



Resident Attitudes & Practices in the Care of Adult Sexual Assault Patients in Tucson, AZ

Author: Megan K. Guffey, MD, MPH

Introduction

On average, over 207,000 sexual assaults are reported in the US annually, or one every 2 minutes.¹ Another source reports rape lifetime prevalence at 18% for adult women in the US.² While prevalence has decreased 60% since 1993¹, it must be noted that statistics are based only on reported crimes and perpetrated against both men and women.

Often these victims interact with the healthcare system, but who is trained to care for them? These adult patients are most likely to present to the ED, or the offices of their Ob/gyn's or family physicians. Both physicians and nurses are typically the staff that will medically treat and/or forensically examine these patients.

This survey was designed to assess the level of training and comfort Tucson residents have in carrying out these duties. Because family physicians can play a role in both the acute and chronic settings, the hypothesis that family physicians should be able to care for these patients both medically and forensically before and after the first 48 hours of reported assault was tested.

Methods

An original survey was developed to assess family medicine, emergency medicine, and Ob/Gyn residents in Tucson, AZ about their education, experiences, and attitudes regarding caring for adult sexual assault survivors. Most answers were captured via Likert scale. The paper survey was implemented at the individual teaching days for each residency program. In the case of family medicine residents, 2 attempts were made to reach 100% completion. Only 1 attempt was feasible to survey the other residents.

Results

A total of 72 surveys were completed from a possible 131 residents, yielding an average completion rate of 63%. Individual completion rates by program are available in Table 1.

Table 1. Survey Completion Rates by Program

Program	# completed/ possible	% Completion
UA Fam Med	22/25	88%
UPHK Fam Med	16/20	80%
UA EM + EM/Peds	15/54	28%
UPHK EM	5/16	31%
Ob/Gyn	14/16	88%

Surveyed residents were 68% female, and evenly distributed by year of training: 35%, 36%, and 30% for PGY1, PGY2, and PGY3/4 respectively.

Some 39% of surveyed residents have ever been asked to examine a sexual assault patient, but only 4% were asked to perform the forensic exam. EM residents note that patients presenting to them in need of exam are automatically transferred to another area hospital.

Some 36% of surveyed residents have been asked to medically treat a sexual assault patient, but only 31% indicate they have been trained to do so.

24% of surveyed residents report "never" or "rarely" screening for history of assault in their practice settings, and only 41% report "often" feeling comfortable taking this history.

Table 2. % Strongly Agree or Agree w/Statement

	FM	EM & EM-Peds	OB/Gyn
Want to Med Tx	89%	70%	93%
Want to Forensic Exam	92%	50%	79%
FM should med Tx, first 48 hrs	87%	75%	79%
FM should forensic exam	84%	60%	86%
FM should care for pts, after 48 hrs	87%	85%	86%

Conclusions

Early medical care after sexual assault can reduce the sequelae of illness and increased healthcare utilization.² It is important physicians are properly trained to do so. This study highlights interest among Tucson residents to provide these skills and support amongst several specialties for family physicians to care for these patients.

This study could be improved by a more representative sample of EM resident data and inclusion of Phoenix area residents and /or inclusion of nursing respondents.

References

1. <http://www.rainn.org/get-information/statistics/frequency-of-sexual-assault>
2. McCall-Hosenfeld, et al. Factors associated with sexual assault and time to presentation. Preventive Medicine, Vol. 48, p. 593-598, 2009.

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