

# Health Care Burden of Adult Survivors of Childhood Sexual Abuse with Chronic Pelvic Pain

Ann-Sophie Van Backle, DO,<sup>1</sup> Brittney Bastow, MD, MSc, <sup>1</sup> Erica Morse, MA,<sup>1</sup> Arne Beck, PhD,<sup>1</sup> Chan Zeng, PhD,<sup>1</sup> Toya Ellis, MD, FACOG,<sup>2</sup> Jennifer Kelloff, MD,<sup>3,4</sup> Jenny Stith, MAT, MA,<sup>5</sup> Jean McAllister, MSW,<sup>5</sup>

<sup>1</sup> Institute for Health Research, Kaiser Permanente Colorado

<sup>2</sup> Department of Obstetrics and Gynecology, Kaiser Permanente Colorado

<sup>3</sup> Department of Pediatrics, Kaiser Permanente Colorado

<sup>4</sup> Department of Pediatrics, University of Colorado School of Medicine

<sup>5</sup> Wings, Denver, CO

## Introduction

Childhood sexual abuse (CSA) is a significant public health problem with numerous short- and long-term physical and behavioral health consequences. The prevalence of CSA is high among patients experiencing chronic pelvic pain (CPP). In the literature CPP and CSA are independently associated with increased healthcare utilization. There is limited research on patients with CPP who also have a history of CSA and whether healthcare utilization is increased.

## Aim

To investigate whether patients with CPP and a h/o CSA predict higher utilization of healthcare resources.

## Method

A cross-sectional convenience sample was conducted of 345 patients seen in a CPP clinic from 2019-2022. Patients completed the IPPS questionnaire, which assesses pain, prior diagnoses, providers seen, mental health diagnoses and history of abuse. Patients with history of CSA alone or in conjunction with other forms of childhood abuse were compared to those with a history of childhood abuse without sexual abuse and those not disclosing any form of childhood abuse.

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**1. Psychosocial History**

What is the main source of stress in your life? ☐ Work ☐ Family ☐ Financial ☐ Social ☐ Relationships

Who are the people you talk to concerning your pain, during stressful times?  
☐ Spouse/ Partner ☐ Relative ☐ Support Group ☐ Clergy ☐ Doctor/Nurse  
☐ Friend ☐ Mental Health Provider ☐ I take care of myself

Have you ever experienced abuse or trauma as a child (13 years or younger)? (Check all that apply)  
☐ Emotional ☐ Physical ☐ Sexual ☐ Domestic Violence

Have you ever experienced abuse as an adult?  
☐ Emotional ☐ Physical ☐ Sexual ☐ Domestic Violence

Are you currently experiencing abuse?  
☐ Emotional ☐ Physical ☐ Sexual ☐ Domestic Violence

Figure 1: IPPS questionnaire given to all patients. The section of the questionnaire studied denoting type of abuse is encompassed by the red circle.

	All (N=345)	CSA + other abuse (N=55)	Other Abuse (N=72)	Non Disclosure (N=218)
<b>Mental health (N=329)*</b>	N (%)	N (%)	N (%)	N (%)
Poor/Fair	123 (35.6)	21 (38.2)	39 (41.7)	63 (28.9)
Good/Very Good/Excellent	206 (59.7)	32 (58.2)	31 (43.1)	143 (65.6)
<b>Health care providers seen in the past for pelvic pain (n=312, Mean (SD))*</b>	3.9 (2.8)	5.0 (3.4)	4.2 (2.9)	3.6 (2.6)
<b>Fibromyalgia*</b>	23 (6.7)	9 (16.4)	6 (8.3)	8 (3.7)
<b>Trauma*</b>	91 (26.4)	36 (65.5)	31 (43.1)	24 (11.0)
<b>PTSD*</b>	75 (21.7)	30 (54.5)	26 (36.1)	19 (8.7)
<b>History of mental health conditions (n=329, Mean (SD))*</b>	2.1 (1.9)	3.4 (2.1)	3.2 (1.6)	1.4 (1.6)
History of medical conditions (n=329, Mean (SD))	1.5 (1.3)	2.1 (1.9)	1.5 (1.2)	1.3 (1.5)

\*P value <0.05

Figure 3: Study results. Main results denoted by red box. Results with a statistical significance and a P value <0.05 denoted by the red asterisk,

## Results

The majority of patients (70.1%) were white and between ages 24 - 49. One-third disclosed a history of any childhood abuse. Patients reporting CSA had more mental health conditions compared to those with history of other forms of childhood abuse (3.4 conditions vs. 3.2,  $P < 0.05$ ). Patients reporting CSA also saw more healthcare providers compared to those not reporting CSA (5.0 providers vs. 4.2,  $P < 0.05$ ).

	All (N=345)	CSA + other abuse (N=55)	Other Abuse (N=72)	Non Disclosure (N=218)
<b>Age (n=343, Mean (SD))</b>	36.4 (12.1)	36.9 (13.5)	34.2 (10.2)	36.9 (12.3)
<b>Education (n=317)</b>	N (%)	N(%)	N(%)	N(%)
Less than 12 years /				
High school graduate	103 (29.9)	25 (45.5)	29 (40.3)	66 (30.3)
College degree	134 (38.8)	18 (32.7)	27 (37.5)	89 (40.8)
Postgraduate degree	80 (23.2)	10 (18.2)	16 (22.2)	54 (24.8)
<b>Race/Ethnicity</b>				
Hispanic	68 (19.7)	11 (20.0)	8 (11.1)	49 (22.5)
White	242 (70.1)	39 (70.9)	58 (80.6)	145 (66.5)
Asian, Black, Other	35 (10.1)	5 (9.1)	6 (8.3)	24 (11.0)

Figure 2: Demographic results.

## Conclusion

Using number of providers seen for the pain condition as a surrogate marker of health care utilization, these findings suggest that CSA is an independent risk factor contributing to increased healthcare utilization. CSA survivors with CPP also carry a heavier burden of mental health diagnoses. These findings emphasize the importance of routine screening of CSA at CPP appointments. An integrated model of care can allow access to mental health providers and a multi-disciplinary treatment team for identifying, diagnosing, and treating pain conditions. As the understanding of the interplay between mental and physical health increases, a future focus of research directed at this unique patient population will discern where and how mental health treatment improves health outcomes and decreases health care utilization in an over-burdened system. Additionally, further studies into the areas of health care where these patients are seeking additional care (urgent care, emergency rooms, outpatient clinics, etc) will clarify the economic burden and optimize care.

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