

## **PUBLIC HEALTH AND PREVENTION**

### **Sex and Violence in Medicine: What's the point?**

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Talking about sex and violence in medical history taking can have an additive value. As has been shown by Felitti and others (e.g. Felitti, 2002; Boese et al., 2011) adverse childhood events are significantly related to chronic diseases. Experiences with violence are hardly ever asked in medical history taking. The same is valid for sexuality. Sexuality should not only cover reproductive functions, but also sexual well-being, sexual problems and dysfunctions. Barriers to talking about sexuality and violence with patients have been found in lack of time, lack of possibilities to refer patients to specialized institutions if needed, not knowing how to deal with the information given by the patient, and specifically for sexual problems, underestimation of the prevalence of sexual problems (e.g. Schellong & Epple, 2010). Sexual problems or experiences with violence may mask symptoms; moreover patients with a history of abuse seek health care more often than without a history of abuse (e.g. National Survey from Verizon Foundation and More Magazine, October 2013); therefore standardly integrating topics such as sexuality and violence in medical history taking will facilitate making a diagnosis, helps to optimize treatment and to improve patient care. Against this backdrop we developed a tool with questions on sexuality and violence in addition to a standard medical history taking questionnaire. Questions on sexuality cover e.g. sexual orientation, sexually transmitted diseases, sexual problems; questions on violence refer to physical, sexual and psychological violence. The last part of the tool includes coping with these experiences (e.g. psychotherapy), need or wish for referral and overall well-being. The questionnaire was field tested in the women's health center (approved by the ethic committee; AN 311/4.1), including 207 female patients and 3 female physicians. Patients stated that they had hardly ever been asked about sexuality and violence by physicians. More than half of the patients had experienced violence, and almost half of the patients mentioned sexual problems. They welcomed the opportunity to talk about sex and violence and would like the physician to initiate these topics (e.g. Siller et al., 2013; cf. Nusbaum et al., 2002). Physicians mentioned that knowing about issues on sexuality and violence helped optimizing treatment and was valuable information for patient care. It is necessary to further investigate and detect health issues connected to violence for optimized treatment of patients having experienced violence.