Meharry Medical College AU-PCTE
Research Policy Brief: Sexual Violence

Title: A Systematic Review of Medical Education Efforts to Address Sexual Violence .
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BACKGROUND

Current estimates suggest that one in six women and one in 33 men will experience attempted or completed rape (i.e., forced oral, anal, or vaginal penetration) in his or her lifetime[2] One out of every 6 American women has been the victim of an attempted or completed rape in her lifetime (14.8% completed, 2.8% attempted). About 3% of American men—or 1 in 33—have experienced an attempted or completed rape in their lifetime.[2] In addition, Child Protective Services agencies substantiated, or found strong evidence to indicate that, 63,000 children a year, a majority of whom were between 12 and 17 years of age, were victims of sexual abuse[3]. Among victims under the age of 18, 34% were under the age of 12, while 66% of victims of sexual assault and rape were age 12-17 years of age[3]. Given the high rates of sexual violence and potential health impacts, it is therefore likely that most health care providers will come into contact with victims of sexual violence.

Sexual violence can have psychological, emotional, and physical effects on a survivor[4]. These effects aren't always easy to deal with, but when diagnosed and with the right help and support they can be managed by the primary care team. People who have been sexually victimized have been found to be more likely to suffer from chronic physical and mental health problems than those who have not been victimized, and believe that their health is fair or poor[5]. Other physical consequences of sexual violence include unintended pregnancy, chronic pain, gastrointestinal disorders, gynecological complications, genital injuries, and sexually transmitted disease[4]. Psychological response to being a victim of sexual assault include depression, anxiety, stress and fear, making it difficult to adjust or cope for some time afterward[6]. Female survivors of sexual violence visit the doctor more often than women who have not been victimized[7]

Having a non-abusive relationship with a healthcare provider fosters mutual trust and promotes long-term health success by allowing a survivor to feel taken care of in an adult relationship with his physician, based on that trust[8]. While studies have shown that most female patients want to be asked about their experiences with sexual violence by their health care providers[9], few medical professionals screen any patients, female or male, for such trauma[10]. This may be due to a lack of training, time, or comfort on the part of the health care provider[11]. A qualitative study of physicians from five different specialties undertaken to identify barriers to providing care for women who are sexual violence survivors, identified several factors which hindered their ability to fulfill their roles. They include: (1) internal barriers (e.g. discomfort with the topic of sexual assault); (2) physician-patient communication; and (3) system obstacles (e.g. competing priorities for time)[12].

Marginalized populations are often the most vulnerable for sexual violence and often face the greatest obstacles to gaining protection and necessary services[13]. Factors such as race, class, ethnicity, gender, sexual identity and social conditions, such as sex workers, homelessness, and migrant farm work may make persons particularly vulnerable to sexual assault.

METHODS

We conducted a systematic review of the literature using the 2009 PRISMA guidelines to identify original studies that focused on teaching medical student to address sexual violence. An

electronic search was conducted in MEDLINE/PubMed, PsycINFO, Web of Science, Scopus, Ingenta, Science Direct, and Google Scholar databases for articles in English published prior to February 2017. The search strategy cross-referenced keywords for sexual violence, sexual assault, sexual abuse and rape AND medical education, undergraduate medical education, graduate medical education, medical school curriculum medical education, and curriculum. To be included in this systematic review, a study had to: 1) focus on undergraduate and graduate medical education, 2) be written in English; 3) be undertaken in a US medical schools or residency training programs 4) be published prior to January 2019. We did not include articles conducted with other health professions (i.e. dental, nursing, social work, etc) or continuing education of health care providers or were letters to the editor.

RESULTS

An initial total of 1,715 articles were initially identified from the eight databases. PubMed search results yielded 650 articles, 40 were identified from OVID, 51 from ERIC, 250 from SCOPUS, 91 from Web of Science, 90 from CINAHL, 478 from PsychInfo, and 65 from Google Scholar. This number was reduced to 1,596 after duplicates were removed and further reduced to 1,586 after books and book sections were taken out. An additional 1,572 articles were removed after a review of titles and abstracts, leaving 14 for full text review. After a full text review was completed only 5 articles met the inclusion criteria. One survey was completed by medical students and another by third-year family medicine and pediatrics residents and fourth-year residents in OB/GYN) about knowledge, attitudes, and experiences regarding sexual abuse while one made recommendations of the need to educate medical students about sexual assault and rape Only one articles described an educational intervention (i.e., lecture) to assess changes in knowledge and attitudes of medical students towards the need for education on sexual assault/rape. This review did not include continuing education of practicing physicians and other health care providers or include articles that had a broad focus on related topics such as child abuse, interpersonal violence, sexual education, and sexual history taking,

Conclusions: One article implored the need to include sexual violence as part of the educational experience of medical students while two articles used a research design to assess the effectiveness of an educational intervention. One educational intervention consisted of a single lecture on sexual violence while the other used a pre/post design to assess the impact of a simulation based an 8-hour, sexual assault response course, but was limited to 12 emergency medicine residents. The lack of articles identified that advocated or described efforts to teach medical students or residents how to conduct screening for a history of sexual violence is alarming. No articles were identified that addressed the specific needs of vulnerable populations, including those who are LGBTq, persons experiencing homelessness or migrant farm workers.

Recommendations. Sexual violence is a common experience in the lives of both men and women and has been found to have lasting impact on health and mental health of victims. While no one is immune—It crosses all socioeconomic, racial, gender, and cultural boundaries, some populations are at heightened risk—including LGBTq persons, persons experiencing homelessness, and migrant farm workers. There is a clear need to update the education and training of medical students and residents about sexual violence and to conduct research on the effectiveness and impact of educational interventions.

Key stakeholders - Key stakeholders include but are not limited to academic medical institutions, medical education accreditation bodies, health care providers, advocacy groups, public health officials, policymakers, health professions associations, and populations at risk.

REFERENCES

Ambuel B, Butler B, Hamburger LK, Lawrence S, Guse CE (2003). Female and Male Medical Students' Exposure to Violence: Impact on Well Being and Perceived Capacity to Help Battered Women. Journal of Comparative Family Studies, 34: 113-135.

Physicians play a key part in society's response to violence against women. Their professional role affords them the opportunity to talk privately with women, identify victims of abuse, and offer support. However physicians' own history of victimization may undermine their ability to assist battered women. We used an anonymous, self report survey to describe the violence history of students enrolled at a medical school, and explore the relationship between students' violence history, current well being, help seeking, and expected future impact on education and clinical care of patients. Valid surveys were returned by 472 of 810 students. 53% reported experiencing one or more forms of severe violence (30% reported severe child physical abuse; 6% child sexual abuse by a family member; 13% child sexual abuse by a non-family member; 22% severe partner violence; 7% adult sexual assault). Participants with a history of severe violence were more likely to report feeling downhearted and blue. Some participants with a severe violence history reported that these experiences would interfere with their ability to feel good about themselves (32%), develop relationships (38%), work effectively (11%), participate in courses dealing with violence and abuse (15%), and assist patients with experiences similar to their own (18%). Women students experienced more severe physical and sexual violence, and expected more future difficulties in their personal and work life. Results are discussed in the context of the history of gender discrimination in medicine, and the need for new methods for training physicians to identify and assist victims of partner violence.

https://www.researchgate.net/profile/Bruce_Ambuel/publication/237185000_Female_and_Male_Medical_Students'_Exposure_to_Violence_Impact_on_Well_Being_and_Perceived_Capacity_to_Help_Battered_Women-/links/00b49536a5bf36f10d000000/Female-and-Male-Medical-Students-Exposure-to-Violence-Impact-on-Well-Being-and-Perceived-Capacity-to-Help-Battered-Women.pdf

Auten JD, Ross EM, French MA, Li IZ, Robinson L, Brown N, et al. Low-Fidelity Hybrid Sexual Assault Simulation Training's Effect on the Comfort and Competency of Resident Physicians. The Journal of Emergency Medicine. 2015;48(3):344-50. doi: https://doi.org/10.1016/j.jemermed.2014.09.032

Kennedy K (2014). The case in favor of educating medical students about sexual violence, Medical Teacher, 36:3, 267-268.

Medical students should be educated about sexual assault and rape. There is a strong argument in favour of such an educational intervention in all medical schools. Sexual violence is a highly prevalent medical condition that has very significant personal health consequences. Sexual violence is an issue that is frequently misunderstood by the general public and by healthcare professionals. Routine inclusion of this topic on undergraduate medical curricula should improve care provided to victims of sexual violence.

https://www.ncbi.nlm.nih.gov/pubmed/24559306 (abstract only)

Milone JM, Burg MA, Duerson MC, Hagen MG, Pauly RR. The Effect of Lecture and a Standardized Patient Encounter on Medical Student Rape Myth Acceptance and Attitudes Toward Screening Patients for a History of Sexual Assault. Teaching and Learning in Medicine. 2010;22(1):37-44. doi: 10.1080/10401330903446321.

Olsen, M. E., & Kalbfleisch, J. H. (2001). Sexual abuse knowledge base among residents in family practice, obstetrics/gynecology, and pediatrics. J Pediatr Adolesc Gynecol, 14(2), 89-94.

Abstract: STUDY OBJECTIVE: To investigate resident physician knowledge about sexual abuse prevalence and understanding about potential perpetrators. DESIGN: Questionnaires were mailed to program directors in family practice, obstetrics and gynecology, and pediatric residency programs. PARTICIPANTS: The questionnaires were distributed to senior residents in their final months prior to graduation. INTERVENTIONS: Residents were asked to fill out the questionnaire anonymously and return it to our institution in the prepaid envelope provided. MAIN OUTCOME MEASURES: Demographic characteristics and knowledge of sexual abuse prevalence and perpetrator characteristics were assessed. Chi-square contingency table analysis was used to compare responses of the three specialties. RESULTS: The overwhelming majority (98.8%) of residents correctly identified a family member as the individual most likely to sexually abuse a child. Approximately half of the residents knew the correct prevalence of sexual abuse among females and among males. There was a weak understanding of the potential youthfulness of juvenile offenders. CONCLUSION: We believe that resident understanding of sexual abuse prevalence and about the youthfulness of juvenile offenders can be improved in all three specialties.

https://www.ncbi.nlm.nih.gov/pubmed/11479107