

Sexual Violence Annotated Bibliography

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.

Background

Alternative training methods are needed for resident physicians to ensure that care is not compromised should they practice in settings without well-established Sexual Assault Nurse Examiner (SANE) programs.

Objective

The purpose of this study is to determine the effectiveness of a simulation-based sexual assault response course for resident physicians at an institution without an on-site SANE program.

Methods

Educational intervention study of 12 emergency medicine residents using a low-fidelity hybrid simulation model. The study was comprised of eight male and four female physicians at a military medical center in San Diego, CA. Assessment occurred using three separate metrics. The first was a written knowledge test. The second was a simulated interview and evidentiary examination. These metrics were given 1 month before and 3 months after an 8-h training course. The final metric was Likert-scale questionnaires surveying pre- and post-course feelings of competency and comfort.

Results

The emergency medicine residents showed a 13% improvement (95% confidence interval [CI] 7–20%) in written examination scores pre and post intervention. Post-course interview and examinations reflected a 44% improvement (95% CI 24–64%) in critical action completion. Pre-course comfort and competency questionnaires were a median of 2 (interquartile range [IQR] 1–3) on a Likert Scale. Post-course survey responses were a median of 4 (IQR 2–5).

Conclusions

Low-fidelity hybrid simulation is a useful tool to train inexperienced physicians to perform evidentiary examinations and interviews without sacrificing the privacy and direct care of sexual assault victims.

<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.

BACKGROUND:

Most physicians fail to routinely screen patients for a history of sexual assault.

PURPOSES:

This study aimed to gauge medical student support for routinely screening patients for a history of sexual assault, examine potential barriers to screening, and determine if attitudes can be changed through educational interventions.

METHODS:

One hundred three 2nd-year medical students completed a survey before and after a lecture on sexual assault (response rate = 94/103 and 90/103, respectively). The questionnaire was administered a third time following a standardized patient encounter with a female rape victim (response rate = 102/103).

RESULTS:

Most medical students agreed that patients should be screened for sexual victimization. Students showed low levels of rape myth acceptance. Agreement with rape myths correlated with increased screening hesitancy. Statistically significant gender differences were observed. Following educational sessions, students expressed less rape myth acceptance and more comfort screening.

CONCLUSIONS:

Sexual assault education can diminish rape myth acceptance and promote screening for sexual assault.

<https://www.ncbi.nlm.nih.gov/pubmed/20391282>

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>