Severe pain is common but rarely treated in the immediate aftermath of sexual assault

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Study sites for care, the SANE nurse provider paged a research assistant (RA) via a 24-hour pager. When a potentially eligible sexual assault survivor presented to network centers, an assault advocate, or social worker. Transmitted infection and pregnancy have previously been reported; however, these women received by these women.

Experience with sexual assault survivors, either as a SANE nurse, sexual assault advocate, or social worker. Rates of survivor treatment with medications to prevent sexually transmitted infection and pregnancy have previously been reported; however, to our knowledge the incidence and treatment of pain symptoms in the acute aftermath of sexual assault have never been assessed.

Methods

Eligible survivors were alert, oriented English-speaking women 18 years of age or older who presented to a SANE program for care within 3 days of sexual assault. Women who were clinically unstable or unable to give informed consent due to intoxication or other cause were excluded, as were women who could not read English, lived with their assailant, were admitted to the hospital, were prisoners or were pregnant. In addition, because subsequent follow-up interviews were performed, women who did not have a telephone and women who did not live within driving distance for follow-up interviews were also excluded. Approval for human subject research was obtained from the university's Institutional Review Board (IRB), as well as the corresponding IRB for each of the 11 participating recruitment sites.

Sexual assault survivors were recruited from the 11 SANE programs which currently constitute the Women's Health Study Network (Figure 1). Nine of these SANE programs are based in hospital emergency departments, but may also be located in free-standing clinics or community centers. Rates of survivor treatment with medications to prevent sexually transmitted infection and pregnancy have previously been reported; however, to our knowledge the incidence and treatment of pain symptoms in the acute aftermath of sexual assault have never been assessed.

INTRODUCTION

National epidemiological data indicate that 13% of women experience rape and 23% of women experience attempted rape in their adult lifetimes.1 When rape survivors seek help in the acute aftermath of the assault, they are likely to turn to the medical system, specifically, Sexual Assault Nurse Examiner (SANE) programs. SANE programs are most commonly located in hospital emergency departments, but may also be located in free-standing clinics or community centers. Surveys of rates of survivor treatment with medications to prevent sexually transmitted infection and pregnancy have previously been reported; however, to our knowledge the incidence and treatment of pain symptoms in the acute aftermath of sexual assault have never been assessed.

METHODS

Eligible survivors were alert, oriented English-speaking women 18 years of age or older who presented to a SANE program for care within 3 days of sexual assault. Women who were clinically unstable or unable to give informed consent due to intoxication or other cause were excluded, as were women who could not read English, lived with their assailant, were admitted to the hospital, were prisoners or were pregnant. In addition, because subsequent follow-up interviews were performed, women who did not have a telephone and women who did not live within driving distance for follow-up interviews were also excluded. Approval for human subject research was obtained from the university's Institutional Review Board (IRB), as well as the corresponding IRB for each of the 11 participating recruitment sites.

Sexual assault survivors were recruited from the 11 SANE programs which currently constitute the Women's Health Study Network (Figure 1). Nine of these SANE programs are based in hospital emergency departments (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 paged a research assistant (RA) via a 24-hour pager.

PurPOSE

To assess pain severity in female sexual assault survivors receiving initial medical evaluation after sexual assault, and to assess analgesic treatment received by these women.

Samples of SANE programs are most commonly located in hospital emergency departments, but may also be located in free-standing clinics or community centers. Rates of survivor treatment with medications to prevent sexually transmitted infection and pregnancy have previously been reported;2 however, to our knowledge the incidence and treatment of pain symptoms in the acute aftermath of sexual assault have never been assessed.

RESULTS

• Eighty-three women were enrolled. Most were European Americans, less than 30 years of age, with some training or education past high school and no children (Table 1). 39/83 (47%) were going to school part time or full time.
• Severe pain in one or more body regions was reported by the majority of survivors [42/83 (51%)] (Figure 2). Moderate pain was present in 29/83 (35%). Mild pain [7/83 (8%)] or no pain [5/83 (6%)] was reported by only a small minority of patients.
• Pain medication provision according to sexual assault survivor pain severity is shown in Figure 3. Among survivors with severe pain, only 12/42 (29%) received any pain medication during the SANE exam. Only 2/29 (7%) of patients with moderate pain received pain medication at the time of discharge. Of those with severe pain who received pain medication, half (6/12) received an opioid (Figure 4). Receipt of a pain medication prescription the time of discharge was rare (Figure 3). Of 42 survivors in severe pain, only 1 (2%) was provided with pain medication at the time of discharge.

CONCLUSION

Severe pain is common in the acute aftermath of sexual assault; however pain medication is rarely prescribed, even for patients with severe pain.

REFERENCES


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