



## **PA Training and Skills to Work With Survivors of Sexual Violence**

Trends and implications for PAs

04/30/2020 • May-June 2019 PA Practice Survey

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## Methodology

Data were collected in two waves: from a convenience sample of PAs who attended AAPA 2019 in Denver, Colorado as well as a survey sent to a random sample of 6,000 PAs. A total of 1,633 clinically practicing PAs responded to the survey. The overall margin of error is +/- 2.41% at a 95% confidence level. Response rates and margins of error vary by section and breakout.

Data contained within this report represent clinically practicing PA respondents only.

## Measures

On the tables that follow:

“Respondents” is the number of respondents to a question

“Ratings” above a column of numbers indicates the number of ratings for an individual question

“Mean” is the average, or the sum of numerical scale responses divided by the total number of respondents

“Median” earnings are those at the 50th percentile, i.e., half of responses are equal to or above the median and half are equal to or below the median.

“N” refers to the number of respondents and is generally the first column in the data tables.

## Executive Summary

Sexual violence affects every demographic and every community, making this a serious public health concern. Proper identification of sexual violence and treatment is the first line in positive patient outcomes. Often underreported, failure to identify and treat patients can lead to chronic physical and psychological problems.<sup>1</sup> Sexual violence is defined as any unwanted sexual contact, including words and actions of a sexual nature against a person without their consent.<sup>2</sup> Sexual violence is not a crime of sex but one of power and control.

Nondisclosure of sexual violence is associated with poorer levels of health.<sup>3</sup> Affecting nearly 600,000 individuals every year in the United States, sexual violence is defined by the CDC as sexual activity when consent is not obtained or freely given.<sup>4</sup> With most perpetrators known to the victim, meaning it could be a friend, current, or former intimate partner, coworker, neighbor, or family member, this act of violence one of the most common forms of violence any community will face. According to [RAINN \(Rape, Abuse, & Incest National Network\)](https://www.rainn.org/), 80% of all rapes are committed by someone the victim knows and 93% of all sexual assault to children were know by the youth.<sup>5</sup>

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**Close to 600,000 people experience sexual violence in the U.S. each year.<sup>4</sup>**

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### How common is sexual assault?

Over 400,000 people aged 12 and older reported being sexually assaulted or raped in the U.S. every year; 60,000 children were victims of “substantiated or indicated” sexual abuse, 80,000 inmates, and close to 19,000 military personnel reported unwanted sexual contact.<sup>5</sup>

In terms of lifetime prevalence of sexual assault:

- **1 in 3 women** and **1 in 4 men** have experience some form of unwanted sexual contact;<sup>1</sup>
- **1 in 8 women** and **1 in 15 men** reported sexual coercion;<sup>1</sup>
- **1 in 5 women** and **1 in 18 men** have experienced sexual violence involving attempted or completed rape;<sup>1</sup>
- **1 in 14 men** reported that they were made to penetrate someone else;<sup>1</sup>

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1 Violence Prevention: What is sexual violence? Center for Disease Control. <https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html> Updated January 17, 2020. Accessed April 15, 2020.

2 About Sexual Assault. National Sexual Violence Center: <https://www.nsvrc.org/about-sexual-assault>. Accessed April 15, 2020.

3 Levy AG, Scherer AM, Zikmund-Fisher BJ, Larkin K, Barnes GD, Fagerlin A. Assessment of Patient Nondisclosures to Clinicians of Experiencing Imminent Threats. *JAMA Netw Open*. 2019 Aug 2;2(8):e199277. doi: 10.1001/jamanetworkopen.2019.9277.

4 Violence Prevention: Fast Facts. <https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html>. Updated January 17, 2020. Accessed March 30, 2020.

5 Scope of the Problem: Statistics. RAINN. <https://www.rainn.org/statistics/scope-problem> Accessed April 15, 2020.

- **1 in 8 lesbian women** and **half of bisexual women** report completed rape;<sup>6</sup> and
  - **4 in 10 gay men** and **nearly half of bisexual men** have experienced sexual violence.<sup>6</sup>
- 

**Transgender persons are more likely to experience high levels of violence from a stranger and have a lifetime of repeated victimization.**

**Fear of repeated victimization results in as many as 83% of transgender people not reporting it to police and 48% not telling anyone, including a medical provider.<sup>7</sup>**

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### Why is the prevalence and outcomes of sexual assault difficult to measure?

Sexual violence is difficult to measure. Currently, there is no single source of data that compiles all statistics. As the crime is often underreported, estimates of the total numbers of those affected fluctuates between agency sites. Some experts believe that just 25% of all incidents are reported to the police. The introduction of behaviorally-specific questions, health context, and common-language usage have reduced some barriers to reporting.<sup>1</sup> The sensitivity of the subject still may be an inhibiting factor for victims and it is highly likely that national statistics underestimate the number of sexual violence victims per year.

### How does sexual violence impact the health of patients?

The reporting of sexual violence can often be a traumatizing experience for victims and can compound the effects of sexual violence. Negative impacts on psychological, emotional, and physical well-being of the individual can occur and are difficult to manage without the proper care and support networks. It is critical for healthcare providers to be aware of sexual violence as a complicating factor for overall health and wellness.<sup>8</sup>

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**Survivors of sexual assault have higher rates of  
Sexually transmitted infections • urinary tract infections • dyspareunia • fibromyalgia  
irritable bowel syndrome • irritable bowel disorder • chronic pain syndromes •  
hypertension chronic (non-organic) pelvic pain • chronic headaches • migraines<sup>9</sup>**

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Depression, anxiety, and post-traumatic stress disorder (PTSD) are among the most common forms of psychological responses victims face.<sup>10</sup> Reigning theory in pain management and pain

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<sup>6</sup> Centers for Disease Control and Prevention. NISVS: An Overview of 2010 Findings on Victimization by Sexual Orientation. [https://www.cdc.gov/violenceprevention/pdf/cdc\\_nisvs\\_victimization\\_final-a.pdf](https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf). Accessed April 27, 2020.

<sup>7</sup> Stotzer RL. Violence against transgender people: A review of the United States data. *Aggression and Violent Behavior*. 2009;14(3):170-179. <https://doi.org/10.1016/j.avb.2009.01.006>

<sup>8</sup> Thurston RC, Chang Y, Matthews KA, vonKänel R, Koenen K. Association of Sexual Harassment and Sexual Assault With Midlife Women's Mental and Physical Health. *JAMA Intern Med*. 2019 Jan 1;179(1):48-53. doi: 10.1001/jamainternmed.2018.4886.

<sup>9</sup> Golding JM. Sexual-Assault History and Long-Term Physical Health Problems: Evidence From Clinical and Population Epidemiology. *Curr Directions in Psych Sci*. 1999;8(6):191-194. <https://doi.org/10.1111/1467-8721.00045>.

<sup>10</sup> Silver KE, Anderson RE, Brouwer AM. Emotional Responses to a Sexual Assault Threat: A Qualitative Analysis Among Women With Histories of Sexual Victimization. *J Interpers Violence*. 2020 Feb 26;886260520908019. doi: 10.1177/0886260520908019



syndromes suggest that an unknown majority of patients who have chronic pain syndromes and similar conditions likely have a history of sexual assault or sexual violence.<sup>11</sup>

Additional concerns with reported and unreported sexual violence are sexually transmitted infections, pregnancy, eating disorders, sleep disorders, and coping mechanisms like disassociation and substance abuse.<sup>13</sup> Community stigmas and fear of health professionals may be a contributing factor for the higher rates of recovery problems faced by women who are bisexual and women who are minorities.<sup>14</sup>

Recognizing the root cause of many conditions that PAs commonly treat will help victims become survivors and will help to establish better records of sexual violence numbers. Adopting Trauma-Informed Care (TIC) practices, often called the “Four R’s” acknowledges the trauma and the role of trauma in a patient’s life. This acknowledgement of trauma helps healthcare providers aide their patients’ recovery and discover more victims and survivors of sexual violence.<sup>15</sup>

### Survivors of sexual assault

- Rank themselves lower in overall health than non-survivors with similar age and histories.<sup>12</sup>
- Tend to access and utilize healthcare services more frequently and for conditions that are not easily treated (like chronic pain syndromes or non-organic pain).
- Pay an estimated lifetime cost of almost \$125,000.<sup>4</sup>

### What can PAs do?

There is a strong forensic network for acute assault in the U.S. - albeit weaker in non-urban areas - but the real failure is in late disclosures and detecting sequelae long-term. In most health systems providers do not ask about sexual violence history, and those who do are generally in specialties such as obstetrics and gynecology, primary care, emergency medicine, and urgent care.

<sup>11</sup> Spiegel DR, Shaukat AM, McCroskey AL, et al. Conceptualizing a subtype of patients with chronic pain: The necessity of obtaining a history of sexual abuse. *Int J Psychiatry Med.* 2016;51(1):84-103. doi: 10.1177/0091217415621268.

<sup>12</sup> Chivers-Wilson KA. Sexual assault and posttraumatic stress disorder: a review of the biological, psychological and sociological factors and treatments. *Mcgill J Med.* 2006;9(2):111-118.

<sup>13</sup> Effects of Sexual Violence. RAINN. <https://www.rainn.org/effects-sexual-violence>. Accessed April 15, 2020.

<sup>14</sup> Sigurvinsdottir R, Ullman SE. Trauma as Predictors of Sexual Assault Recovery. *J Fam Violence.* 2016 Oct;31(7):913-921. Epub 2015 Dec 20. <https://doi.org/10.1007/s10896-015-9793-8>.

<sup>15</sup> Trauma-Informed Care. Agency for Healthcare Research and Quality. <https://www.ahrq.gov/ncepcr/tools/healthier-pregnancy/fact-sheets/trauma.html>. Published April 2016. Accessed April 28, 2020.

### Creating optimal outcomes for patients may involve

- Conducting universal screenings of all patients can lead to de-stigmatization
- Integrating mental health and sexual violence resources in general care and care settings
- Pursuing CME/CE on sexual violence and forensic examinations

Tables 1-4 display sample demographics for this survey. Half of all PA respondents had not received any training on the treatment or management of sexual violence survivors. Of those that had received training (Table 5), 82% had lecture-only training with fewer than one-fourth of those having any practical knowledge (Table 6). Of those who have received some form of training in the treatment/management of sexual assault survivors, only around half feel adequately prepared from their training.

For a series of skills related to treating survivors of sexual assault, respondents provided their current versus desired skills and abilities on a scale of 1: None to 5: High. In the needs assessment, each question found similar results in current versus desired skills. One-fourth to one-half of all respondents reported no skills or abilities to treat various conditions or victims of sexual violence crimes. Surprisingly, the only skill that half of the respondents wanted was in treatment of post-traumatic stress disorder (PTSD; Table 8). Figures 1-4 display current versus desired skills and abilities related to sexual violence by whether a PA had any type of training in the treatment or management of sexual assault survivors. Figures 5-8 display current versus desired skills and abilities across specialty groups.

PAs can improve their ability to treat all survivors of sexual violence through continuing education and in adjusting practice habits to ask patients at every visit about their sexual health and safety. Approximately 37% of PAs were already self-educating and expanding their knowledge and providing resources in their offices or places of work to assist patients who may otherwise withhold information from their care provider.



## Sample Demographics

Table 1. Primary Role of PAs in Sample

Role	N	Percent (%)
Clinician	1,508	92.3
Educator	93	5.7
Administrator/manager	26	1.6
Researcher	5	0.3
Volunteer	1	0.1
Total	1,633	100.0

Question: Please indicate your primary role as a PA. Your primary role is the role you spend the most time in as a PA.

Table 2. Primary Specialty Group of PAs in Sample

Specialty	N	Percent (%)
Emergency Medicine and Urgent Care	254	15.6
Primary Care	439	26.9
Obstetrics and Gynecology	28	1.7
All Other Specialties	912	55.8
Total	1,633	100.0

Question: Please indicate your primary specialty as a PA. Your primary specialty is the specialty you practice most as a PA. For example, if you worked three days a week in an emergency department and worked twice a month at an urgent care center, emergency medicine would be your primary specialty.

Table 3. Race of PAs in Sample

Race	N	Percent (%)
American Indian or Alaskan Native	9	0.6
Asian	94	5.9
Black/African American	53	3.3
Native Hawaiian or Other Pacific Islander	3	0.2
White	1,351	85.3
Two or more races:	47	3.0
Other:	27	1.7
Total	1,584	100.0

Question: Which of the following best describes you?

Table 4. Ethnicity of PAs in Sample

Ethnicity	N	Percent (%)
No	1,499	93.6
Yes	102	6.4
Total	1,601	100.0

Question: Are you of Hispanic/Latino origin?

## Sexual Violence Module Tables

Table 5. Training in the Treatment/Management of Sexual Assault Survivors

Training Received	N	Percent (%)
Yes, formal training other than in PA school	160	10.0
Yes, formal training in PA school	253	15.8
Yes, informal training other than in PA school	282	17.6
Yes, informal training in PA school	297	18.5
No, I have never had training	731	45.6
Total	1,604	100.0

Question: Have you had any training in the treatment/management of domestic violence survivors? Select all that apply.

Table 6. Training Type for the Treatment/Management of Sexual Assault Survivors

Training Type	N	Percent (%)
Lecture	722	84.1
Practical	214	24.9
Self-education	321	37.4
Total	859	100.0

Question: What did the training consist of? Note: Asked of all respondents who indicated they had received any training in the treatment/management of sexual assault survivors.

Table 7. Perceived Adequate Preparation from Training in the Treatment/Management of Sexual Assault Survivors

Response	N	Percent (%)
No	412	48.1
Yes	445	51.9
Total	857	100.0

Question: Based on the training you have received, either formally or informally, do you feel adequately prepared to treat or refer victims of sexual assault? Note: Asked of all respondents who indicated they had received any training in the treatment/management of sexual assault survivors.

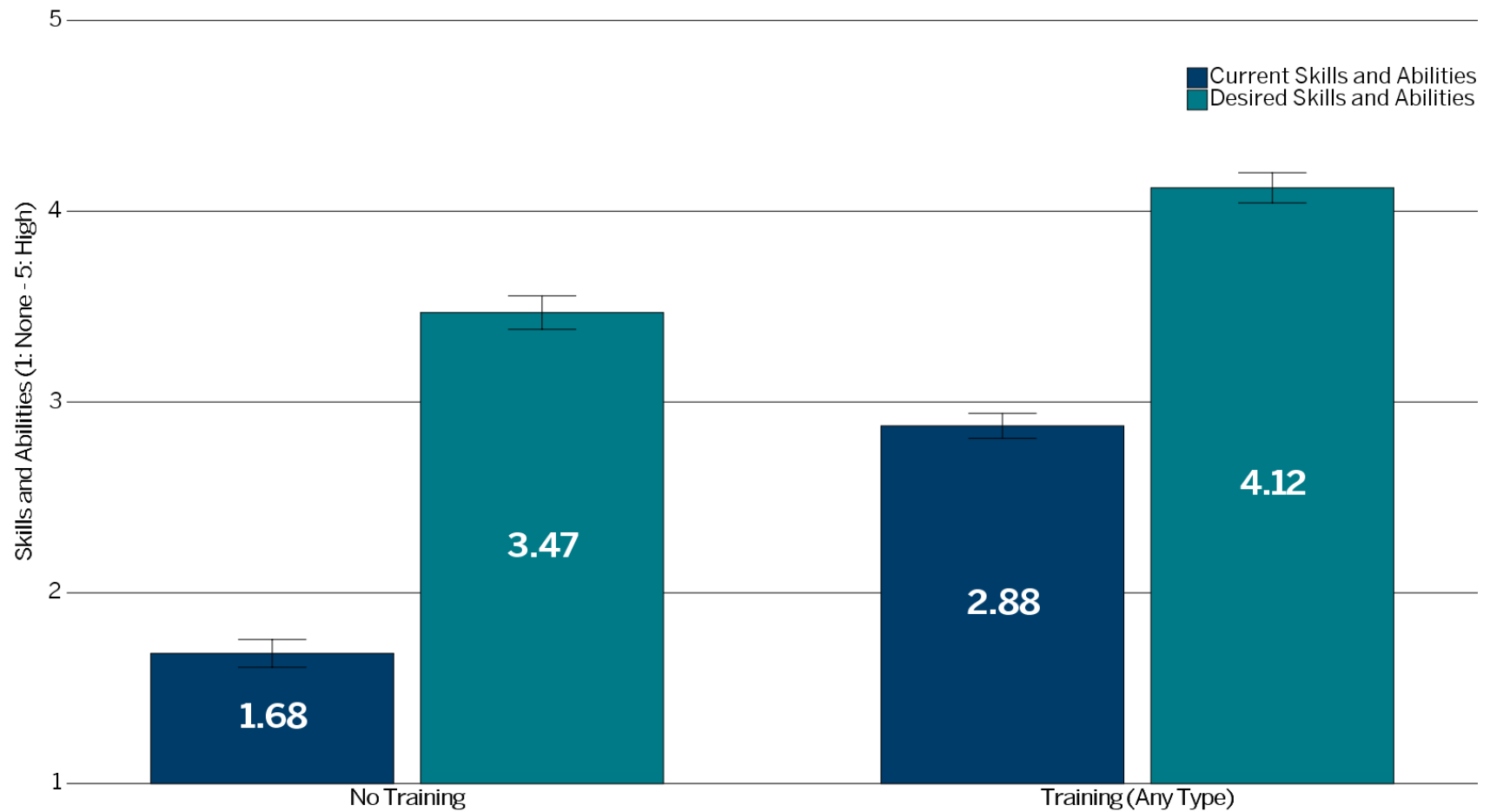
## Needs Assessment: Current vs. Desired Skills and Abilities Related to Sexual Violence

Table 8. Current vs. Desired Skills and Abilities (All Respondents)

Task or Competency		1: No Skills and Abilities		2		3		4		5: Strong Skills and Abilities	
		N	Row %	N	Row %	N	Row %	N	Row %	N	Row %
Treat and Manage Patients Who Are Sexual Assault Survivors	Current	465	28.9	474	29.5	407	25.3	178	11.1	84	5.2
	Desired	110	6.8	145	9.0	311	19.3	384	23.9	659	41.0
Treat and Manage Patients Who Are Human Trafficking Survivors	Current	850	52.9	359	22.4	250	15.6	99	6.2	48	3.0
	Desired	143	8.9	149	9.3	346	21.5	334	20.8	635	39.5
Treat and Manage Patients Who Are Child Sexual Abuse Survivors	Current	598	37.3	425	26.5	356	22.2	151	9.4	75	4.7
	Desired	136	8.5	132	8.2	296	18.4	337	21.0	705	43.9
Treat and Manage Patients Who Have Post-Traumatic Stress Disorder (PTSD)	Current	349	21.7	391	24.4	422	26.3	308	19.2	135	8.4
	Desired	90	5.6	111	6.9	241	15.0	367	22.9	797	49.6

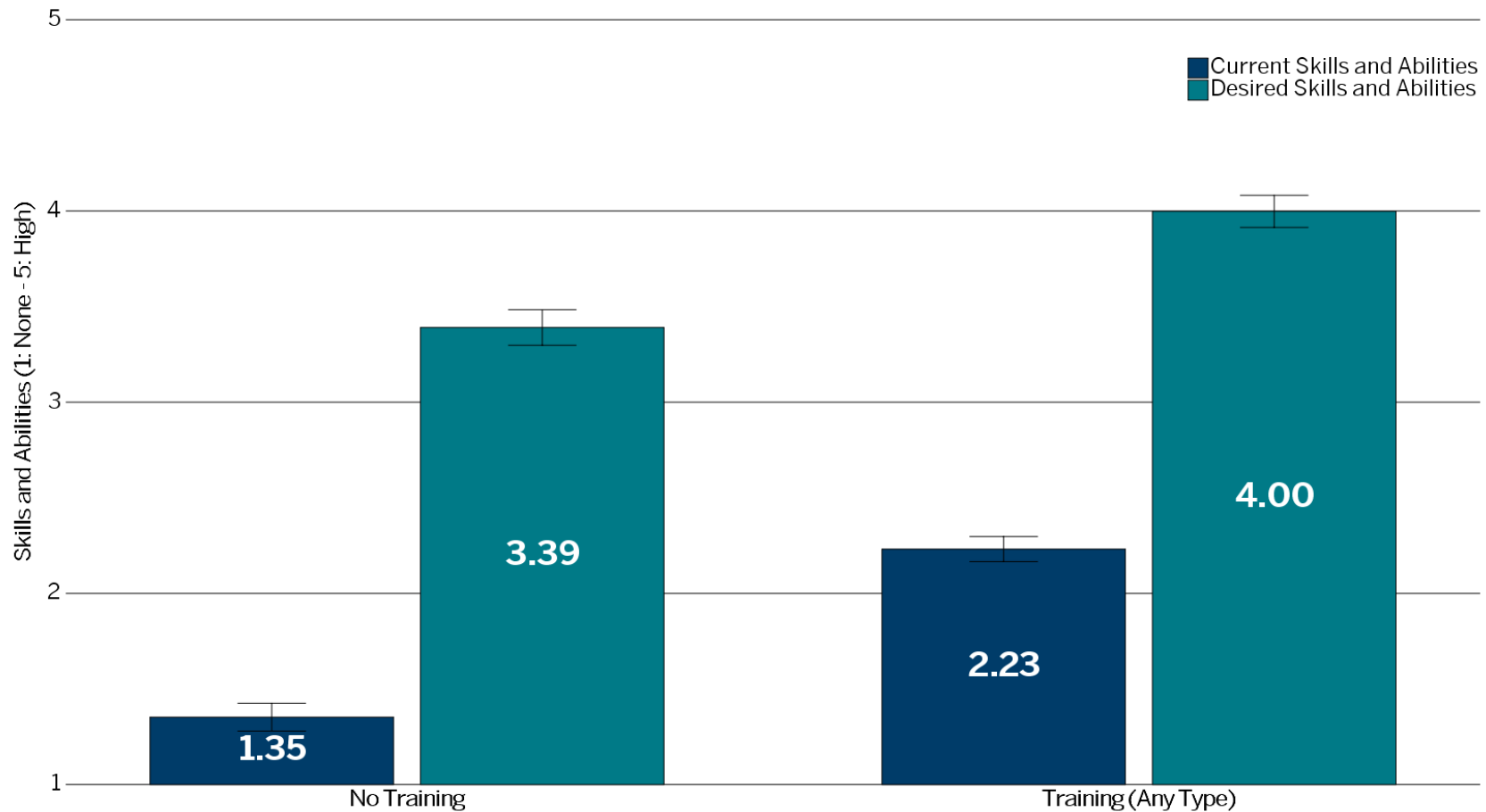
Question: Please rate your current and desired skills and abilities for the following tasks and competencies.

Figure 1. Skills and Abilities to Treat and Manage Patients Who Are Sexual Assault Survivors by Whether a PA Has Training



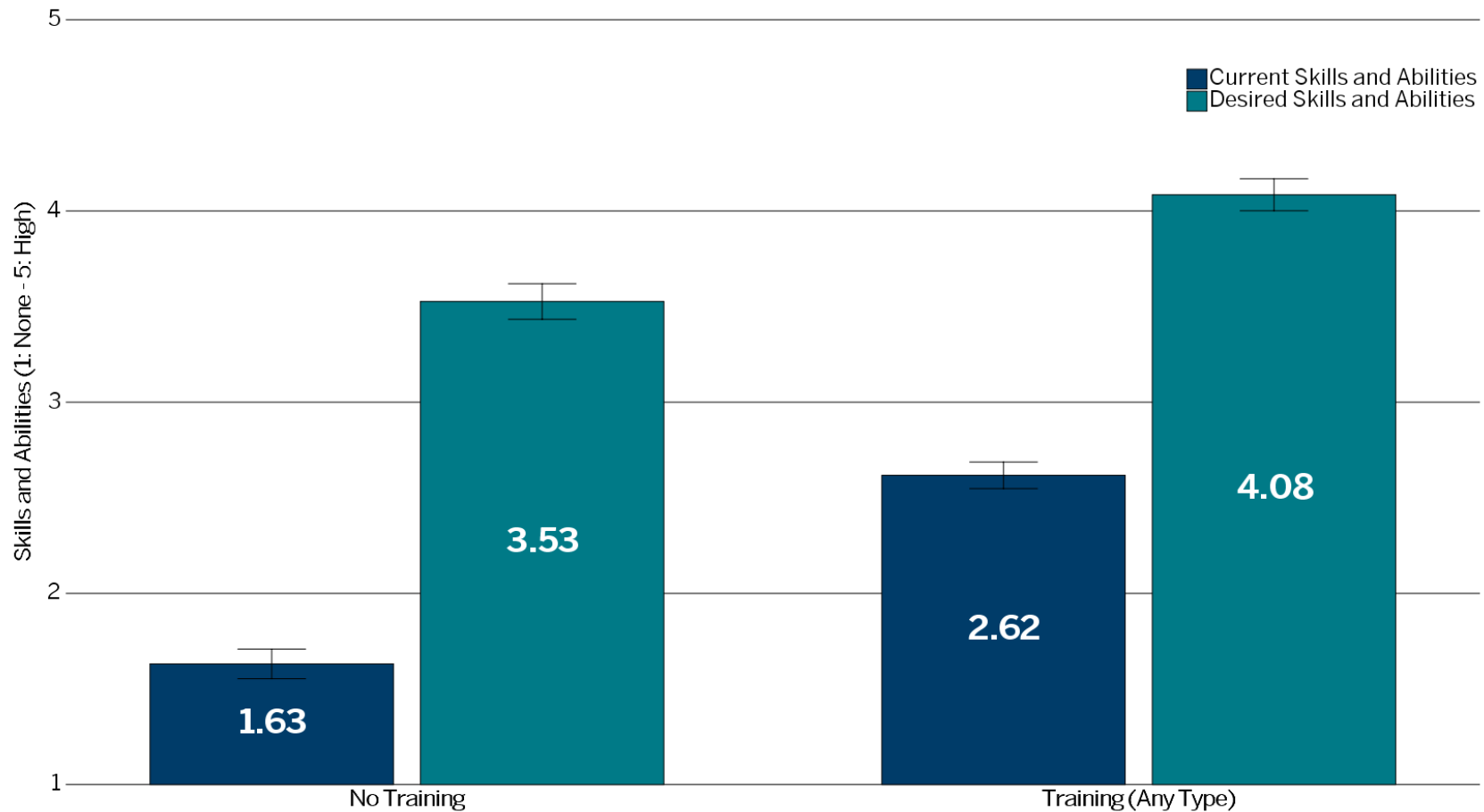
Notes: Based on 1,608 responses. Responses were grouped by whether a PA answered “yes” (any type) to the question “Have you had any training in the treatment/management of sexual assault survivors?” **Error bars are 95% confidence intervals.**

Figure 2. Skills and Abilities to Treat and Manage Patients Who Are Human Trafficking Survivors by Whether a PA Has Training



Notes: Based on 1,606 responses. Responses were grouped by whether a PA answered “yes” (any type) to the question “Have you had any training in the treatment/management of sexual assault survivors?” **Error bars are 95% confidence intervals.**

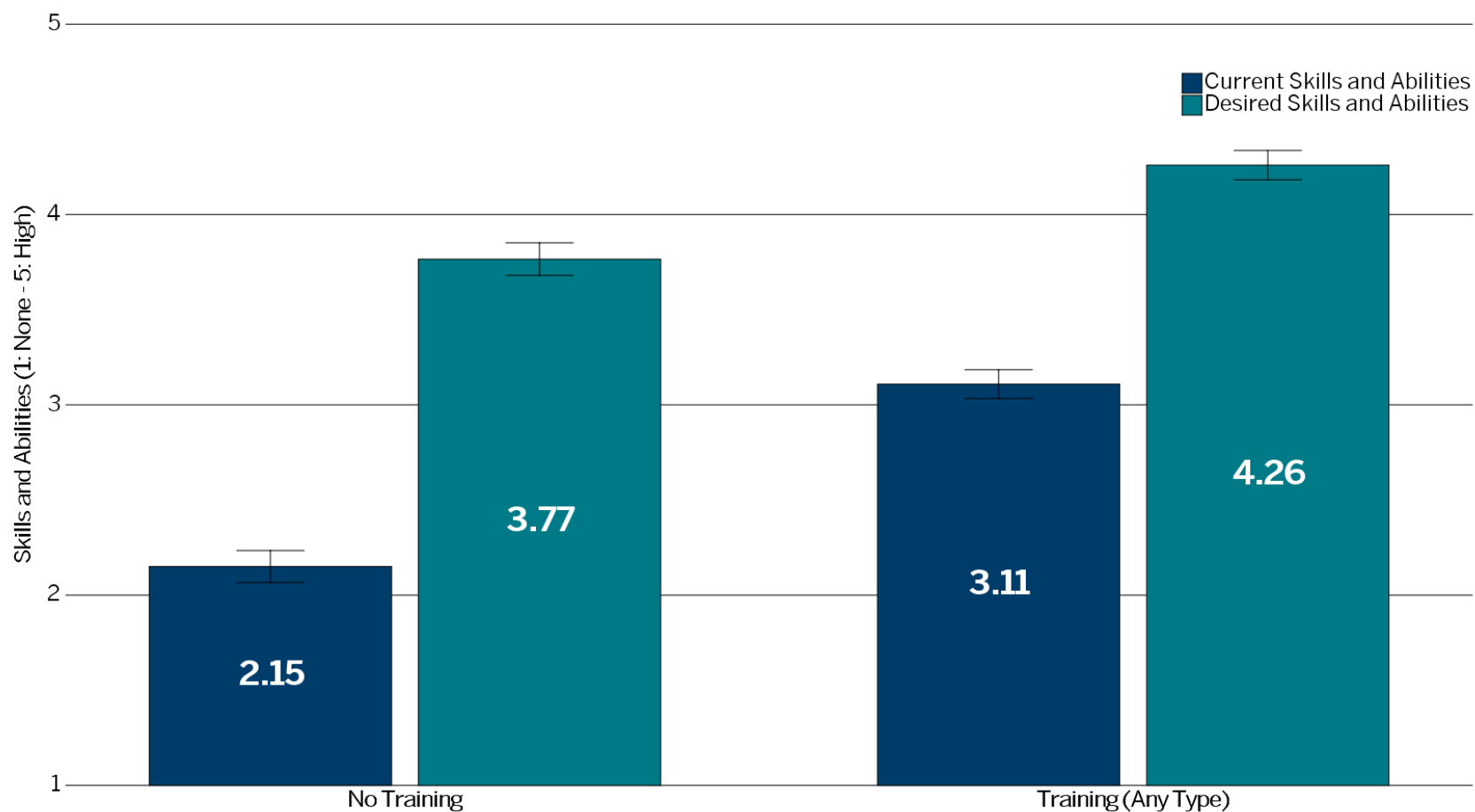
Figure 3. Skills and Abilities to Treat and Manage Patients Who Are Child Sexual Abuse Survivors by Whether a PA Has Training



Notes: Based on 1,605 responses. Responses were grouped by whether a PA answered “yes” (any type) to the question “Have you had any training in the treatment/management of sexual assault survivors?” **Error bars are 95% confidence intervals.**

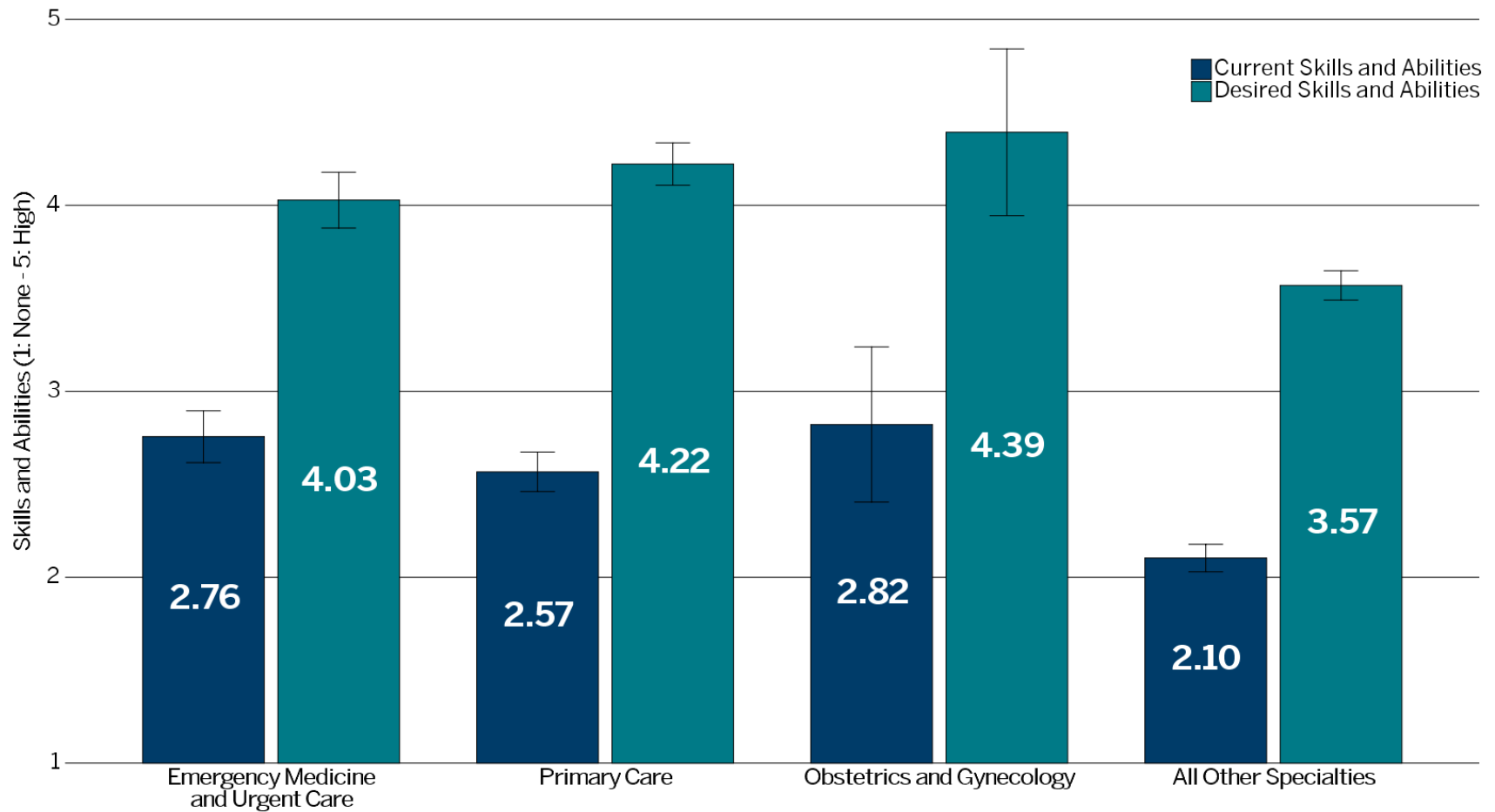


Figure 4. Skills and Abilities to Treat and Manage Patients Who Have Post-Traumatic Stress Disorder (PTSD) by Whether a PA Has Training



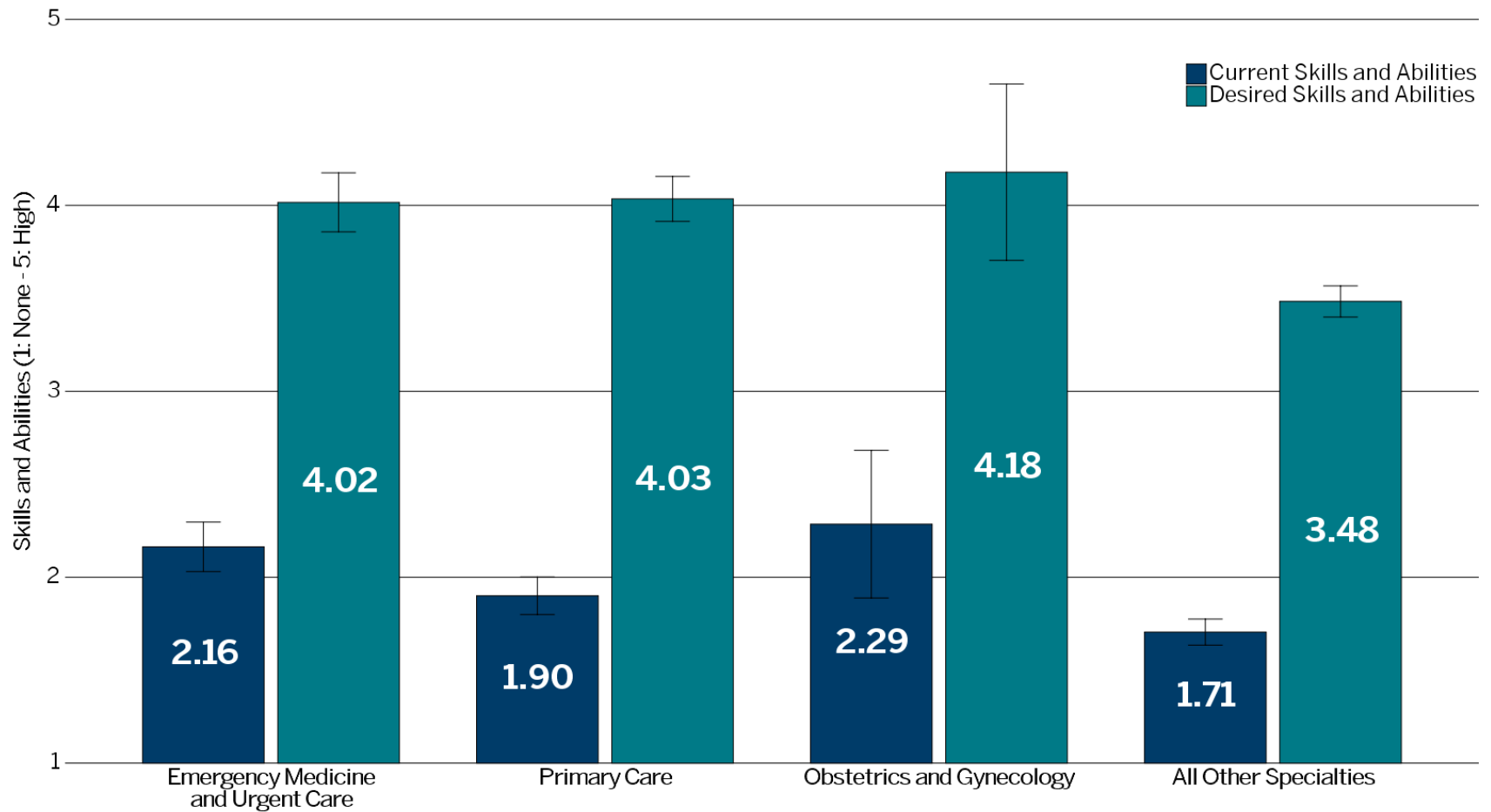
Notes: Based on 1,605 responses. Responses were grouped by whether a PA answered “yes” (any type) to the question “Have you had any training in the treatment/management of sexual assault survivors?” **Error bars are 95% confidence intervals.**

Figure 5. Skills and Abilities to Treat and Manage Patients Who Are Sexual Assault Survivors by Specialty



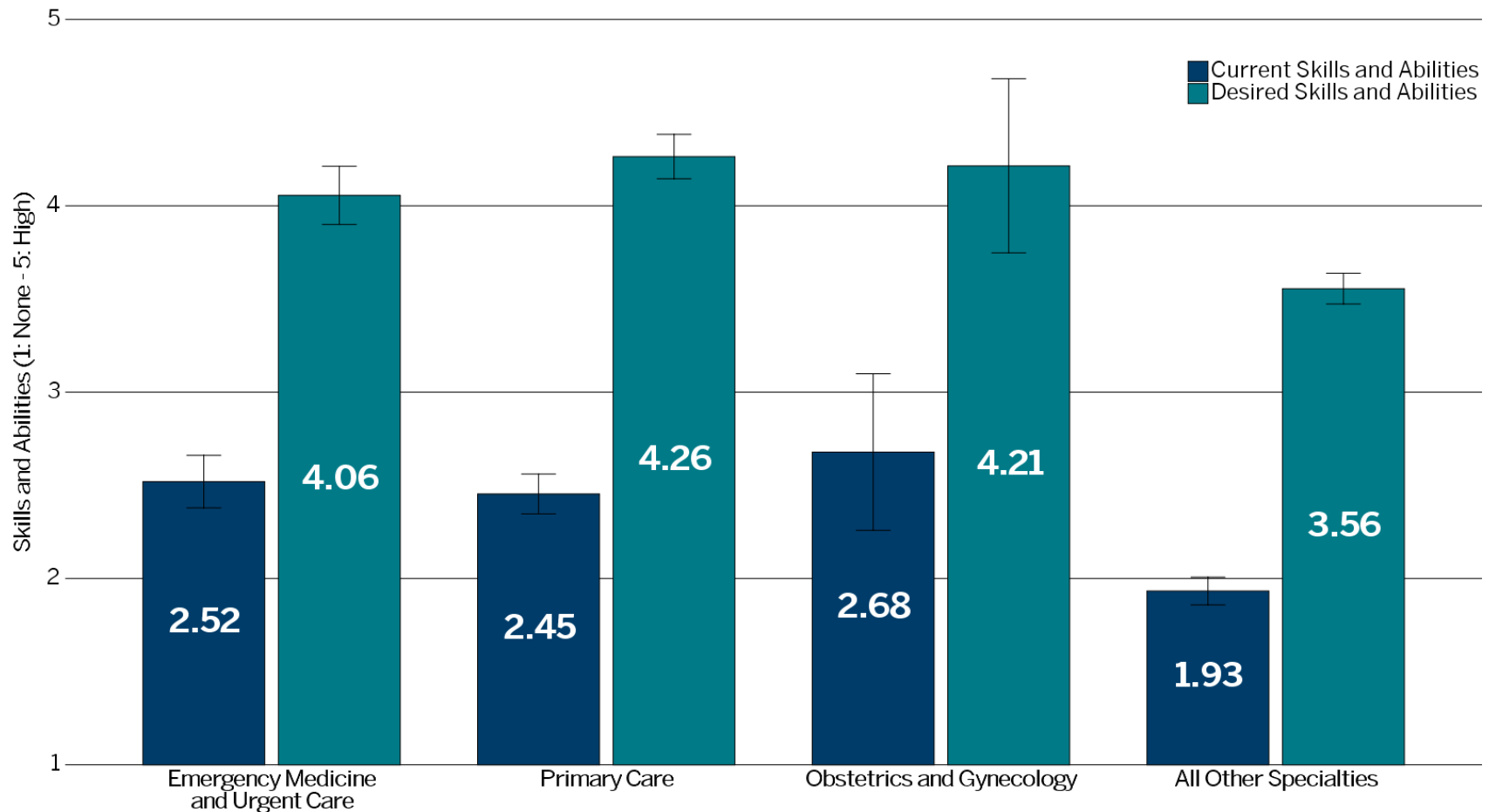
Notes: Based on 1,608 responses. Responses were grouped by respondent's primary specialty. **Error bars are 95% confidence intervals.**

Figure 6. Skills and Abilities to Treat and Manage Patients Who Are Human Trafficking Survivors by Specialty



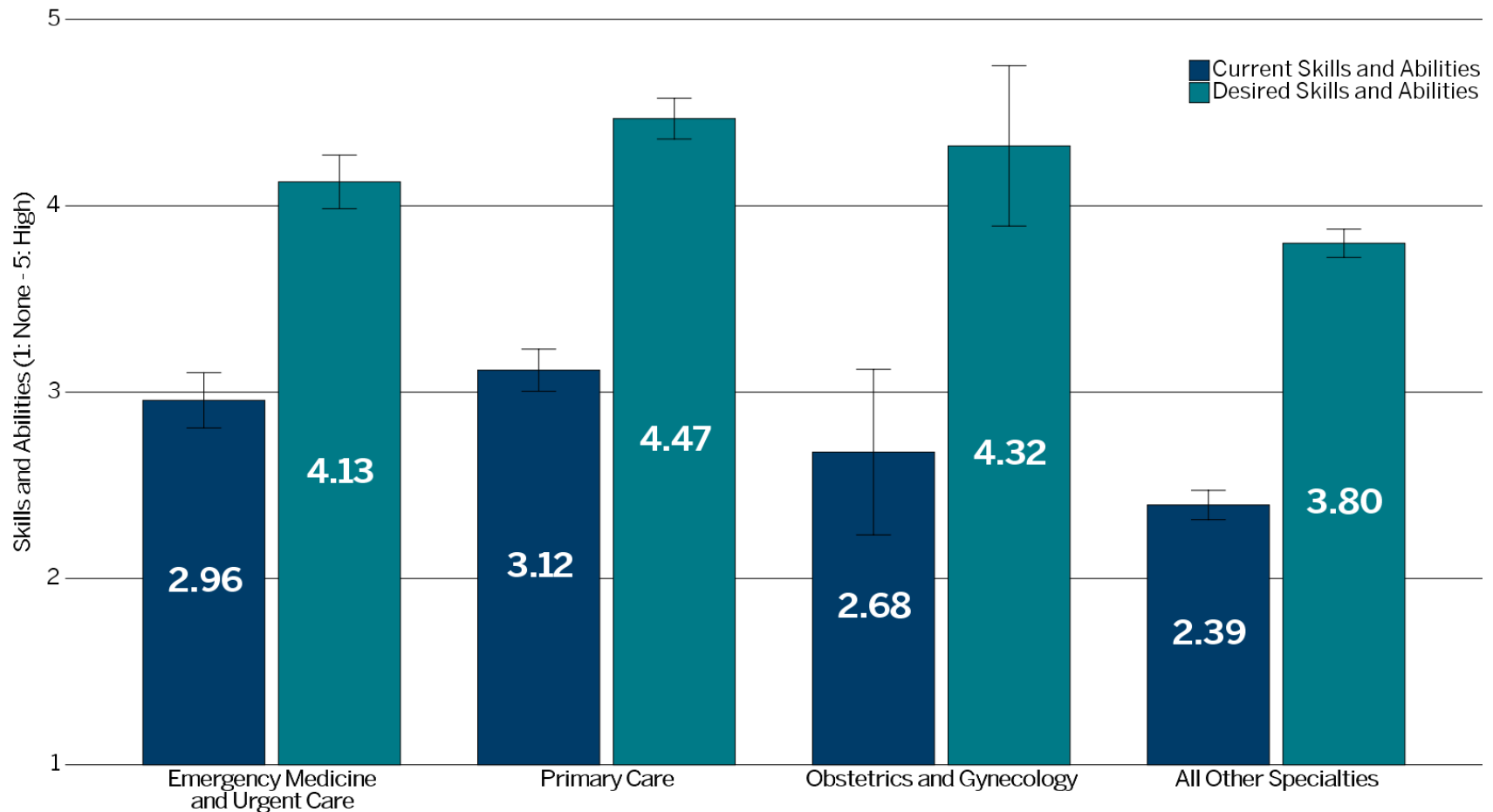
Notes: Based on 1,606 responses. Responses were grouped by respondent's primary specialty. Error bars are 95% confidence intervals.

Figure 7. Skills and Abilities to Treat and Manage Patients Who Are Child Sexual Abuse Survivors by Specialty



Notes: Based on 1,605 responses. Responses were grouped by respondent's primary specialty. **Error bars are 95% confidence intervals.**

Figure 8. Skills and Abilities to Treat and Manage Patients Who Have Post-Traumatic Stress Disorder (PTSD) by Specialty



Notes: Based on 1,605 responses. Responses were grouped by respondent's primary specialty. **Error bars are 95% confidence intervals.**