Clinically Significant New or Worsening Pain is Common Six Weeks after Sexual Assault: Results of a Large-Scale Cohort Study

Nicole A. Short, Andrew Tungate, Carissa Novak, Carol Tran, Teresa D’Anza, Megan Lechner, Kathy Bell, Jenny Black, Jennie Buchanan, Rhiannon Reese, Jeffrey Ho, Gordon Reed, Ralph Rivello, Melissa Platt, Cathy Rossi, Patricia Nouhan, Samuel A. McLean

Department of Anesthesiology, University of North Carolina-Chapel Hill, Chapel Hill, North Carolina 27599-7010 USA

**INTRODUCTION**

- Sexual assault (SA) is common and associated with a variety of negative outcomes.
- The incidence and causes of acute and persistent pain after SA remain poorly understood.
- We evaluated the severity and distribution of pain in the immediate aftermath of SA, and one and six weeks after SA, using data from the first large-scale prospective study of SA survivors recruited in the immediate aftermath of assault.

**MATERIALS AND METHODS**

- Women who presented for emergency care after SA at one of the 13 SA care centers in our national SA survivor research network (Better Tomorrow Network, Figure 1) were enrolled.
- When a woman SA survivor 18 years of age presented to receive emergency care from a sexual assault nurse examiner (SANE), an on-call research associate (RA) was paged.
- The RA approached the survivor for initial study consent, including permission to contact her in 48-72 hours and access medical records regarding the assault.
- Full study consent occurred at 1 week follow-up. Web-based follow-up survey assessments were completed at 1 and 6 weeks.
- Follow-up survey assessments included evaluation of pain severity (0-10 pain numeric rating scale (NRS)) and location (adapted version of the Regional Pain Scale (RPS)).

**RESULTS**

- Nearly 9 out of 10 women SA survivors had clinically significant new or worsening pain in the immediate aftermath of SA. (Table 1). Most still had pain at six weeks, and nearly 1 in 6 had persistent generalized pain six weeks after SA.
- Most clinically significant new or worsening pain was moderate or severe in severity.
- Most women reported pain in many body regions, with a mean of 8 (SD = 6) regions with pain at the time of initial exam, 8 (SD = 7) at one week, and 5 (SD = 6) at six week follow-up (see Table 1).
- The most common locations of clinically significant new or worsening pain 6 weeks after assault were in the back, neck, and head regions (Figure 2).

**CONCLUSIONS**

- Pain is a common adverse outcome after SA.
- Pain after SA can occur throughout the body, and is most common in the axial region.
- Risk assessment methods and preventive interventions have been developed to prevent pregnancy and infection after SA. Similar methods and interventions are needed to prevent chronic pain after SA.

**REFERENCES**


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