

## EDITORIAL

## Trauma

# Understanding the long-term trauma of sexual assault patients

In this issue, Buchbinder et al. present *"I Still Feel So Lost: Experiences of Women Receiving SANE Care during the Year after Sexual Assault,"* providing priceless insights about the short-term and long-term impact of sexual assault on patients.<sup>1</sup> This prospective, longitudinal, multicenter observational study spanning 13 geographically distributed sites included responses from 590 English speaking adult women who received sexual assault nurse examiner evaluation within 72 hours of the sexual assault. These women were asked at 1 week, 6 weeks, 6 months, and 1 year after sexual assault, "What do you think is most important for researchers to understand about your experience since the assault?" This is the first large scale qualitative study of sexual assault survivors seen in US emergency care centers and adds to the literature on the long-term burden of sexual assault and the implications for emergency caregivers.

Themes that emerged from the study fell into 12 broad categories: daily life, justice, medical and social services, mental health, physical health, prior trauma, recovery, romantic relationships, safety, self, shame, and social interactions. The participants reported in "searing detail the challenges faced during the year after assault, including mental distress, a profoundly altered sense of self, a justice system experienced as grossly unfair, financial difficulties due to assault-related disability, burden of previous life trauma weighing more heavily, struggles with romantic relationships and interactions."<sup>1</sup> Descriptions of the impact of sexual assault on daily life included, "It affects you in every aspect of life."<sup>1</sup>

There are 3 key lessons that every emergency caregiver should take away from this article:

1. The long-term burden of sexual assault has characteristics that overlap with post-traumatic stress disorder, including difficulties with social interaction and major disruption of daily routines.
2. Sexual assault patients have challenges accessing care and health services. Emergency caregivers should be aware of the need to provide comprehensive resources to sexual assault patients.
3. Sexual assault patients struggle with guilt and need to hear that the assault was not their fault from the emergency caregivers.

The literature has been clear regarding clinical needs of sexual assault patients, including assessing and providing sexually transmitted infection prophylaxis, emergency contraception, and HIV prophylaxis

in the Emergency Department.<sup>2-4</sup> A number of participants in the Buchbinder et al. study reported negative experiences while seeking medical care such as insensitive treatment, though others reported positive experiences that facilitated their recovery.<sup>1</sup> As described in the National Protocol for Sexual Assault, it is imperative that victim-centered care be initiated by all who treat these patients.<sup>5</sup> These patients must be deemed a priority, and patient privacy always needs to be maintained. The examination should be adapted to patients' needs and circumstances. Explanation of procedures during the examination process and respect for patient priorities along with patient safety during the examination process must all be addressed. Victim services need to be offered early on in the process. Information and resources should be provided to patients that they can review at their convenience. Additionally, emergency caregivers should address the physical comfort needs of patients and provide compassionate and sensitive delivery of services in a non-judgmental manner.

Buchbinder et al. also highlight an urgent new priority; emergency caregivers need to offer services beyond initial healthcare, prophylaxis and evidence collection. Sexual assault is a crime of violence that often threatens a victim's sense of privacy, safety, autonomy, and well-being. Participants in this study reported a heavy burden of post-traumatic stress symptoms and experienced significant challenges with social, medical, and legal interactions in the year after the assault.<sup>1</sup> Policies should focus on creating a coordinated trauma-informed intentional response to help afford patients access to comprehensive immediate care, minimize the trauma patients may experience, and encourage them to utilize community resources.<sup>6,7</sup>

Coordination of care following discharge from the Emergency Department is a challenge and a lack of this coordination likely contributes to the negative feelings described in this study. Sexual assault patients face ongoing difficulty accessing health services, including mental healthcare. A multi-disciplinary team, which may include social work, advocacy, and chaplain services, along with emergency caregivers is needed to address the psychological, spiritual, social, and physical needs of these patients. Coordinated care plans and multi-disciplinary teams can help address some of the gaps in service delivery.<sup>7</sup>

Sexual assault patients often are doubted or blamed; these negative responses have a number of harmful effects, including decreasing the chance that victims will report the crime and reach out for help. Sexual assault patients struggle with guilt. Early emergency care interventions

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can help to promote recovery. Emergency caregivers should reinforce to sexual assault patients clearly and unreservedly that the assault was not their fault. Emergency caregivers should adhere to the principles of “Start by Believing,” a global campaign designed to guide the way we respond to sexual assault and foster a safe and supportive environment for victims to disclose information.<sup>8</sup> If the patient senses that the emergency caregiver doubts their history, it may affect their decision to seek future legal, medical, and psychological services and may impact their long-term recovery.<sup>9,10</sup>

Emergency caregivers also need to be aware of the neurobiology of trauma and understand the body and brain response to trauma and how victims behave during and after an assault.<sup>9,10</sup> Understanding how trauma affects memory formation and recall during and immediately after an assault helps break down common misconceptions and victim-blaming.<sup>9,10</sup> Due to the neurobiological changes that happen as a result of trauma there are wide range of emotions that patients can have; in fact, this is normal. The patient’s history may be fragmented and their recall slow. It is important that emergency caregivers do not misinterpret hesitant responses as cavalier, evasive, or lying.

Understanding the patient experience and long-term burden of sexual assault is critical to providing high-quality patient-centered emergency care. SANE typically stands for sexual assault nurse examiner. Buchbinder et al.<sup>1</sup> offer a practical modification of “SANE” to guide emergency caregivers in communicating four concrete messages to sexual assault patients:

**S: Your Safety is important to me.** Do you have a safe place to go?

**A: Ain’t your fault!** This sexual assault was not your fault.

**N: Normal to have posttraumatic symptoms.** Feeling very on edge, or having sudden memories of the assault, are common and normal in the days and weeks after an assault.

**E: Everybody going through something like this would benefit from seeing a mental health expert.** We will provide you with links to services, and recommend that you go. You have been through a lot and they are there to help you with you.

In summary, while the emergency caregiver plays a pivotal role in the initial medical care of the sexual assault patient, we must keep an eye on the long-term health and emotional consequences. Carefully crafted messages and efforts to promote healing and to connect the patient to community resources will help to put the patient on the right road to long-term recovery.

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## KEYWORDS

neurobiology of trauma, sexual assault, trauma-informed care

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