PART I:

INTRODUCTION

Chapter 1:

General introduction and aims of the thesis

Prevalence of sexual abuse

Sexual abuse (SA) is defined by International Society for the Prevention of Child Abuse and Neglect as "a social and medical problem in which a child under the age of consent is involved in an act resulting in sexual satisfaction of an adult or connivance of such an act"[1]. The frequency in which children are exposed to sexual advances from adults varies according to the definition of abuse, the age range studied, and the methods of ascertainment. The prevalence of SA is estimated to be 12% to 25% for females and 8% to 10% for males[2]. SA can also occur after childhood, for example as rape or sexual violence. Some assumptions can be made regarding SA-prevalence in urological practice. The prevalence of SA at an outpatient urology clinic is the same as in general population. Or, prevalence is lower than in general population, because patients with SA tent to avoid the urologist. Or, prevalence is higher, because SA can give certain urological complaints, for which they tend to see the urologist more often.

Inquiring sexual abuse

Clinicians have limited time with each patient and are responsible for screening for many different disorders and conditions. In practice, inquiry about SA is not part of routine care, even when clinicians believe it may be relevant[3,4]. Despite a possible relation of urologic symptoms and a history of SA, little to nothing is known about SA history taking in routine urological practice. This is in sharp contrast to paediatric, gynaecological, general physician, gastro-enterological and psychiatric practice[2-10]. Over 20 years ago, gynaecologists argued that a brief sexual inquiry was much more helpful than waiting for the patient's own story about SA[11]. Fear for unpredictable patient reactions may be an important reason why physicians hardly ask about SA history[12]. However asked in a compassionate and accurate way, it seldom will lead to unpleasant reactions[13]. Asked in a questionnaire before their first visit to a urologist, most female patients mention their SA history[14]. Does this imply that sexual abuse survivors think it is important information for their urologist?

Inquiring sexual functioning

As in inquiring SA, inquiring female sexual dysfunctions (FSDs) can help the physician in treating the patient better. And as in inquiring SA, the urologists' attitude towards inquiring FSDs is unclear. A number of studies have demonstrated a strong association between pelvic floor disorders, lower urinary tract symptoms, overactive bladder with or without urinary incontinence, and FSD[15-22]. Does this imply that urologist screen their patients for FSD?

Sexual abuse and physical complaints

It is postulated that SA might lead to a variety of symptoms in one domain of the pelvic floor[23]. Several studies mentioned the urological domain of the pelvic floor[24-28]. A lot of studies mentioned

the gastro-intestinal domain[29-35]. Also the gynaecological domain of the pelvic floor is related to SA history[36-41]. It has been hypothesized that patients with pelvic floor dysfunction have voiding difficulties due to a higher tone at rest of the pelvic floor[42]. Many of them have episodes of obstructive voiding complaints[42]. As in benign prostate hyperplasia, long-lasting bladder outlet obstruction can lead to storage symptoms like urinary frequency, urgency, urgency incontinence, and nocturia[43-45]. Can we relate certain pelvic floor complaints to SA? Can we relate certain urological complaints to SA?

Pelvic floor and sexuality research group

The Department of Urology of the Leiden University Medical Center has a long tradition of male sexual function research. In 1978 professor U. Jonas started implanting the semi-rigid erection prosthesis. Professor P. Donker and P. Walsh wrote the article on nerve-sparing radical prostatectomy, as a result of a visit of Walsh to Donker in Leiden in 1981[46]. Giesbers, Kropman, Meinhardt and Lycklama à Nijeholt published several studies about the diagnosis and treatment of erectile dysfunction. In 2004 the Department of Urology founded the Pelvic Floor & Sexuality Research Group Leiden. The mission of the research group is initiating pelvic floor and sexuality related research. Since the kick-off in 2004 three dissertations were completed. In 2008 Dr. Petra Voorham- Van der Zalm completed the thesis "Towards evidence based practice in pelvic floor physiotherapy" and Dr. Henk Elzevier completed the thesis "Female sexual function in urological practice". In 2010 Dr. Milou Bekker completed the thesis "Female sexual function and urinary incontinence". This thesis will be the fourth thesis of the Pelvic Floor & Sexuality Research Group Leiden.

Aims of the thesis

The primary aim of this study is to investigate the prevalence of SA in a urological outpatient clinic. Can differences be made in urological population, i.e. general urological clinic, a university urological clinic and a tertiary university pelvic floor clinic? Do urologists inquire about FSD and SA history? And if so, what percentage of the Dutch urologist does so? What do SA patients think about screening for SA history? Can we find predicting urological or pelvic floor symptoms as a sign of SA history?

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