

Acute severe pain is common in sexual assault survivors in the early post-assault period, but rarely treated

June 20 2012, By Tom Hughes



The results were published online in the Journal of Pain.

Despite the fact that the majority of women presenting to emergency departments for care after sexual assault experience severe pain, very few receive pain treatment.

These were the findings of a multi-site research study led by Samuel McLean, MD, MPH, director of the TRYUMPH Research Program in the Department of [Anesthesiology](#) at the University of North Carolina School of Medicine. The results were published online in the [Journal of Pain](#) on June 15, 2012.

“To our knowledge, this is the first prospective study of pain symptoms in the early aftermath of [sexual assault](#),” said McLean.

A recent national survey found that 1 in 5 U.S. [women](#) experience sexual assault during their lifetime. Women who receive medical care after sexual assault are often treated by Sexual Assault Nurse Examiners (SANEs) and emergency physicians. SANEs are nurses who have completed training in the delivery of care to sexual assault survivors, including both forensic evidence collection and medical treatment.

Researchers evaluated the severity and distribution of pain symptoms and the treatment of pain in 83 women who presented for care within 48 hours of being sexually assaulted. These women sought care at one of 10 emergency departments/SANE programs located in diverse environments ranging from inner-city Baltimore to rural Appalachia.

Sixty four percent of women reported severe pain (pain rated as 7 or greater on a 0-10 numeric scale) at the time of initial evaluation and 52 percent reported severe pain one week later. Among women reporting [severe pain](#) at the time of initial evaluation, only 13 percent received any pain medication.

Fifty three percent of women sexual assault survivors reported pain in four or more body regions at the time of initial evaluation and 59 percent reported pain in four or more body regions one week later. Most often, areas with pain were not areas that were directly injured during the assault. For example, one woman was vaginally raped with her six-week-old baby in her arms. She reported no physical trauma, and she stated that she offered no resistance due to concerns for her child's safety. At the time of initial SANE evaluation, she reported pain in 7 extragenital regions, and her maximal pain intensity score was a 10 (0-10 numeric scale). One week later, she reported continued pain in 3 areas and a continued pain score of 10.

“Information from our study, together with other emerging data from the pain research field, suggest that pain in the aftermath of stressful events such as sexual assault may not simply be an ancillary experience resulting from co-occurring physical trauma,” said McLean. “Rather, like psychological symptoms, pain symptoms after sexual assault may be a neurobiological consequence of the stress experience itself.”

The research team recommended that pain evaluation and treatment should be part of the standard care of sexual assault survivors, not only to reduce immediate suffering but also because evidence suggests that the treatment of acute [pain](#) may improve long term outcomes.

Provided by University of North Carolina at Chapel Hill School of Medicine

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