Moderate or Severe Pain is Common Six Weeks after Sexual Assault

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INTRODUCTION

Each year in the US, an estimated 683,000 women > 18 years old experience sexual assault (SA). 1 Women with a history of sexual assault commonly report chronic pain conditions, 2-5 and these conditions have a marked effect on quality of life and health function. 6 However, to date no longitudinal studies have explored sexual assault (SA) survivors in the immediate aftermath of SA and evaluated changes in pain symptoms over time. In this study, we assessed the incidence and distribution of clinically significant worsening pain 6 weeks after SA.

METHODS

Women > 18 years of age presenting for care within 72 hours of sexual assault were recruited for the study. Sexual assault survivors were recruited from the 11 Sexual Assault Nurse Examiner (SANE) programs which currently constitute the Women’s Health Study Network (Figure 1). Nine of these SANE programs are based in hospital emergency department (EDs); two are based in hospital clinics. All study RAs had previous extensive experience with sexual assault survivors, either as a SANE nurse, sexual assault advocate, or social worker. When a potentially eligible sexual assault survivor presented to network study sites for care, the SANE nurse provider or a research assistant (RA) via a 24-hour phone. The RA then came to the SANE program site, introduced themselves to the survivor, and informed the survivor that a study was being conducted examining the recovery process after sexual assault.

Those willing to be contacted by telephone who subsequently expressed interest in participating in the study were interviewed to elicit information on symptoms experienced 1 week and 6 weeks after the SANE program visit. These interviews were conducted in a safe, private, convenient location of the participant’s choosing (e.g. private conference room at a local library, private room at a community center). At the beginning of each interview, written informed consent was obtained. Participants then completed a self-report questionnaire via laptop computer. A research assistant remained in the room in case of computer problems, however study participants were given privacy to complete survey questions. SA history and patient physical examination/injury information were obtained from treatment center records.

Surveys at 1 and 6 weeks included:

- Current pain symptoms: pain during the past week was assessed in each of eight body regions (head, neck, back, shoulders, arms, hands, legs, feet).
- Pain during the week prior to assault: Assessed at the one week time point, using the above method.
- Somatic symptoms during the month before the assault: Assessed one week after sexual assault, using the above method.
- Sociodemographic characteristics: Assessed at the one week time point.

Current somatic symptoms: Common somatic symptoms during the past month were assessed 6 weeks after sexual assault using a 0-10 NRS.

RESULTS

Eighty-three women were enrolled. Most were European Americans less than 30 years of age, and had no children, with some training or education past high school (Table 1). 39/83 (47%) were going to school part time or full time. 74/89 (83%) of women had completed 6 week follow-up to date. At 6 week follow-up, a clinically significant change in pain was reported by 58% (43/74) of survivors (Table 2). Nearly one third (24/74) 32% of sexual assault survivors had a clinically significant worsening of pain symptoms in 3 or more body regions.

As shown in Figure 2, a worsening of pain was most common in the back (25, 34%) followed by head (19, 26%), neck (14, 19%), and legs (14, 19%). Clinically significant somatic symptoms (Table 3) included: congestion (43.8%) and upset stomach (26.3%), followed by a ring in the ears (20.0%) and sensitive skin (17.7%).

CONCLUSION

Persistent worsening pain symptoms are common after sexual assault, and commonly occur in areas without direct tissue trauma. Studies further need to be undertaken to better understand the pathophysiology of pain and suffering after sexual assault.

REFERENCES

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