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Review Article

Sexual Victimization: Universal Screening and Education in Trauma-Informed Medical Practice

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Abstract

Sexual victimization and other forms of interpersonal violence are traumatic, common, and often have a significant impact on individuals' lives, relationships, and health. The impact of interpersonal violence is compounded by social norms that continue to foster a culture of silence and shame. However, health care providers are very well positioned to invite conversations about interpersonal violence, to legitimize trauma and trauma healing as pertinent to health, and to alter the silence that thwarts healing and perpetuates victimization. The purpose of this paper is to summarize universal screening and education in the context of trauma-informed medical practice. We outline a rationale for universal screening and education, describe implementation strategies, and point to readily accessible materials for use in daily practice. This article highlights sexual coercion and acquiescence as an important part of the screening and education process. We urge providers to adopt universal screening and education in their practices, to educate themselves about trauma-informed care, and to incorporate often overlooked questions about non-physical sexual coercion and acquiescence in screening and education protocol.

INTRODUCTION

Sexual assault is a prevalent human rights, social justice, and public health issue. By one estimate, more than 1 in 3 U.S. women (35.6%) and more than 1 in 4 U.S. men (28.5%) have experienced rape, physical violence, and/or stalking by an intimate partner [1]. More than 1 in 3 U.S. women (36.3%) and nearly 1 in 6 men (17.1%) experienced some form of contact sexual violence (SV) during their lifetime [2]. And, 19 percent, or 23 million U.S. women, have experienced completed or attempted rape. Although stranger rape also occurs at unacceptable rates, it is far more likely that health care providers will encounter sexual violence survivors who were sexually assaulted by someone known to them. Contact lifetime sexual violence by an intimate partner is experienced by 1 in 6 women (16.4%) and 1 in 14 men (7.0%) [2]. Among children, the lifetime sexual assault prevalence for 17-year-old U.S. youth is 26.6% for girls and 5.1% for boys [3]. These data likely underestimate actual prevalence.

Although many health-care seeking patients have experienced sexual assault and other forms of interpersonal violence, they infrequently voluntarily share their victimization with providers. Several individual-level factors contribute to survivors' reluctance to disclose their trauma – and those factors are compounded by community norms that deny and minimize abuse, silence victims, and that offer few clear invitations for open, confidential, and safe conversation about interpersonal violence [4,5]. For example, a randomized community sample of adult IPV and child abuse survivors asked participants: "During the time when you first experienced abuse, how often did anyone try to help or protect you?" To this question, 47% of all respondents reported "never;" 19% responded "rarely" [6]. Among a sample of 216 high school students, 47% said they had not shared their abuse with anyone [7]. Consequently, many survivors live in silence with their traumatic experiences and have many reasons to believe their assaults are unspeakable, including with their health care providers.

Given these factors, and given the known relationship between trauma and health, medical providers are very well positioned to both alter the culture of silence and create conversations that support trauma healing. Providers who actively acknowledge the existence of sexual assault and other forms of interpersonal violence foster healing opportunities and act as a bridge to the larger community by countering the collective silence that so often accompanies violence. The U.S. Preventive Services Task Force recommends that providers screen for violence in women of reproductive age, and The American Academy of Pediatrics Committee on Child Abuse and Neglect, the American Academy of Family Physicians, and the Academy of Nurse Practitioners all urge providers to universally screen their patients [8-10]. The American College of Obstetricians and Gynecologists recommend routine screening for sexual abuse and violence during annual examination visits.