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Pain Reports During Sexual Assault Forensic Medical Examinations: Implications for Healthcare Providers

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Purpose: Elucidate need for pain assessment and treatment for sexual assault victims. Research addressing sexual assault victims' reports of pain and treatment for pain given during a sexual assault forensic exam (SAFE) is limited. An extensive literature search yielded only one study concerning treatment of pain following sexual assault. In this study, McLean et al. (2012) found that 64% of women reported severe pain at the time of a sexual assault nursing exam (n = 83), yet merely 13% received any pain treatment. A follow-up study revealed that three months following exam, 60% of patients reported clinically significant new or worsening pain (CSNWP), but 86% of body regions with CSNWP were in body regions in which trauma was not documented during detailed sexual assault history and exam (Ulirsch et al., 2013). The mechanism for CSNWP not initially associated with physical trauma during sexual assault is not yet known, but another follow-up study related CSNWP to endogenous mu-opioid-mediated hyperalgesia (Ballina et al., 2013). Pulvermore, et al. (2019) found that sexual assault trauma exposure disrupts the cerebrospinal inhibition of spinal nociception which promotes the risk of chronic pain, especially in victims with previous history of sexual assault.

Methods: A large (n = 1,600) retrospective chart review of sexual assault examinations (2017-2018) examined pain location, severity, and treatment for sexual assault victims in a Western state in the United States. Variables included patient age, relationship to suspect, pre-existing medical conditions, pre-existing mental illness, suspect actions (violent physical acts), number of physical injuries, number of genital injuries, and previous history of sexual assault, length of time from assault. Data was entered into SPSS to explore descriptive statistics, associations between variables with ANOVA analysis to compare means.

Results: Sixty four percent of patients reported pain at the beginning of a sexual assault forensic exam (SAFE) with a mean pain level of 5.68 on a 10 point scale. The majority of pain distribution was in one location 59.5%, with 25.5% reporting two locations, 11.4% three locations, and 3.6% in four locations. Most common pain locations were the following: anogenital 40%; abdomen and pelvis 31%; head 24%; leg and foot 18%; back 14%; neck 12%; arm/hand 12%; and chest/breast 10%. Although patients reported a high pain rating, over 78% of patients did not receive any pain treatment (NSAIDS or Tylenol, narcotics or non-pharmacological). Statistically significant variables included: pre-existing mental illness and/or medical problems and prior history of sexual assault younger than 14 years.

Conclusion: These study findings highlight the importance of health care providers performing a pain assessment and providing treatment in patients who report being sexually assaulted. In addition to believing the victim, health care providers need to also be attentive to treating physical pain and be aware of pre-existing mental and medical

problems, and previous childhood trauma. With this new knowledge about pain, health care providers should be positioned to address the whole needs of a person who has been sexually assaulted during first and subsequent contacts.

Title:
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Keywords:
Pain assessment, Pain treatment and Sexual assault forensic examination

Abstract Summary:
This presentation will present research findings regarding sexual assault pain and treatment and contribute to bridging the gap in knowledge regarding pain management following sexual assault.

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