

# Breaking the wall of silence

Part I

Should physicians screen for sexual assault?

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## Statement of the Problem

The decision to tell someone, "I've been raped!" say some survivors, can be almost as horrifying and traumatic as the rape itself. Many rape victims tell of the fear, shame and guilt they feel when they are faced with recounting their story to complete strangers in a hospital emergency setting. Still others say that those feelings are often re-enforced when they find themselves being interviewed or screened by health care professionals who lack empathy, care or concern. According to Gary Ackerman, MD, Chief of the Parkland General Obstetrics and Gynecology Division, and Director of the Faculty Sexual Assault Exam and Testimony Program, only 30 percent of victims seek medical attention after a rape/sexual assault. This means that about 70 percent of rape/sexual assault victims are not being served. Or are they?

In 2004, Texas Medicine reported that victims are being seen, but they are being seen by their physicians or other health care professionals for issues other than the rape/sexual assault. And, despite the often difficult task of coping with such an experience, victims may go undetected by experience; victims may go undetected by their physician and may never reveal that they have indeed been victimized. The result is a deafening wall of silence which victims often suffer behind without benefit of help, hope, healing or justice over the expanse of their life-time.

## A Physician Advocate

Dr. Karl Benzio is an advocate of screening for sexual assault history. Dr. Benzio is a member of The Christian Medical and Dental Association and Director and Founder of The Lighthouse Network in Doylestown, Pennsylvania. He specializes in acute rehabilitation and addiction needs. Benzio said that patients must be treated psychologically, physiologically and spiritually in a holistic treatment approach which is necessary for true healing and recovery over the expanse of a life-time. He says it should be built into part of the routine treatment discussion, and when done patients are usually able to go along with the process. He does acknowledge that males may be a lot more reluctant to divulge than females, citing certain psycho and socio-cultural factors but says that given the severity of the problem that patients should still be screened initially and then screened again in one, two and three years. "More people will come out about it after a relationship has been established and screening is done as a routine part of the doctor visit," Benzio said.

Benzio concurs with earlier findings and revealed that the sexual assault survivors he treats in his practice, usually present in his office not directly as a result of abuse/rape/incest/sexual assault, but for other reasons. He explained that survivors often suffer societal, economically, emotionally and physically for years without the benefit of appropriate counseling and supportive interventions and come into the office because they want to learn practical coping strategies to help them deal more effectively with life after having struggled in some instances for years with daily life maintenance. Benzio stated further that only as a result of physicians taking a full history will one be able to uncover the connections in some clients between sexual assault/abuse and problems with intimacy, PTSD, some anxiety, thinking and eating disorders, depression, obesity and many other mental and physical health care concerns such as fibromyalgia, irritable bowel syndrome, chronic fatigue syndrome and some other gastrointestinal illnesses.

### **Dr. Rita Schindeler-Trachta**

Dr. Rita Schindeler-Trachta, FAAFP of the Texas Medical Association is also a staunch supporter of physician screening for sexual assault. Schindeler-Trachta recently appeared in the Texas Medicine Magazine. She is founder and owner of Austin Family Medical Clinic and a board member of the Women's Advocacy Project, and Dr. Schneider is professor and vice chair in the Department of Family and Community Medicine at The University of Texas Health Science Center at San Antonio and founding president of the Academy on Violence and Abuse. She had this to say about screening, "In my adult patient intake forms, I ask questions which screen for past sexual assault..."

"Adult survivors of prior sexual assault usually come in with a variety of medical issues. One patient I have right now is going through the processing of what happened to her as a little girl. She herself is now in her late 30s and having a hard time with it, but she is also getting the support of psychiatrists, psychologists, and me, her family medicine doctor. And she will look back at this difficult time as a good turning point in her life. I know a lot of her other medical complaints will resolve after she completes this process."

She said she also believes that doctors should screen regularly in their practices, "at least annually or any time they suspect someone may be at risk."

### **Why do some physicians screen and not others?**

Despite some obvious support for sexual assault screening by physicians, it is not a wide spread practice. There are many reported reasons for this, some physicians may not screen for sexual assault because they fear the opening 'Pandora's Box'. Still others believe there are just some questions that physicians should not ask. But for others, the barriers to screening have more to do with their comfort level, training, a belief that they are already an expert at it or that it doesn't really affect their patient population, a fact that can not be borne out in any practice without benefit of some form of screening according to Benzio.

Brent Annear, spokesperson for The Texas Medical Association stated that some patients may not reveal such a secret to their physician because the physician may represent a stern or rigid type of authority figure, but they may reveal to a nurse or nurse practitioner or some other health care provider they come in contact with in the same routine setting.

### **Could more be done to diminish the gap in service for survivors?**

Mandating screening in primary care settings might be a very difficult undertaking because there are not current guidelines to mandate such screening. However, since patients are being seen in primary care settings, this could be the most opportune and effective way to find survivors who would otherwise never reveal that they have been sexually assaulted or abused. When other sexual assault providers were asked if sexual assault screening should be mandated, sexual assault providers acknowledged the importance of screening but they were either unsure of how to implement such strategies, had never approached primary care screening as another legitimate and useful tool in the fight to eliminate sexual assault, or didn't have the budget for such a venture with respect to a potential legislative effort.

### **Working with The Texas Medical Association**

According to Karen Amacker of The Texas Association Against Sexual Assault, it would not necessarily be beneficial to all sexual assault survivors if an across the board screening initiative happened over night. Amacker stated that not all sexual assault victims may identify themselves as rape victims and that it is important before legislative action to help doctors and not just those that deal with crisis situations to know what kinds of things to look for with respect to recognizing and caring for victims appropriately. Amacker also stated that it is important to work along side of The Texas Medical Association to help them to understand the importance of the work being done on the behalf of survivors and the role the physician plays in that work. She further acknowledged that it is very hard to get the message out about all of the different services that TAASA offers with respect to training, advocacy, education, public policy etc.

Amacker was asked why there was no training program for physicians such as web-based training, or CME training. "We would love to help educate physicians to try to help sexual assault survivors to get the care they need."

Amacker pointed out that TAASA is a small nonprofit with a limited budget and that their education efforts currently are focused towards the general public, social workers, law enforcement and nurses. They currently have no trainers that are certified to offer training courses to physicians.

Amacker said that a legislative mandate may not be necessary if sexual assault advocacy groups, and other interested persons could encourage the medical community to adapt to meet the demand of their patient populations. She also suggested another way to address the lack in patient screening may be for medical schools in the state to require a certain

number of course hours dealing in sexual assault education but, said Amacker, it all comes down to money.

### **Possible Legislation**

Rich Parsons, spokesperson for Lt. Governor David Dewhurst, said the Lt. Governor would not necessarily be opposed to legislation reform dealing with the issue of sexual assault screening. "The Lt. Governor is continuously looking for ways to protect children and end sexual assault." said Parsons. He stated further that screening is an issue worth exploring if in fact it may protect against further instances of sexual assault. But, he stated, to his knowledge, nobody has proposed this in the form of a legislative initiative or reform.

Approximately 82 percent of persons sexually assaulted never tell. And currently, most health care offices do not provide an atmosphere which may equip, empower or encourage someone to break the fertile wall of silence that predators depend and thrive on to continue these terrible acts. Texas has just passed Jessica's Law which enhances punishments for predators that prey on children under age 13 and gives the death penalty for some instances of sexual violence. They have strengthened some existing sexual assault laws meant to protect and better serve survivors and even strengthened, in some areas, budgetary allotments for service providers. But for sexual assault survivors who will never make an outcry in the service areas provided for by these recent legislative efforts little to nothing has been done. Screening for sexual assault by the health care community may be the most tangible and effective way to close the gap in service and break the wall of silence experienced by survivors of sexual assault, but there is still much to be done to convince the medical community as whole of the need.