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Sexual abuse evaluation in urological practice

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PART V:

SUMMARY EN SAMENVATTING

Chapter 10:

Summary

Chapter 1: *Introduction.*

The primary aim of this study is to investigate the prevalence of sexual abuse in a urological outpatient clinic. Can differences been made in urological population, i.e. general urological clinic, a university urological clinic and a tertiary university pelvic floor clinic? Do urologists inquire about female sexual dysfunction and sexual abuse history? And if so, what percentage of the Dutch urologist does so? What do sexual abuse patients think about screening for sexual abuse history? Can we find predicting pelvic floor symptoms as a sign of sexual abuse history? And finally, do female urology patients with sexual abuse history more often present urological storage symptoms and/or pelvic floor complaints than patients without sexual abuse?

Chapter 2: *The place of female sexual dysfunction in the urological practice: results of a Dutch survey.*

Introduction: Female sexual dysfunction is a highly prevalent and often underestimated problem. There is a strong association between urological complaints and female sexual dysfunction. **Aim:** The purpose of this survey was to evaluate how Dutch urologists address female sexual dysfunction in their daily practice. **Methods:** We performed an anonymous survey study. A 17-item anonymous questionnaire was mailed to all 405 registered members of the Dutch Urology Association (urologists and residents in urology). **Main Outcome Measures:** The survey results. **Results:** One hundred eighty-six complete surveys of eligible respondents were returned (45.9% response rate). Ten respondents (5.5%) stated that they ask each female patient for sexual function; 87.1% stated that they ask for sexual function when a patient complains about lower abdominal pain (87.2%), incontinence (75.8%), urgency or frequency (70.5%), or urinary tract infections (65.8%). Many respondents (40.3%) do not think that female sexual dysfunction is meaningful in a urological practice. The majority of respondents (91%) underestimate the frequency of female sexual dysfunction in a urological clinic. Respondents who believe the frequency of female sexual dysfunction to be at least 30% tend to ask more often for sexual function than the rest of the group ($p=0.08$). **Conclusions:** Overall, many urologists do not consistently ask each female patient for sexual function and underestimate the prevalence of female sexual dysfunction. For the majority of the members of the Dutch Urological Association, female sexual dysfunction is not part of routine urological practice. There is, therefore, a need for better implementation of education and training at both undergraduate and postgraduate levels.

Chapter 3: *Female sexual abuse evaluation in the urological practice: results of a Dutch survey.*

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 prevalence. **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 haematuria. 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%.

Chapter 4: *Prevalence of sexual abuse among patients seeking general urological care.*
Introduction: Sexual abuse history can be found in the backgrounds of an important fraction of men (8-10%) and women (12-25%). Until now there are no data about this prevalence within a urological patient population. **Aim:** To establish the prevalence of sexual abuse among men and women visiting a urological outpatient clinic and to assess their opinion on screening for sexual abuse by urologists. **Methods:** A questionnaire to identify sexual abuse was translated into Dutch, English, and Turkish, and was adjusted for use in men. These questionnaires were anonymously distributed among 1,016 adult patients attending the urological outpatient clinic. **Main outcome measure:** The self-reported prevalence of sexual abuse. Secondary outcome measures were data about the assailant, victim's age at the time of the abuse, if the abuse was disclosed to the urologist, if the urologist had asked for sexual abuse and patient opinions on standard screening for sexual abuse in urological care. **Results:** A total of 878 questionnaires were returned, giving a total response rate of 86.4% (878/1,016). Thirty-three patients refused to participate. This resulted in 845 filled-out questionnaires suited for analysis (845/1,016 = 83.2%). There were more male (75.7%) than female respondents (21.8%); 2.1% (13/624) and 13.0% (21/161) of the male and female respondents reported a history of sexual abuse, respectively. Almost 42% reported a stranger as assailant. In nearly 90%, the sexual abuse took place before adulthood: 56.2% in childhood and 31.2% in adolescence. Fifteen percent of the respondents with sexual abuse had it disclosed to their urologist. More than 70% of the abused respondents considered the idea to screen for sexual abuse in urological practice to be a good one. **Conclusions:** The prevalence of sexual abuse in patients seeking urological care in the Netherlands is 2.1% for men and 13.0% for women.

Chapter 5: *Multiple pelvic floor complaints are correlated with sexual abuse history.*
Introduction: The relationship between sexual abuse and urinary tract symptoms, sexual abuse and gastrointestinal symptoms, or sexual abuse and sexual dysfunction has been described before.

A correlation between all these symptoms and sexual abuse has not yet been reported. **Aims:** The first aim of this study was to document the prevalence rates of reported sexual abuse in a large sample of female patients with complaints of the pelvic floor. The second aim was to evaluate the frequency of complaints in the different domains of the pelvic floor, such as complaints of micturition, defecation, and sexual function, in female patients reporting sexual abuse, and comparing these data with female patients without a history of sexual abuse. **Methods:** Female patients with pelvic floor complaints were evaluated in a tertiary referral center. History taking was assessed by a pelvic-floor clinician. The number of domains with complaints of patients with a history of sexual abuse was compared with the number of domains with complaints of patients without sexual abuse. **Main Outcome Measures:** The number of patients who reported sexual abuse and the frequency of complaints in the different domains of the pelvic floor. The number of domains of patients with a history of sexual abuse was compared with patients without a history of sexual abuse. **Results:** Twenty-three percent (42/185) of the patients reported a history of sexual abuse. The female patients with a history of sexual abuse had significantly more complaints in three domains of the pelvic floor (35/42) compared with the no abused (69/143) (83% vs. 48%, $p<0.001$). **Conclusions:** Twenty-three percent of the female patients in a pelvic floor center evaluated by a pelvic-floor clinician reported a history of sexual abuse. In our sample, the patients with multiple pelvic floor complaints (micturition, defecation, and sexual function) related to pelvic floor dysfunction were more likely to have a history of sexual abuse than the patients with isolated complaints.

Chapter 6: *Sexual abuse and pelvic floor complaints: a case-control study to identify which pelvic floor complaints are related to sexual abuse using the PeLFIs (a validated pelvic floor questionnaire).* **Introduction:** Sexual abuse is present in about a quarter of female patients presenting with complaints of micturition, defecation and/or sexual function. The pelvic floor plays an important role in the aetiology of these complaints. **Aim:** To find out which complaints from the domains of the pelvic floor are correlated with sexual abuse. **Methods:** A case-control study in which an administered validated questionnaire the Pelvic floor Inventories (PeLFIs) was used to evaluate 55 patients with pelvic floor dysfunction and 50 controls in a tertiary referral center in Canada. Complaints of the pelvic floor of patients with and without sexual abuse were compared. **Main Outcome Measures:** The survey results. **Results:** Patients with pelvic floor complaints showed a significantly higher percentage of sexual abuse (22%) compared to the control group (2.1%) ($p=0.008$). In the pelvic floor dysfunction group a history of SA correlated significantly with complaints of constipation ($p<0.01$), sexual dysfunction ($p<0.01$) and urgency/frequency ($p<0.01$). **Conclusion:** In a pelvic floor population, constipation and/or sexual dysfunction and/or urgency/frequency are significantly correlated with sexual abuse.

Chapter 7: *Urological complaints and sexual abuse: a case control study identifying multiple urological complaints in relation to sexual abuse history.*

Introduction: The relationship between sexual abuse and urinary tract symptoms has been described for urgency, frequency and nocturia. **Aims:** To investigate if other urological complaints in females, like urinary tract infections, incontinence, voiding complaints and lower abdominal pain are also are correlated with a history of sexual abuse (SA) and to measure the prevalence of sexual abuse in our urological patient population, using a clinical case control study. **Methods:** 1383 female patients of 18-years or older visiting our outpatient urological university clinic were asked to fill out a questionnaire evaluating referral indications and urological complaints. The questionnaire consisted out of two parts. The fist was designed to collect data about demographic characteristics and medical history. The second part included referral indications, the urological complaints and a possible history of SA. The sample was divided into two groups: those with and those without a history of SA. **The Outcome Measures:** I. The comparison of the frequency of voiding complaints, urinary tract infections (UTI's), lower abdominal pain, hematuria and incontinence in respondents with and without SA. II. The prevalence of SA in female patients presenting at our university urological outpatient clinic. III. The number of urological symptoms presented at the time of referral by respondents with a history of SA compared the non-abused. **Results:** 436/1383 (32%) patients were willing to participate. 304 (70%) questionnaires were properly filled in. The reported prevalence of sexual abuse was 17% (51/304). More than half of the females with a history SA presented with voiding complaints (32/51 p=0.18), incontinence (31/51 p=0.10) and urinary tract infections (27/51 p=0.22). However, comparing the data of respondents without SA we found no significant differences with regards specific complaints. Patients with SA report more symptoms than those without (Armitage's trend test 0.14 (p=0.004) for 4 complaints or more). **Conclusions:** No significant correlation between SA and voiding complaints, incontinence nor lower abdominal pain was found. The prevalence rate of SA in female patients visiting our university urological outpatient clinic was 17%. These abused females mentioned more synchronous complaints as reason for referral at their first visit than the non-abused.

Chapter 8: *Sexual abuse and over active bladder: adding the pelvic floor pathway to the sexual abuse – over active bladder – model.*

Introduction: We review evidence linking pelvic floor dysfunction (PFD) to the current concept of sexual abuse (SA), overactive bladder (OAB) and corticotrophin releasing factor (CRF). **Methods:** We review the literature and add the pelvic floor pathway to the current Klausner-Steers model for emotional influence on the bladder. **Results:** CRF is expressed in areas of the central nervous system that response to stress and is increased during anxiety and after SA. CRF is expressed in areas of the central nerve system that control voiding and response to

stress. Epidemiological and case control studies reveal an association between SA and PFD. PFD is related to long-lasting blad-der outlet obstruction (BOO), which can lead to OAB. **Conclusions:** PFD after SA is another link between the relation of SA and OAB. Besides CRF and OAB as a therapeutic target, maybe pelvic floor physiotherapy can improve OAB after SA. We add the pelvic floor pathway to the current Klausner-Steers model for emotional influence on the bladder.