

Sexual Violence and Reproductive Health

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Sexual violence is a significant public health problem, and has been linked to adverse effects on women's physical and mental health. Although some advances in the research have been made, more scientific exploration is needed to understand the potential association between sexual violence and women's reproductive health, and to identify measures that could be implemented in reproductive health care settings to assist women who have experienced sexual violence. Three general areas needing further study include (1) expansion of the theoretical frameworks and analytic models used in future research, (2) the reproductive health care needs of women who have experienced sexual violence, (3) and intervention strategies that could be implemented most effectively in reproductive health care settings.

KEY WORDS: Sexual violence; sexual assault; childhood sexual abuse; rape; reproductive health; women's health; HIV/AIDS; sexually transmitted disease; pregnancy.

INTRODUCTION

Sexual violence¹ is a significant public health problem in the United States. In national surveys, 27% of women report a history of childhood sexual abuse (1) and 15% of women report having experienced a rape at some time in their life (2). Sexual violence has been associated with adverse effects on women's physical (3-5) and mental health (5-9). Among these are factors that are associated with

women's reproductive health, including high-risk sexual behavior (10, 11), HIV/AIDS and STD infection (12-17), unintended pregnancy (18, 19), adolescent pregnancy (20-22), gynecological problems (23, 24), depressive symptoms during pregnancy (25), and behavioral risk factors that have been linked, in turn, to poor birth outcomes (20, 23, 26-28). Although these associations have been the focus of some research, further scientific exploration is needed to understand the potential association between sexual violence and women's reproductive health, and to identify measures that could be implemented in reproductive health care settings to assist women who have experienced sexual violence. Three general areas need further study: (1) expansion of the theoretical frameworks and analytic models used in future research, (2) the reproductive health care needs of women who have experienced sexual violence, and (3) intervention strategies that could be implemented most effectively in reproductive health care settings.

The body of published literature on the potential associations between sexual violence and reproductive health is relatively small and recent. The potential effects of sexual violence on women's reproductive health have been hypothesized to be both direct and indirect (29). Although a small number of studies have considered potential direct effects of sexual vio-

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¹"Sexual violence" and "rape" refer to the use of physical force to compel a person to engage in unwanted sexual acts and to sexual acts involving a person unable to understand the nature or condition of the act due to age. "Rape" specifically denotes a sexual act involving penetration. The term "childhood sexual abuse (CSA)" is defined in numerous ways in the literature, but it used in this paper to indicate sexual violence occurring to persons less than 18 years of age.

lence on reproductive health through HIV (14, 30) or STD (13–15) infection or pregnancy (18) caused by a rape incident, these outcomes appear to be relatively rare (13–15, 18). More commonly, sexual violence has been associated in research with behavioral risk factors that can increase the likelihood of adverse reproductive health outcomes. Such factors include young age at sexual initiation (28, 31), unprotected sex (28, 32), multiple sex partners (28, 31, 32), sex work (11, 20, 32), and excessive cigarette (27, 31), alcohol (20, 23, 26, 27), and drug use (11, 23, 26, 27). Studies of pregnant women have found that having experienced sexual violence was associated with increased likelihood of severe depression during pregnancy (25) and cigarette, alcohol, or drug use during pregnancy (27). Some evidence suggests that risk of poor reproductive health outcomes may increase with the relative severity of the sexual violence experienced (24, 28). Several studies have suggested that the pregnancy and childbirth experiences of sexual violence survivors can be particularly difficult (25, 33). Additionally, survivors of sexual violence may experience anxiety or discomfort associated with gynecological examinations (34).

FUTURE DIRECTIONS

Despite these advances in research, however, much scientific exploration of the potential associations between sexual violence and women's reproductive health remains to be done. The following topics and research strategies can help propel the field forward.

Future Scientific Research

For a number of reasons, future scientific research will require more comprehensive theoretical frameworks and analytic models that can take into consideration the many constructs and interrelationships that may link sexual violence and reproductive health.

1. Sexual violence often occurs in environments with other forms of violence, abuse, and generally adverse conditions (19, 35). Further research is necessary to distinguish the independent effects of sexual violence, and particularly of child sexual abuse, from those of dysfunctional environments in general.

2. We need to know more about how sexual violence interacts with cooccurring risk factors.

3. The complexity of the potential direct and indirect associations between sexual violence, behavioral risk factors, and reproductive health issues requires that causality be examined thoroughly. Research has generally focused on reproductive health factors as sequelae of sexual violence, yet causal ordering may go both ways; some reproductive health behaviors or characteristics (e.g., high-risk sexual behavior) may increase risk for subsequent sexual violence.

4. Research models are needed to help understand how reproductive health is affected differentially according to the characteristics of sexual violence, including the survivor's age at occurrence, number and periodicity of incidents, types of sexual contact, and relationship to the perpetrator(s).

5. Research is needed on other potential mediating and moderating factors, beyond the behavioral risk factors commonly included in sexual violence and reproductive health research. Other variables include psychosocial stress, social support, depression, and self-esteem. Such variables have been examined in light of possible associations with reproductive health issues such as contraceptive use (36) and pregnancy intendedness (37) and as related to sexual violence (38, 39), but they have generally not been included in studies that have examined potential associations between sexual violence and reproductive health.

6. Greater standardization of methodology and measurement is needed so that scientific findings can be compared across populations and settings. The Centers for Disease Control and Prevention (CDC) is currently developing consensus definitions and recommended data elements for sexual violence surveillance in order to enhance the comparability of estimates of the problem.

Advances in Research

Advances in research on sexual violence and reproductive health are also needed to help shed light on the reproductive healthcare needs of women who have experienced sexual violence.

1. Past research on the specific health care needs of women who have experienced sexual violence has focused to a large extent on the immediate treatment of rape survivors (40, 41). Identifying the ongoing reproductive health care needs of women with a history of sexual violence will be an important next step.

2. Research needs to address the potential unmet

needs for reproductive health care services among those women who lack access to them. Such studies may benefit from the use of qualitative research approaches, which are well suited to capturing women's feelings, attitudes, and perceptions about what they want from health care providers.

Intervention Strategies

Perhaps most urgently, our efforts must move toward a greater emphasis on and understanding of intervention strategies for use in reproductive health care settings to assist women who have experienced sexual violence. A review of the literature on health care provider barriers to screening and intervention for violence indicates that providers commonly cite the lack of scientifically evaluated and effective clinical interventions as a primary barrier (42). Several approaches may assist in lessening and ultimately overcoming this barrier.

1. Scientific evaluations need to be conducted of screening and interventions that are currently being adopted in clinical health care settings to determine what strategies health care providers can implement successfully. In a recent review of the few published articles that have evaluated clinical interventions, the presence of a staff member who could take over for the clinician when an abused woman was identified helped providers feel more confident about screening (42).

2. Greater efforts need to be made to link women's health care services to community-based agencies that specialize in working with women who have experienced sexual violence.

3. The functioning of these linkages needs to be evaluated in terms of their usefulness for health care providers and for the women they serve.

CONCLUSION

Given the general taboos and silence about sexual violence in our society, it is not surprising that we know so little about the link between sexual violence and women's overall reproductive health, as well as the best role for reproductive health care services in screening and intervention. Yet, the high prevalence of sexual violence among children and adults makes it imperative for future health care research to determine how reproductive health care services can best serve women who have experienced

sexual violence. Until effective interventions are developed and instituted, we can expect the short- and long-term consequences of sexual violence to continue to take a toll on women's reproductive health.

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