Background

Sexual violence is estimated to affect 1 in 10 women and 1 in 71 men in Britain. Those who have experienced sexual violence may choose to disclose to a health care professional in a variety of settings. This systematic review sought to assess the measurement of patient experience and outcomes in health care settings on receiving care after sexual violence. The review's objectives were:

1. To determine how patient reported outcomes measures (PROMS) and experiences (PREMS) have previously been defined and measured for men and women attending health care settings after experiencing sexual violence;
2. To identify whether a “gold standard” measure of PROMS and PREMS exists for this group of patients, and if so how has it been defined in terms of reliability (are the results reproducible and consistent), validity (has an assessment been made of what patients consider to be important measures of quality and are they accurately evaluated), acceptability, and feasibility;
3. To identify key themes regarded by patients as priorities for delivering a high-quality service for individuals who have experienced sexual violence.

Methods

Search strategy: Searches were conducted in Medline, Embase, CINHAL, Cochrane database, PsychINFO (psychology and psychiatry), AMED (complementary medicine), BNI (British Nursing Index), ASSIA (Applied Social Sciences Index and Abstracts) using keywords and MeSH terms relating to patient reported experience and outcomes and sexual violence, from inception until March 2017.

Study types: Any type

Participants: Men or women, aged 13 years or older, presenting at a health care setting after experiencing sexual violence at any time point in their lifetime. The definition used of sexual violence was based on the UK Sexual Offences Act 2003, which refers to rape, sexual assault by penetration and causing sexual activity without consent.

Outcome types: Included studies that assessed either patient reported experience or patient reported outcome measures.

Study quality assessment: Quality assessments were used for both qualitative and questionnaire-based studies. A quality assessment checklist was created by the review team and applied to each study to record a numerical value. No study was excluded on the basis of low quality.

Data screening and extraction: Abstracts and titles were screened using the criteria described above and categorised into two libraries: “full text screening” and “irrelevant.” Two reviewers appraised the full texts with approximately one third of papers assessed by both reviewers. Conflicts were solved in discussion with a third reviewer. Two data extraction forms, for quantitative and qualitative data, were drafted, reviewed, piloted and refined by the authors.

Data synthesis: Articles were subdivided according to study methodology and summarised using thematic headings, which emerged during content analysis.

Of the 23 articles that satisfied the inclusion criteria:

WHERE: 2 studies were based in a UK health setting. 18 were based in North America.

WHO: The majority of studies included women only; with 1 study with men only and 6 recruiting both men and women (although men were recruited in far smaller numbers than the women). Very few studies reported the sexual identity of participants and ethnicity varied across studies, with 8 studies not reporting this data.

Quantitative/Questionnaire-based studies

Key finding: No gold standard instrument for measuring PROMS or PREMS was identified during the review.

The outcome themes identified as important in the questionnaire-based studies included trauma care (e.g. assessment of injuries, pain relief), medical and gynaecological care (e.g. STI testing, emergency contraception, termination of pregnancy, HIV prophylaxis), forensic examination and psychological care.

One study referenced a validated tool to measure positive and negative social responses to sexual assault disclosure. This, the Social Reactions Questionnaire (SRQ), sought to assess negative social reactions perceived by survivors disclosing sexual assault and included those seen in formal support environments.

Validation processes for questionnaires used were alluded to in a further 3 studies but without evidence of a comprehensive approach to questionnaire design, incorporating patient input, and an assessment of validity, acceptability, feasibility and reliability. The remaining studies did not mention any form of validation.

Other validated measures, e.g. Counselling Outcome Index, Post-traumatic Stress Index, Becks Depression score, were employed in some studies to measure therapy outcomes alongside questionnaires. These are important elements of care looking at the effectiveness and quality but do not capture patient reported experience or outcome relating to care received.

Themes identified from qualitative studies

Key finding: patients identified the need to feel in control throughout, which is enabled by listening without judgement, carefully conveying information. This presents challenges for healthcare professionals who may feel obligated to ensure particular outcomes, such as emergency contraception is provided when the patient simply wants to be offered choice.

Conclusions

In this first systematic review assessing the measurement of patient reported experience and outcomes in healthcare settings after sexual violence no standardised measure was identified. The identification of key themes will help to inform and future development of a standardised measure. There is a notable absence of key study populations e.g. LGBT+, those living outside westernised countries, those in areas of conflict, asylum seekers, refugees. These are of particular concern as their risk of sexual violence and experience is well recognised, and may limit the generalisability of the findings.

Key messages:

- PROMS and PREMS are important ways to assess healthcare quality but no standardised measures are currently available for patients reporting sexual violence
- The key themes identified should be incorporated into a standardised measurement tool
- Whilst recognising the importance of compassionate care, our review highlights additional key areas that are important to patients who report sexual violence, including the need to empower individuals and hand control back to them.

References