

The Body Project: Anatomy, Relationships, and Representation
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Poster presentation

The health care experiences of adult survivors of child sexual abuse: A systematic review of evidence on sensitive practice

I propose to present a poster representing findings from my article, just published in the January 2008 issue of the *Journal of Trauma, Violence, and Abuse* entitled, “The health care experiences of adult survivors of child sexual abuse: A systematic review of evidence on sensitive practice”. This study was inspired by my work with adult survivors of child sexual abuse (CSA) as a practicing social worker/therapist. The women I worked with spoke of the impact that abuse has had on their physical health, health care utilization, perceptions about their bodies and health, and experiences with health care providers. They spoke of avoiding care because of trauma triggers related to being touched, disrobing, and being placed in vulnerable physical positioning by providers during the health care encounter. They spoke of having to explain repeatedly about extensive cervical scarring resulting from years of sexual abuse and fighting to avoid invasive tests requested by providers to “explain” these anomalies. They spoke of being dismissed by providers as they sought help for chronic pain not easily categorized or “cured”.

My review of the literature revealed that many survivors share these experiences, that there is available information for providers related to appropriate responses to and care of survivors, and that despite the existence of available strategies, there remain many barriers to actualizing widespread sensitive practice. These can include misunderstanding about the nature and long-term effects of CSA for the adult patient, a lack of recognition for the need to assess CSA history in adults and tools for assessment and intervention, discomfort with disclosure, victim-blaming, low recognition of male survivors, and avoidance of the issue due to providers’ own experiences. What may result is inadequate or misdiagnosis and problems in care delivery that may result in feelings of re-victimization for the survivor and perpetuation of the secrecy that overshadows abuse, continuing rather than interrupting the cycle of trauma.

My review revealed themes related to communication and disclosure of abuse to health care providers and to the experience of medical exams and care interactions. Rooted in these findings, specific strategies are suggested for improving the experience of the health care encounter for survivors. I propose presenting these findings in poster form at the conference in hopes that of raising awareness across groups so that what is known in theory may be brought more fully into practice. Increasing knowledge and improving practice is vital to the health and emotional wellbeing of survivors and should be part of our conceptualization of patient rights in society.