on women's health, a recent study showed women who were sexually abused as children are less likely to get Pap tests to screen for cervical cancer, highlighting the fact that negative consequences of childhood sexual abuse also extend to preventive healthcare over the lifespan. (Farley, Golding, & Minkoff, 2002)



Sexual abuse/assault survivors deserve ongoing access to, and empathic response from, all healthcare systems including medical, dental, and childbirth practitioners.

Healthcare providers often miss an opportunity to explore how a history of sexual abuse may be influencing both a survivor's health, and their encounters within the health care setting. A study found that more than 52% of women surveyed had never been asked about sexual violence and that less educated, and non-English speaking patients were even less likely to have been screened or provided information on sexual abuse. (Littleton et al., 2007). The same study reported that fewer than six percent of women reported being screened for a sexual victimization history found it to be bothersome or upsetting, and more than 95% of women who received any of the types of information about sexual victimization from a healthcare provider reported that this information was at least potentially helpful (Littleton, Berenson & Breitkopf, 2007).

The research is much less inclusive of male survivors, individual socio-economic impacts, or the role that race and/or ethnicity may play in survivors' experiences of both sexual abuse and healthcare. New research reveals that male survivors of childhood sexual abuse face unique challenges that many health care practitioners do not recognize and understand (Lasiuk, 2006).

Healthcare providers have become more aware of the importance of screening for domestic violence in recent years while very little has been done to explore parallel opportunities to screen for and respond to sexual abuse and assault. One study of 27 primary care physicians found that 89% never asked about their patient's history of sexual abuse or assault (Friedman, Samet, Roberts, Hudlin & Hans, 1992). Some possible explanations for this lack of screening include misinformation about sexual abuse/assault and its impacts on adult survivors, a lack of training or comfort in assessing or screening for a history of sexual abuse or assault, and a lack of knowledge about the interventions or resources to offer in the event of a disclosure. A recent review of literature lists other possible barriers: time constraints, fear, victim blaming, and avoidance due to the providers' own experience with sexual abuse/assault. (Havig, 2008)

Every survivor has unique needs in healthcare settings and health care professionals should be motivated by the individual needs of patients. Below are suggestions from both survivors and researchers for improved survivor experiences with the healthcare system.

1. Increase training for health care professionals on sexual abuse and trauma and their long-term effects. The ability to respond to a disclosure of sexual abuse or trauma in an informed and empathic manner is key to creating positive experiences for survivors in health care encounters.
2. Decrease feelings of vulnerability and loss of control through specific privacy and safety mechanisms in health care settings. Accommodations such as frequent communication with the patient, allowing a third party to accompany the patient, and consistent information on provider intent and action may reduce similarities between past abuse and current medical procedures to reduce anxiety and re-traumatization.
3. Acknowledge and address possible triggers and re-traumatization in health care encounters. Be aware of both explicit and non-verbal cues, and respond accordingly. Provide written information to ensure that survivors who experience disassociation have meaningful access to the healthcare issues discussed and resources on sexual violence services.
4. Ensure privacy of treatment and records. Many survivors identify privacy concerns as a barrier to disclosing sexual abuse or assault histories. Ensure pertinent privacy measures and explicit policies for protecting information and who will have access to the patient's history including any information that is recorded about their experiences with sexual assault/abuse.

Advocates have a unique role in supporting survivors' meaningful access to empathic healthcare through direct service and through medical professional training and education programs.



Advocate's Role: Direct Service

- Validate survivors' feelings of fear and stress associated with accessing medical care in counseling, advocacy, and group settings.
- Have survivor-centered information related to healthcare available and prominently placed in your rape crisis centers and other information displays. This may include fact sheets such as "A survivor's guide to getting through medical visits" available through the Canadian Women's Health Network
- Problem-solve specific issues with individual survivors for decreased stress during health care visits and procedures.
- Address lack of health insurance and control over provider choice with survivors as necessary.
- Provide ongoing accompaniment to health care visits outside of immediate crisis response and forensic examinations if requested by the survivor.

Advocate's Role: Education

- Create and provide trainings that address the intersections of sexual violence and health care issues for medical, dental, vision, pediatric, reproductive and other healthcare professionals.
- Create opportunities for collaboration with health care providers in your community including distributing materials that address the unique needs of survivors in healthcare settings.
- Begin coalition-building to foster efforts to increase the opportunity for non-invasive universal screening for a history of sexual violence. There are many approaches to screening and multiple opinions of its use. Screening is often most effective with a routine, sensitive, and direct approach that utilizes an open ended question that allows for different levels of disclosure as comfortable and chosen by the survivor.
- Provide resources for medical professionals such as information for patients such as brochures on sexual violence as well as lists of service providers in the immediate area. Also encourage physicians to provide materials to their staff, vendors and colleagues on the issue. Make sure to provide new or updated materials as they become available.

There are multiple ways advocates can decrease the anxiety and fear survivors associate with accessing health care, both proactively through education and awareness, and in counseling or intervention settings through accompaniment, validation, and other systems advocacy efforts. For more resources and information on this topic, please see below.

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Resources

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<http://www.cwhn.ca/resources/csa/index.php>

Pennsylvania Coalition Against Rape Medical Advocacy Resources