

Should Physicians Screen for Sexual Violence?

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Lift Every Voice Family and Community Development Project

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Should Physicians Screen for Sexual Violence? 2

Felitti, MD. J: The Relation Between Adverse Childhood Experiences and Adult Health: Turning Gold into Lead; <http://xnet.kp.org/permanentejournal/winter02/goldtolead.html>; retrieved 9/17/2007

The focus of this article is to compare the current health status of the ACE study's participants with eight categories of adverse childhood experiences. Three of the categories pertained to personal abuse: recurrent physical abuse, recurrent emotional abuse, and sexual abuse. Four categories pertained to growing up in a dysfunctional household—i.e., with a person who abused alcohol and/or drugs, where someone was incarcerated, where someone struggled with mental illness or a long-term chronic illness, where the parents were treated violently or where there was parental separation or divorce. ACE participants were followed for five years to compare childhood experiences against the cost of pharmaceuticals, ER and doctor visits, hospitalizations and death. The findings in this article are particularly significant to this writer's research as it not only shows how common adverse childhood experiences are but also the correlation between those experiences and adult health fifty years later. The greater the number of ACE the greater the increase in risk for health problems which include risk of; drug and alcohol abuse, multiple sex partners, IPV or intimate partner violence, depression and suicides. The author has been with south California Permanente Medical Group since its formation in 1960. These findings would seem to suggest that earlier interventions via the use of screening for physical and mental health ACE may lessen adverse adult health outcomes.

Florida Council Against Sexual Violence; How to Screen Your Patients For Sexual Assault: A Guide for Health Care Professionals. Copyright 2002 Tallahassee, Florida.

The main focus of this work is to raise the awareness and understanding of the medical community of sexual violence and the connection between sexual violence and women's overall health. The work is a guide intended for the use of Medical professionals. According to the screening tool kit, 95 percent of sexual violence survivors do not seek medical attention or psychotherapy after their initial experience but will ultimately seek the help of an HCP as a result of PTSD or chronic physical and mental health ailments. The tool kit also points out that HCPs can be the gate keepers for survivors as women have greater trust in their HCP and want to feel free to discuss issues such as rape, incest, sexual abuse with their provider. The tool kit further explains the connection between a survivor's ability to heal and an HCP's willingness to obtain training and screen for sexual violence. The Florida Council Against Sexual Violence has worked with their state's Attorney General in an effort to encourage greater sexual violence training and screening amongst HCPs. According to the media relations specialist they did not provide for a means of tracking how many HCPs have participated in the screening initiative or what kind of yield they experienced as a result of online and face to face trainings. This is particularly disappointing given there is so little literature on the efficacy of screening for sexual violence history.

Should Physicians Screen for Sexual Violence? 3

Littleton PhD; Heather L.; Berenson MD., Abbey B.; Breitkopf PhD., Carmen Radecki. The COAG Papers: An evaluation of health care providers' sexual violence screening practices; American Journal of Obstetrics & Gynecology 564.e2 June 2007 Volume 17179095864

The purpose of this article is to review and evaluate the findings of the COAG study done to determine the benefits of sexual violence screening and counseling. The article is written to Health Care Professionals or HCPs. The article points out that sexual violence screening and counseling in combination is found to be both helpful and non-intrusive. The study found also that comfort, education level, culture and linguistics appeared to affect whether an HCP discussed sexual violence with their patients or not. The article has particular relevance to this writer's research as it deals specifically with the issue of the potential for re-traumatization of the victim by screening for sexual violence history. This is an issue of some concern in the sexual assault community as a potential barrier; though there is little literature which documents barriers and efforts to problem solve through them. Screening practices with respect to domestic violence have been well studied. However, on the issue of sexual violence, very few such studies have been done. This study was supported by a grant award from the William and Mary McGanity Research fund of the University of Texas Medical Branch (H.L.L.) and by a Midcareer Investigator Award in Patient-Oriented Research {k24HD043659} sponsored by the United States Institute of Child Health and Human Development, National Institutes of Health (A.B.B.)

Macmillan, M.D., F.R.C.P. © Harriet L.; Fleming, M.D., F.R.C.P. (c) Jan E.; PhD Grilo PhD., Carlos M; Sanislow, PhD., Charles; Fehon, PsyD., Dwain C.; Martino, PhD., Steve; McGlashan, M.D. Thomas H: Psychological and Behavioral Functioning in Adolescent Psychiatric Inpatients Who Report Histories of Childhood Abuse (Am J Psychiatry 1999; 156: 538-543)

The purpose of this article is to assess psychopathology in a general population sample and compare it to five psychiatric disorder categories between those reporting a history of childhood physical or sexual abuse against those who did not. The study measured the association between a childhood history of severe physical assault and emotional impairment in a national sample. The study found that those who reported history of violence experienced higher incidences of depression, post-traumatic stress disorder and substance abuse. The study further found that women had a tendency more than men to experience lifetime psychopathology. This writer found it significant that specific familial and socio-cultural information was not collected for the purpose of this study. The two sociological considerations were familial income and education. Additionally this study does not focus on cause and effect. The scope of the study, while limited is still valuable as it adds validity to the correlation between a history of childhood sexual violence and long term adverse health outcomes for survivors of sexual violence.

Should Physicians Screen for Sexual Violence? 4

Springer, MPH, MA., Kristen W; Sheridan, PhD, Jennifer; Kuo PhD, Daphne; Carnes MD, MS, Molly; The Long-term Health Outcomes of Childhood Abuse An Overview and a Call to Action J Gen Intern Med 2003; 18:864-870

The purpose of this paper was two fold according to the authors. The first purpose of the article is to give an overview of the research on the long term effects of child abuse on mental and physical health and call upon all clinicians, social service, criminal justice, insurance companies, psychosocial and bio-medical researchers and public policy makers to seek a comprehensive approach to both prevent and treat the problem. The research points out a correlation between child abuse and medical diagnosis such as: depression, anxiety disorders, eating disorders, posttraumatic stress disorder [PTSD], chronic pain syndromes, fibromyalgia, chronic fatigue syndrome, and irritable bowel. The report also documents that compared to non-abused adults, those who experienced childhood abuse (to include sexual violence) were more likely to engage in high risk behaviors such as smoking, substance abuse, unsafe sex practices and increased use of health services. The authors posit if the clinician is unaware of the links between a history of abuse and adult health problems; they will neither be evoked to take an abuse history nor offer appropriate referrals/counseling. The most significant finding of this literature for this writer is the general consensus that a history of abuse in childhood is more likely to be uncovered if the clinician asks the question of the client directly. The report even suggests that more than one question may be appropriate depending on how long ago the abuse took place. This particular study broadened the physical and mental health outcomes further evidencing the pervasiveness of long term health problems in survivors of sexual assault. If there is to be assistance for survivors, HCPs must screen early and they must screen often as a part of the routine health care visit. This does a couple of things. It gets the patient used to hearing or seeing the questions from their provider so that it is less shocking or traumatic and finally, it directly impacts the problem of health care crisis as it focuses on finding survivors for the purpose of eradicating physical health and psychopathology.

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Should Physicians Screen for Sexual Assault? 6

Littleton PhD., Heather L.; Berenson MD., Abbey B.; Breitkopf PhD., Carmen Radecki. The COAG Papers: An evaluation of health care providers' sexual violence screening practices; American Journal of Obstetrics & Gynecology 564.e2 June 2007 Volume 17179095864

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