

The health consequences of child sexual abuse and partner abuse for women attending general practice

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Child sexual abuse and partner abuse are common but hidden problems for women attending general practice. Rates of child sexual abuse vary from 7–36% from studies across 20 countries.¹ Partner abuse rates in general practice indicate that full time general practitioners unknowingly see 1–2 female patients a week who have experienced abuse.^{2,3}

We should consider the possibility of past sexual abuse or partner abuse in women who are presenting with psychological symptoms, overt injuries, or unexplained chronic symptoms (Table 1). Despite high levels of abuse, less than half of the women in a recent study had ever (during their lifetime) disclosed abuse to any GP.⁴

The study by Harsanyi et al (page 761 this issue) explores the impact of a history of child sexual abuse on women’s decisions about and experiences of cervical screening. Despite qualitative evidence

from women about the link between such a past history and unpleasant Pap test experiences,⁶ and subsequent possibility of under screening for cervical cancer, there has been very limited research into this area. Moreover, there is a need for further research into this area as recent evidence shows that women who are victims of child sexual or partner abuse are at an increased risk of developing cervical cancer.⁷ Of course there may be many reasons for this association, including more adverse health behaviours such as smoking and multiple sexual partners,⁸ and a greater chance of sustaining sexually transmitted infections.

Hopefully research of this type will enable the development of effective GP intervention, particularly in the areas of mental health and preventive health. General practitioners are the predominant professional group in whom women

confide, and thus, general practice is a potential location for any programs that intervene with abused women. We have learnt a lot about the epidemiology of abuse: we now need evidence about what is effective, a key research priority.⁹

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Table 1. Symptoms/presentations of abused women^{2,5}

Psychological

Insomnia
 Depression
 Suicidal ideation
 Anxiety symptoms and panic disorder
 Somatiform disorder
 Post-traumatic stress disorder
 Eating disorders
 Drug and alcohol abuse

Physical

Obvious injuries, especially to the head and neck or multiple areas
 Bruises in various stages of healing
 Sexual assault
 Sexually transmitted diseases
 Chronic pelvic or abdominal pain
 Chronic headaches or back pain
 Lethargy