

OAKLAND UNIVERSITY WILLIAM BEAUMONT

Introduction

- Sexual violence is a pervasive societal problem. The Rape, Abuse and Incest National Network reports that 1/6 American women and 1/33 American men have been the victim of an attempted or completed rape in their lifetime.¹
- This traumatic experience often comes with a variety of health implications for victims, including post-traumatic stress disorder, sexually transmitted infections, unwanted pregnancy, and mental health problems.²
- Though survivors want to discuss sexual assault with their physicians to obtain help and resources, physicians often do not address sexual assault with their patients.³ This is due to a variety of barriers, one of which is that physicians report feeling unprepared or uncomfortable dealing with this topic.³ Medical students may be inadequately trained regarding this topic.
- Despite the prevalence of sexual violence and the high likelihood that healthcare providers will encounter these individuals in their medical practice, there is a dearth of literature surrounding medical student knowledge of sexual violence and interacting with sexual assault survivors.
- The primary goal of this study is to assess medical student knowledge surrounding sexual violence affecting patient populations.

Aims and Objectives

Aim I: To assess medical student knowledge surrounding sexual assault

Aim II: To compare medical student knowledge of sexual assault across the years of medical school

Aim III: To determine whether there is a need for further curriculum surrounding sexual violence during medical school

Participants

- Procedure

Measures

	21	
Median Score	20	
	19	
	18	
	17	

Medical Student Knowledge About Sexual Assault in Patient Populations Hayley Walton¹, Sean Taylor², Michele R. Parkhill, Ph.D.²

¹Class of 2023 M.D. Candidate, Oakland University William Beaumont School of Medicine ²Department of Psychology, Oakland University

Methods

• Collected through mass email list and in the community (N = 82).

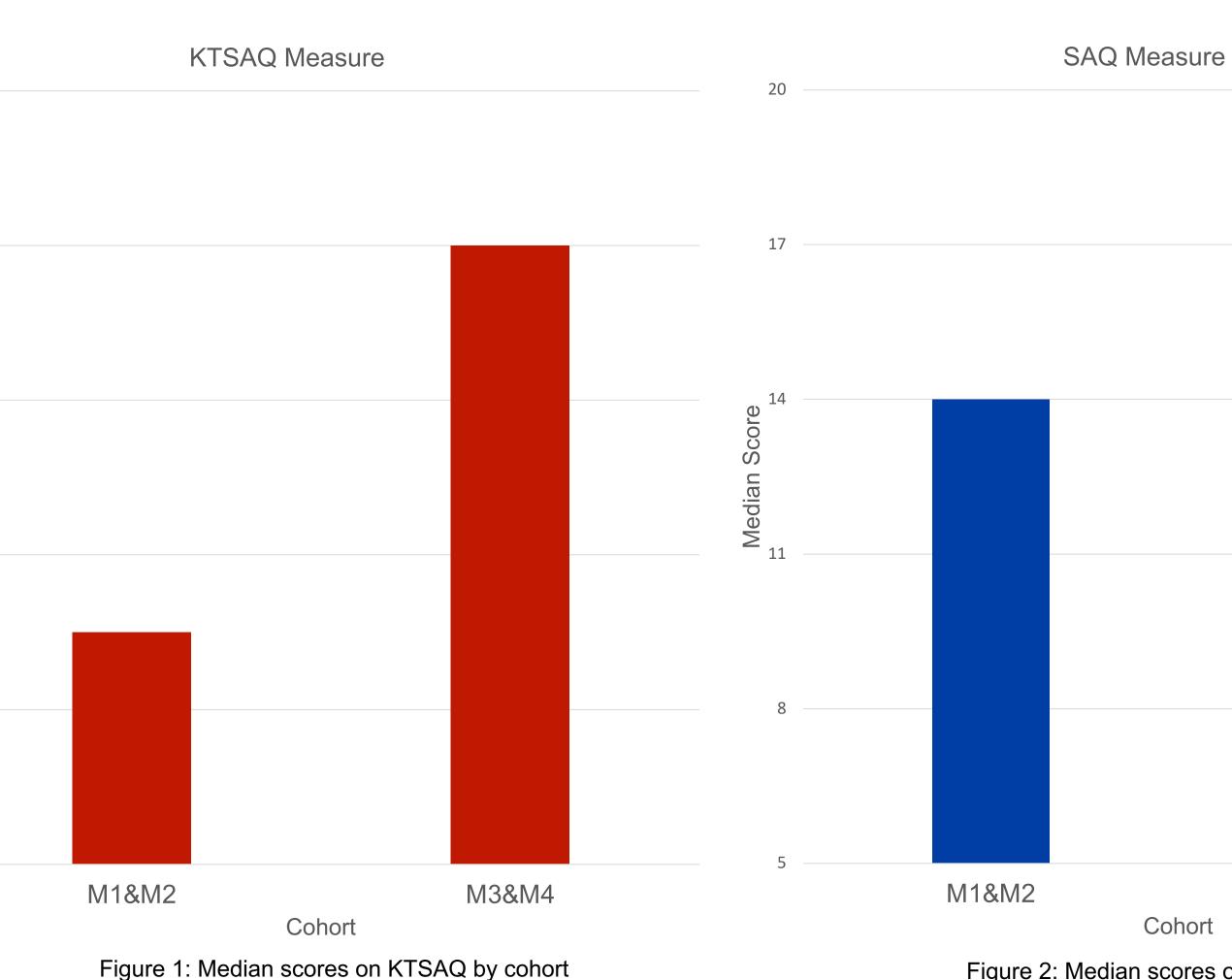
Average age of 25 (*M* = 24.91, *SD* = 1.76)

56.1% White/Caucasian, 4.9% Black/African-American, 1.2% were Hispanic, 14.6% Asian-American, 15.9% Middle Eastern/ Arabic, 3.7% none of the above, and 3.7 Choose not to respond

Participants completed an anonymous, cross-sectional, online survey hosted on Qualtrics

18-item Sexual Assault Questionnaire (SAQ)⁴

26-item Sexual assault knowledge Scale (KTSAQ) (Author Generated)



Results

Medical students were split into cohorts of M1&M2 classes (pre-clinical students) and M3&M4 classes (clinical students) for the purpose of these analyses.

For the overall survey results, there was no significant difference in knowledge between these two cohorts. However, analyses by measure revealed differential results.

A Mann-Whitney test indicated that KTSAQ medians were greater for M3&M4 (*Mdn*=20) than for M1&M2 (*Mdn*=17.5), U=523, *p*=.005 (Figure 1). The median score of 20 on the KTSAQ for the M3&M4 cohort equates to 77% correct answers.

A Mann-Whitney test indicated that SAQ medians were not significantly different for M1&M2 (*Mdn*=14) compared to M3&M4 (*Mdn*=14), U=703, *p*=.44 (Figure 2).

M3&M4 Cohort Figure 2: Median scores on SAQ by cohort

Conclusions

- For the overall survey results, there was no significant difference in knowledge between the pre-clinical and clinical cohorts. However, when the results were separated into results of the two separate measures, results varied.
- On the SAQ, which is oriented toward knowledge of rape myths and general information about sexual assault statistics, there was no significant difference between the two cohorts. However, on the KSTAQ, which is oriented toward practical information and the physician's role in clinical care for survivors, the clinical student cohort performed significantly better than the pre-clinical cohort.
- The results support that clinical students acquire practical knowledge about working with sexual assault survivors in the clinical years, however there is still work to be done in advancing medical student knowledge of sexual assault in both the preclinical and clinical years.
- This study is limited by its narrow sample of medical students from one medical school as well as the small sample size. Further research would expand the sample to medical students from other schools to expand the external validity of this research. Further research could also investigate how curricula surrounding sexual violence is taught at various schools and how this affects medical student knowledge and confidence about working with sexual assault survivors.
- Future research is needed to determine how best to educate medical students about sexual violence in order to make them competent future caretakers for these individuals.

References

- Tjaden P, Thoennes N. Prevalence, Incidence, and Consequences of Violence against Women: Findings from the National Violence against Women Survey. Vol 6.; 2000. doi:10.1177/10778010022181769
- 2. Jina R, Thomas LS. Health consequences of sexual violence against women. Best Pract Res Clin Obstet Gynaecol. 2013;27(1):15-26. doi:10.1016/j.bpobgyn.2012.08.012
- 3. Amin P, Buranosky R, Chang JC. Physicians' Perceived Roles, as Well as Barriers, Toward Caring for Women Sex Assault Survivors. Women's Heal Issues. 2017;27(1):43-49. doi:10.1016/j.whi.2016.10.002
- 4. Frazier P, Borgida E. Juror common understanding and the admissibility of rape trauma syndrome evidence in court. Law Hum Behav. 1988;12(2):101-122. doi:https://doi.org/10.1007/BF01073120

Acknowledgements

I would like to acknowledge Dr. Dwayne Baxa for his help in making sure that this project progressed over the last four years.