Sex and violence at ER: not a soap but the harsh reality of vulnerable women

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Outline:

1. Sex and Violence, what are we talking about?
2. Sexual Violence, whom are we talking about?
3. Sexual Violence, the numbers
4. Sexual Violence, the consequences
5. Sex and Violence at the ER/ED: what should you do?
6. Centres Sexual Violence and the ER/ED
7. Sex and violence, and what about us?
Sex and Violence?  
What are we talking about?

No sex and no soap, only different types of violence (single and chronic):

- Sexual Violence (sex assault and rape)
- Sexual abuse
- Incest
- Child abuse
- Domestic Violence
- Honour Killings
- Forced prostitution
- Trafficking
- (war crimes)
Sexual Violence, whom are we talking about?

The victims:
• All genders: do not forget about the boys!
• All ages, but teenagers and young women ↑
• All educations, but lower educated/ lower IQ ↑
• All ethnicities and cultures, but in gender unequal, violent or drinking cultures ↑
• Social-economic vulnerable, mental handicapped ↑
Sexual Violence, whom are we talking about?

The offenders:

• Mostly men
• >90% known to the victim: friend, family, neighbour, colleague, boss …
Sexual Violence, the numbers

EU-FRA report
March 2014
Violence against women

Sexual Violence, the numbers

EU report: Violence against women march 2014:
Since the age of 15 (women):
• 33% physical and/or sexual violence,
• 5% raped
• 22% physical and/or sexual partner violence
• 20% physical violence by someone other than their partner
• 55% sexual harassment in some form, such as unwelcome touching, hugging or kissing
Sexual Violence, the numbers

EU report: Violence against women march 2014:

• 12% experienced some form of sexual abuse by an adult before the age of 15 (corresponds to 21 million women in the EU)
• 97% of sexual violence in childhood the perpetrator was male
• All probably still underestimates, esp. in some countries
Sexual Violence, the numbers

Figure 2.1: Physical and/or sexual partner violence since the age of 15, EU-28 (%)

Source: FRA gender-based violence against women survey dataset, 2012
Sexual Violence, the numbers

Some Dutch numbers (Bakker et al 2009):

- 40% women sexual violence
- 12% of women raped
- 4% of men raped
- >90% offender is known person
- 10% report to police (estimates)
- Majority no health care
- Still underestimates
Sexual Violence, the numbers

Sexual violence girls 12-25 in Limburg by age group:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Aanranding</th>
<th>Verkrachting</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-13 jaar</td>
<td>15%</td>
<td>4%</td>
</tr>
<tr>
<td>14-15 jaar</td>
<td>17%</td>
<td>6%</td>
</tr>
<tr>
<td>16-17 jaar</td>
<td>23%</td>
<td>14%</td>
</tr>
<tr>
<td>18-20 jaar</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td>21-24 jaar</td>
<td>28%</td>
<td>19%</td>
</tr>
</tbody>
</table>
Sexual Violence, the consequences

• Consequences are serious, long-lasting, deep-seated:
  – Emotional: feelings of shame and guilt, anxiety, (43% problems with subsequent relationships)
  – Psychological: ASD(2/3) PTSD (40-50%), depression
  – Somatic: unwanted pregnancy, STI’s including HIV and hepatitis B, physical injuries, but also (unexplained) psychosomatic pain
  – Social-economic: school problems, social exclusion, loosing their jobs etc.
  – Sexual problems: pain during intercourse
  – Health behaviour: sexual risk behaviour, substance abuse
Sexual Violence, the consequences

Victims often avoid care:

- Shame and anxiety
- Blame themselves
- Want/try to forget
- Do not want to talk about
- Offender will know
- Experiences with police and health care not good
- Often no obvious injuries, risk of not taking serious
- Victims are often still blamed by others like relatives and health care providers, even in EU
Sex and Violence at the ER: what should you do?

Be aware and take care:

• See signals, think about sexual violence as a cause of symptoms (unexplained symptoms like abdominal pain)
• Ask: did you had some bad experiences with sex and/or violence (recent or in past)
• Ask what necessary specific and what they want to tell, but not more
• Prevent possible medical consequences if < 7 days
Sex and Violence at the ER: what should you do?

- **Sexual violence < 7 days:**
  - PEP HIV < 72 hours
  - Emergency contraception <5 days
  - Hepatitis B vaccination < 7 days
  - STI baseline screening or STI treatment??
    - Giving antibiotics?
    - Tests do not measure consequences of incident, but psychological
  - STI follow up screening (3 weeks and months)
    - Chlamydia and Gonorrhoea PCR 1-3 body locations
    - HIV, Syphilis, hepatitis B serology
  - Injuries treatment
Sex and Violence at the ER: what should you do?

Give integral care:

• Keep in mind: you may be the first healthcare provider they tell!
• Do the medical and preventive part
• But do not forget the long-term psychological consequences, refer direct to proper care
• Take care of a safe environment during the consultation
• Think about forensics < 7 days!
Sex and Violence at the ER: what should you/we do?

What should you not do:
• Do not send victims away without integral care
• Do not blame them
• Take them serious, do not judge, you’re not a police officer
• Let them not tell the story over and over again
• Less healthcare providers the better
• Do not do a physical (gynaecological) examination when not necessary, but if necessary do not hesitate
• Do not take control away from victim
Centres Sexual Violence and the ER

Why a Centre Sexual Violence?

• Care in many countries absent or fragmented
• Health care providers often offer only part of care, not integrated
• Not clear to victims where or to whom to go to, especially immediately after violence
• The first period after the violence victims are still more open to care
• Working together with police improves care for the victims but also prosecution of offenders
Centres Sexual Violence and the ER

- Centres for sexual violence victims (SART, rape centre) in some countries (Denmark, UK, USA, NL)
- In the Netherlands now 3, soon all over
- Integral psychological, medical and forensic care
- Related to ER, sometimes ER = CSV
- Work together with CSV
- If no CSV, make a protocol at the ER: care for sexual violence victims
Sex and violence, and what about us?

Think about your colleagues:

- 75% of women in qualified professions or top management jobs have experienced sexual harassment in their lifetime.
- You or your colleague could have been a victim too, be aware
- Taking care of victims can affect you, take care of yourself and colleagues
THANK YOU FOR LISTENING!
Questions?

SEXUAL VIOLENCE
recognize report prevent