

Research offers guidelines to improve patient care for sexual assault survivors

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Disclosing personal history of sexual assault and other forms of abuse to a primary care physician can have a profound impact on the patient's experience in the doctor's office as well as the quality of care, according to a review published in *The Journal of the American Osteopathic Association*.

The authors analyzed more than 50 studies, including topics like post-traumatic stress and reduced access to medical care in [sexual assault](#) victims. The collective analysis provides primary care physicians an understanding of the physiological and psychological reactions to trauma, as well as concrete guidelines for patient care.

The authors hope that recent high-profile sexual assault and harassment allegations encourage more survivors to share their experiences with their primary care physicians.

"This really amounts to practicing trauma-informed patient care," says co-author Jane Balbo, DO, assistant professor of family medicine at The Ohio University Heritage College of Osteopathic Medicine. "Giving the patient an option to disclose a trauma within the context of his or her medical history, and without having to immediately discuss it, will help survivors get the best possible care from their [physician](#)."

Getting patients to open up

Dr. Jane Balbo osteopathic family physicians, recommends adding specific questions to the patient intake form, such as the following questions they use on their form at OhioHealth Campus Care Ohio University:

- Have you ever been sexually abused or raped?
- Have you ever felt afraid of your partner?
- Has anyone ever hit, injured, threatened, or tried to control you?
- Do you wish to discuss issues related to rape, incest, sexual abuse, or coercion?

She also suggests physicians directly ask [patients](#) about recent or past negative experiences, and to offer examples like bullying, unhealthy relationships and violent behavior. This conversation opens a dialogue that may uncover sexual abuse and traumas not covered by typical intake screening questions.

Knowing what to say

Responding appropriately to a patient with a history of sexual trauma is difficult for many physicians, according to Dr. Balbo, whose literature review offers some guidance.

- If a patient struggles to recall details about the assault, provide assurance that lapses in memory are common after trauma.
- It is not the physician's job to investigate the assault. Asking forceful questions can make a patient feel like they are not believed or are to blame for the assault.
- If a patient is uncomfortable discussing the assault or reporting it to law enforcement, provide the option to talk with a confidential counselor.
- Provide phone numbers for counseling and mental health services in the community and offer to have office staff facilitate

scheduling the first appointment.

Informed consent and checking in

Navigating physical contact is also a delicate process for physicians treating sexual assault survivors, especially for DOs who often use osteopathic manipulative treatment to diagnose and treat myriad conditions. Dr. Balbo says explaining the nature and purpose of applying any form of hands-on care, as well as what the patient might experience during the examination, is important.

"The physician's goal should be to validate the patient's experience, advocate for their needs and support their autonomy," says Dr. Balbo. "Particularly for sexual assault survivors, we need to consider the mental and emotional impacts of their experience because it affects how they respond to being examined and, ultimately, it affects their overall health."

More information: Kristen M. Cuevas et al, Neurobiology of Sexual Assault and Osteopathic Considerations for Trauma-Informed Care and Practice, *The Journal of the American Osteopathic Association* (2017). [DOI: 10.7556/jaoa.2018.018](https://doi.org/10.7556/jaoa.2018.018)

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