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Sexual abuse evaluation in urological practice

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Chapter 3:

Female sexual abuse evaluation in the urological practice: results of a Dutch survey

Based on:
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Abstract

Introduction: There is a strong association between urological complaints and a history of sexual abuse, especially in females. It is not known whether urologists integrate these facts in their daily practice.

Aim: To evaluate whether Dutch urologists address the issues of sexual abuse in their female patients and to evaluate their perception of sexual abuse prevalences.

Methods: A five-item anonymous questionnaire was mailed to all 405 registered members of the Dutch Urology Association (urologists and residents).

Main outcome measures: The results of the survey.

Results: One hundred eighty-six surveys of eligible respondents were returned (45.9% response rate). A total of 68.8% stated that they always ask their female patients about sexual abuse before doing the physical examination. Overall, 79.3% said to do so when a patient has certain urological complaints: 77.6% in case of lower abdominal pain, 62.1% in urgency or frequency, 41.4% in incontinence, 29.3% in urinary tract infections, and 3.4% in hematuria. The majority of the respondents (74.3%) estimated the frequency of sexual abuse in their urological clinic to be equal or less than 10%.

Conclusions: Nearly 70% of the responding Dutch urologists and residents ask their female patients about possible sexual abuse. They estimate the frequency of sexual abuse in their female patients to be equal or less than 10%.

Introduction

International estimates of the prevalence of sexual abuse are high. Recently, the Committee on Child Abuse and Neglect suggested that each year, approximately 1% of children experience some form of sexual abuse, resulting in the victimization of 12% to 25% of females and 8% to 10% of males[1]. After the first scientific report by Reinhart et al. in 1989 about sexually abused children and urinary tract symptoms, several authors have found an association between urological symptoms and a history of sexual abuse in adult patients[2-11]. Clinicians have limited time with each patient and are responsible for screening for many different disorders and conditions. In practice, inquiry about sexual abuse is not part of routine care, even when clinicians believe that it may be relevant[12,13]. Despite the strong association of urologic symptoms and a history of sexual abuse, little to nothing is known about sexual abuse history taking in routine urological practice. This is in sharp contrast to paediatric, gynaecological, general physician, gastroenterological and psychiatric practice[1;12-19].

Aims

The purpose of our research was to evaluate the sexual abuse assessment by urologists and their estimation of sexual abuse prevalence in their female patients.

Methods

In the autumn of 2007, a questionnaire was mailed to all urologists and residents registered at the Dutch Urologic Association (n=405). All of them are member of this association (80% male, 20% female). The 17-item questionnaire, designed by the sexologist from our clinic, addresses female-sexual-dysfunction-related practices at outpatient clinic visits, beliefs and overall impression of female sexual dysfunction and female sexual dysfunction related to surgery[20]. Five of the 17 items concern the topic of taking the history of possible sexual abuse (See Appendix: translated from Dutch). Demographic data included type of practice, medical degree (resident or urologist), gender, and age. The survey was accompanied with a letter explaining the objectives of the study. We analyzed the data using SPSS release 16 (SPSS Inc., Chicago, IL, USA). Bivariate associations between demographic information and frequency of sexual abuse screening were calculated using the chi-square procedure; $p<0.05$ was considered statistically significant. Ethical approval was not required and was thus not asked for in this study.

Results

Of the 405 mailed surveys, 190 were returned. None of the returned surveys had a missing page and approximately 80% of all questions were answered. Daily adult urological care was the context of our study, so the questionnaires from paediatric urologists (n=4) were excluded for analysis. This gave a response rate of 45.9% (186/405). The majority of respondents were urologists (79.6%), and most of them (65.5%) were between 31 and 50 years old. In correspondence with the m/f ratio

in Dutch urology, there were more male respondents (82.8%) than female (17.2%). Forty-seven percent of the respondents worked in a district hospital, 29% in a general teaching hospital, and 24% in a university hospital. A total of 68.8% stated that they always ask their female patients for sexual abuse before doing the physical examination. Overall, 79.3% said to do so when a patient has certain urological complaints: 77.6% in case of lower abdominal pain, 62.1% in urgency or frequency, 41.4% in incontinence, 29.3% in urinary tract infections, 3.4% in hematuria, 3.4% in neurogenic bladder, 1.7% in dyspareunia, and 1.7% in pelvic floor dysfunction. The arguments for not asking about possible sexual abuse are summarized in Table 1; "Not important in urological practice" was mentioned most frequently. Demographic factors had no impact on the frequency of asking about possible sexual abuse (medical degree $p=0.56$, type of practice $p=0.46$, gender $p=0.21$, and age $p=0.62$). The majority (74.3%) of the respondents estimated the frequency of sexual abuse in their urological clinic to be equal or less than 10%. Prevalence rates of 11–20%, 21–30%, 31–40%, and 41–50% were estimated by 7.5%, 3.7%, 1.6%, and 0.5%, respectively. No respondents perceived a prevalence rate higher than 50%. Twenty-three respondents (12.3%) had no insight at all and, therefore, did not give a percentage. Respondents who estimated the sexual abuse prevalence to be higher than 10% did not ask for sexual abuse history more frequently than those who thought it to be equal to or less than 10% ($p<0.005$).

Table 1: Arguments for not inquiring for sexual abuse (n=58)

Argument	n	%
"I don't think it's important in urological practice."	20	34.5%
"I don't know what to do if a patient has experienced sexual abuse."	9	15.5%
"I find it difficult to bring up."	9	15.5%
"I don't have enough time"	6	10.3%
"Other" : sexual abuse history is not relevant for the treatment of kidney stones or colic pain	2	3.4%
Question not answered	12	20.8%

Table 2: healthcare providers asking for sexual abuse history

Authors	Type of health care provider	% that asks for sexual abuse	Year of Publica-tion
Friedman et al. [12]	Physicians	11%	1992
Walker et al.[21]	General practitioners	4%	1993
Pearse et al.[22]	General practitioners	21%	1994
Read et al. [19]	Psychiatrists	32.1%	1998
Pearse et al.[22]	General practitioners	21%	1994
Maheux et al.[16]	General practitioners	2,3%	1999
Maheux et al.[16]	Obstetricians-gynecologists	1.3%	1999
Ilnyckyj et al.[13]	Gastroentorologists inquiring female IBS patients	50%	2002
Perscher et al.[23]	Gynecologists	0.5 %	2005
This report	Urologists inquiring female patients	68.8%	2010

Discussion

This study was performed to evaluate the sexual abuse assessment by Dutch urologists and their perception of sexual abuse prevalence in their female patients. To our knowledge, this is the first report on this topic ever. Most respondents (68.8%) consistently inquire about sexual abuse in their patients' history. This is higher compared to other health care providers[12,13,16,19;21-23]. Their percentages are listed in Table 2. A possible explanation of the high percentage of Dutch urologists inquiring about sexual abuse is that the responding urologists overestimate their inquiring. A second explanation can be selection bias, because it is possible that only urologists with an affinity for inquiring abuse answered the questionnaire. It is also possible that urologists, in contrast to other health care providers, are not afraid of intimate questions like sexual abuse, because they also inquire their patients for erectile dysfunction or (coital) incontinence. Nevertheless, with these nuances in mind, it is still a surprisingly high percentage. This study has some limitations. The first limitation is our use of a non-validated questionnaire. As in most questionnaire studies, there may be a bias in reporting. The respondents may have overestimated the frequency of asking for sexual abuse. However, attempts were made to reduce such bias by making the survey anonymous. The response rate was 45.9%, which is higher than the average in postal questionnaires[24]. This may be due to a second pre-announced mailing, after which the response rate nearly doubled. Over 20 years ago, gynaecologists argued that a brief sexual inquiry was much more helpful than waiting for the patient's own story about sexual abuse[25]. A large cross-sectional, multicenter study of 3,641 females attending five gynaecological departments in Denmark, Finland, Iceland, Norway, and Sweden revealed that 92% had not talked to their gynaecologist about their history of sexual abuse[26]. Fear for unpredictable patient reactions may be an important reason why physicians hardly ask about sexual abuse history[23]. However, when asked in a passionate and accurate way, it seldom will lead to unpleasant reactions[27]. Asked in a questionnaire before their first visit to an urologist, most female patients mention their negative experiences[28]. This implies that sexual abuse survivors think it is important information for their urologist. It is important for urologist to address this issue with patients because a urological physical examination almost often implies an inspection and palpation of the genitals. This is in contrast to a primary care physician, who also examines less private body parts such as an ear or a shoulder. The importance of discussing abuse before performing a gynaeco-urological examination is clear. Survivors of sexual abuse rate their experiences with gynaecological care more negatively than controls, they have more negative feelings, and report more discomfort at almost every stage of the gynaecological examination. They also report more trauma-like responses during the gynaecological examination, including overwhelming emotions, intrusive or unwanted thoughts, memories, and feelings of body detachment[17,18;29,30]. Physicians should realize that any kind of uro-gynaecological examination may trigger a flash-back of abuse and retraumatize these females[31]. In published literature, frequency, urge, incontinence and dysfunctional voiding are mentioned most frequently as urological symptoms

correlated to sexual abuse history[3,5,6,8,10,11]. A pelvic floor dysfunction can be the link between sexual abuse history and urological symptoms. Sexual abuse history is more often found in patients with multiple pelvic floor complaints[4]. Pelvic floor dysfunction is correlated to urological complaints like frequency, urge incontinence, and dysfunctional voiding. Therefore, sexual abuse can give pelvic floor dysfunction, which can cause urological complaints. Most respondents in our survey think the prevalence rate of females with a history of sexual abuse to be equal or less than 10%. In the Netherlands, the prevalence rates of sexual abuse vary from 10.9% to 23.5% (Table 3). Further investigations of the impact of sexual abuse at daily urological care are mandatory.

Conclusion

Nearly 70% of the Dutch urologists ask their female patients about their sexual abuse history. They estimate the frequency of sexual abuse in a urological clinic to be equal to or less than 10%.

Table 3: Prevalence of sexual abuse among females in The Netherlands

Authors	Dutch research population	Sexual abused number	Total number	Prevalence	Year of publication
Draijer et al.[32]	Females 20-40 years	248	1054	23.5%	1990
Lankveld et al.[33]	Non-oncologic gynecology patients	50	325	15.4%	1996
Van der Hulst et al.[34]	Low-risk pregnant women (non-clinical)	70	625	11.2%	2006
Lamers-Winkelman[35]	11-18 years old students	108 *	989 *	10.9%	2007
Beck et al. [4]	Female patients at a academic pelvic floor center	42	185	22.7%	2009

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Appendix

Sexual abuse:

Do you always ask patients before performing a physical examination for a history of negative sexual experiences (sexual abuse)? Yes ☐ No ☐

Do you ask patients with specific urological complaints for a history of negative sexual experiences (sexual abuse)? Yes ☐ No ☐

If so, which urological complaints?

Hematuria Yes ☐ No ☐
Incontinence Yes ☐ No ☐
Urgency and frequency Yes ☐ No ☐
Lower abdominal pain Yes ☐ No ☐
Urinary tract infection Yes ☐ No ☐
Other, _____

A reason not to ask is;

I don't find it meaningful in a urological clinic Yes ☐ No ☐
Not enough time Yes ☐ No ☐
I find it difficult to address Yes ☐ No ☐
I do not know what/how to ask Yes ☐ No ☐

If a patient has a problem, I am unsure about therapeutic options Yes ☐ No ☐

Other, _____

What percentage of female patients that you see do you believe have a history of sexual abuse?
Please give a percentage _____ %

Demographics

What is your age? _____ Years
What is your gender? ☐ Male
☐ Female

What is you profession?

Urologist ☐
Resident urology ☐
Paediatric urologist ☐

Where do you work?

Academic (teaching) hospital ☐
District general teaching hospital ☐
District general hospital ☐