

A risk in chronic pelvic pain: Sexual abuse

Kronik pelvik ağrıda bir risk: Cinsel istismar

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ABSTRACT

This study aims to examine the relationship between chronic pelvic pain (CPP) and sexual abuse history, present literature findings, and increase awareness of healthcare professionals on the subject. Within the scope of the review, clinical and epidemiological studies examining the relationship between CPP and abuse were scanned, and systematic reviews and meta-analyses were reviewed. The literature review used PubMed, Scopus, and Web of Science databases. In the studies, the effect of sexual abuse, sexual violence, and childhood sexual abuse on CPP was emphasized. The methodological quality and limitations of the included studies were analyzed and the findings obtained were compiled. Studies show that a significant portion of women with CPP have a history of abuse. There are findings that experiences such as sexual abuse and physical violence increase the risk of individuals developing chronic pain and other somatic symptoms in later life. In addition, it has been determined that psychological disorders contribute to the chronicity of CPP by increasing pain perception. Understanding the relationship between chronic pelvic pain and abuse necessitates the development of a more holistic approach to treatment approaches. Considering not only physical symptoms but also psychosocial factors is a very important factor in improving the quality of life of patients and the treatment process. This review makes an important contribution to understanding the relationship between CPP and abuse and aims to increase the awareness of health professionals.

Keywords: Sexual abuse, women's health, chronic pelvic pain, violence

ÖZ

Bu çalışma, kronik pelvik ağrı (KPA) ile cinsel istismar geçmişi arasındaki ilişkiyi incelemeyi, literatür bulgularını sunmayı ve sağlık profesyonellerinin konu hakkındaki farkındalığını artırmayı amaçlamaktadır. Derleme kapsamında, KPA ve istismar arasındaki ilişkiyi inceleyen klinik ve epidemiyolojik araştırmalar taranmış, sistematik derlemeler ve meta-analizler gözden geçirilmiştir. Literatür taraması, PubMed, Scopus ve Web of Science gibi veri tabanlarından yapılmıştır. Araştırmalarda, özellikle cinsel istismar, cinsel şiddet ve çocukluk dönemi cinsel istismarının KPA üzerindeki etkisi vurgulanmıştır. Dahil edilen çalışmaların metodolojik kalitesi ve sınırlılıkları analiz edilerek, elde edilen bulgular derlenmiştir. Araştırmalar, KPA'ya sahip kadınların önemli bir kısmının istismar geçmişine sahip olduğunu göstermektedir. Cinsel istismarın ve fiziksel şiddet gibi deneyimlerin, bireylerin ilerideki yaşamlarında kronik ağrı ve diğer somatik belirtiler geliştirme riskini artırdığına dair bulgular bulunmaktadır. Ayrıca, psikolojik bozuklukların ağrı algısını artırarak KPA'nın kronikleşmesine katkıda bulunduğu belirlenmiştir. Kronik pelvik ağrı ile istismar arasındaki ilişkinin anlaşılması, tedavi yaklaşımlarında daha bütüncül bir yaklaşım geliştirilmesini zorunlu kılmaktadır. Sadece fiziksel semptomların değil, aynı zamanda psikososyal faktörlerin de dikkate alınması, hastaların yaşam kalitesini artırmada ve tedavi süreci için oldukça önemli bir faktördür.

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Bu derleme, KPA ve istismar ilişkisini anlamada önemli bir katkı sunmakta ve sağlık profesyonellerinin farkındalığını artırmayı hedeflemektedir.

Anahtar Sözcükler: Cinsel istismar, kadın sağlığı, kronik pelvik ağrı, şiddet

INTRODUCTION

CPP is a common gynecological disorder known to seriously reduce the quality of life related to mental and physical health. It is a women's health problem associated with great financial, medical, and psychosocial burdens (1). Although CPP considered a public health problem, is thought to constitute approximately 20% of gynecological consultations, there is limited research on this subject. The diagnosis and management of CPP is a difficult condition for clinicians due to the presence of multiple organs in the female pelvis and the functional symptoms of each organ related to pain (2,3).

Due to the lack of a single and clear etiology, CPP is referred to by experts as a complex neuromuscular-psychosocial disorder that can involve the reproductive, urological, and gastrointestinal systems (4). Some risk factors for CPP include smoking, drug or alcohol use, heavy menstrual bleeding, pelvic inflammatory disease, depression, and anxiety, as well as a history of sexual abuse and trauma (5). Many women are reluctant to share their experiences of sexual violence spontaneously; However, those who have these experiences experience problems such as chronic pelvic pain, dysmenorrhea, and sexual dysfunction more frequently than women without sexual victimization and present to clinics (6). Therefore, as part of a comprehensive approach to patients presenting with complaints of CPP, it is essential to investigate the history of sexual abuse, considering that approximately 50% of patients with this pathology have a history of sexual abuse, for the effective treatment of CPP (7).

Abuse and Chronic Pelvic Pain

The World Health Organization (WHO) defines sexual violence as "any sexual act or attempt to obtain a sexual act by any person, regardless of their relationship to the victim, in any setting, using force or coercion." In its 2021 Prevalence Estimates of Violence Against Women report, which includes data from 137 countries between 2000 and 2018, WHO reported that one in three women worldwide has been subjected to sexual, and physical violence, and/or harassment by an

intimate partner. In our country, the prevalence of sexual abuse by an intimate partner is 19% (8). Sexual abuse is a global problem that can have both short- and long-term negative consequences for women's health (6). WHO reports that physical and sexual violence in childhood and/or adulthood causes mental health issues, as well as sexual and reproductive health problems, particularly mental and neurological disorders in women (8). Increased physical symptoms reported by patients, decreased levels of social functioning, changes in health perceptions, and reduced quality of life may be consequences of both childhood and adult sexual abuse (6). Long-term maladaptive emotional coping styles in trauma survivors include defensive denial of negative emotions (suppression) and emotional suppression due to concerns about social acceptance. Emotional suppression is associated with medically adverse physiological changes, while this suppression may also be linked to medically unexplained somatic symptoms such as chronic fatigue and pain (9).

Many women with CPP may experience pain-related functional impairments without receiving a clear medical diagnosis (10). When examining the relationship between abuse and chronic pelvic pain in the literature, it has been reported that childhood sexual abuse can lead to persistent pelvic pain (11,12). Furthermore, studies conducted in later years have found that the rate of sexual abuse is higher among women with CPP, with these rates being significantly higher than in women without pelvic pain (13,14). Evidence from community-based surveys supports the association between a history of sexual or physical abuse and pain symptoms in women with CPP (15). Fenton proposed the limbic sensitivity model to explain CPP, suggesting that childhood sexual abuse may increase pain sensitivity and central nervous system reactivity (16). Additionally, a study conducted by Bourdan et al. found that severe gynecological pain symptoms were linked to experiences of sexual abuse in childhood and/or adolescence (17).

Abuse, Chronic Pelvic Pain, and the Role of Healthcare Professionals

Identifying sexual abuse is a significant challenge in itself. Patients may be reluctant to disclose sexual abuse during their first clinical encounter due to factors such as shame, lack of awareness, or fear of being stigmatized by the clinician or their partners. Additionally, some patients may not perceive the issue as relevant in the context of a routine gynecological consultation or pelvic examination. This reluctance can negatively impact the detection of a history of sexual abuse and hinder the treatment process (18). Therefore, healthcare professionals play a critical role in understanding and managing the relationship between CPP and abuse. First, a thorough history should be taken in patients presenting with CPP symptoms to detect a possible history of abuse. Both physical and psychological assessments should be conducted with a holistic approach, considering that a history of abuse may remain concealed. Healthcare professionals should also develop a multidisciplinary treatment plan that addresses not only the physical symptoms but also the emotional and psychosocial well-being of the patient. Providing psychotherapy and supportive counseling services for patients with a history of trauma is

also essential. Furthermore, given the association between CPP and abuse, raising awareness and promoting multidisciplinary teamwork in the care of these patients are fundamental responsibilities for healthcare providers. Appropriate pain management, psychological support, and, when necessary, collaboration with social services is crucial in the management of CPP (3, 19).

CONCLUSION

CPP and abuse reflect a complex interplay of emotional and physical trauma experienced by individuals. The experience of sexual abuse can contribute to the development of chronic pain and other somatic symptoms by negatively affecting emotional coping mechanisms. Therefore, healthcare professionals must adopt a holistic approach that considers past traumas in individuals experiencing chronic pelvic pain. This approach can enhance the effectiveness of treatment processes and improve patients' overall well-being. In this regard, further research on CPP and sexual abuse is essential to support victims of abuse better and develop more effective treatment strategies.

Conflict of Interest: The authors declare no conflict of interest related to this review.

References

1. Panisch, L. S., Rogers, R. G., Breen, M. T., Nutt, S., Dahud, S., & Salazar, C. A. (2022). Childhood betrayal trauma, dissociation, and shame impact health-related quality of life among individuals with chronic pelvic pain. *Child abuse & neglect*, 131, 105744. <https://doi.org/10.1016/j.chiabu.2022.105744>
2. Leow, H. W., Szubert, W., & Horne, A. W. (2018). 45% of UK gynaecologists think chronic pelvic pain is managed badly. *European journal of obstetrics, gynecology, and reproductive biology*, 224, 200–202. <https://doi.org/10.1016/j.ejogrb.2018.03.014>
3. Vincent, K., & Evans, E. (2021). An update on the management of chronic pelvic pain in women. *Anaesthesia*, 76 Suppl 4, 96–107. <https://doi.org/10.1111/anae.15421>
4. Latthe P, Latthe M, Say L, Gülmezoglu M. WHO systematic review of prevalence of chronic pelvic pain: a neglected reproductive health morbidity. *BMC Public Health*. 2006;7:1–7. <https://doi.org/10.1186/1471-2458-6-177>.
5. Latthe P, Mignini L, Gray R, Hills R, Khan K. Factors predisposing women to chronic pelvic pain: systematic review. *Br Med J*. 2006; 55 (February). <https://doi.org/10.1136/bmj.38748.697465.55>.
6. ACOG Committee Opinion No. 777: Sexual Assault. (2019). *Obstetrics and gynecology*, 133(4), e296–e302. <https://doi.org/10.1097/AOG.0000000000003178>
7. Panisch, L. S., & Tam, L. M. (2020). The Role of Trauma and Mental Health in the Treatment of Chronic Pelvic Pain: A Systematic Review of the Intervention Literature. *Trauma, violence & abuse*, 21(5), 1029–1043. <https://doi.org/10.1177/1524838018821950>
8. World Health Organization. (2021). Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. <https://www.who.int/publications/i/item/9789240022256>

9. Thomas, E., Moss-Morris, R., & Faquhar, C. (2006). Coping with emotions and abuse history in women with chronic pelvic pain. *Journal of psychosomatic research*, 60(1), 109–112. <https://doi.org/10.1016/j.jpsychores.2005.04.011>
10. As-Sanie, S., Clevenger, L. A., Geisser, M. E., Williams, D. A., & Roth, R. S. (2014). History of abuse and its relationship to pain experience and depression in women with chronic pelvic pain. *American journal of obstetrics and gynecology*, 210(4), 317.e1–317.e8. <https://doi.org/10.1016/j.ajog.2013.12.048>
11. DUNCAN, C. H., & TAYLOR, H. C., Jr (1952). A psychosomatic study of pelvic congestion. *American journal of obstetrics and gynecology*, 64(1), 1–12. [https://doi.org/10.1016/s0002-9378\(16\)38730-0](https://doi.org/10.1016/s0002-9378(16)38730-0)
12. Weiss, E. L., Longhurst, J. G., & Mazure, C. M. (1999). Childhood sexual abuse as a risk factor for depression in women: psychosocial and neurobiological correlates. *The American journal of psychiatry*, 156(6), 816–828. <https://doi.org/10.1176/ajp.156.6.816>
13. Jamieson, D. J., & Steege, J. F. (1997). The association of sexual abuse with pelvic pain complaints in a primary care population. *American journal of obstetrics and gynecology*, 177(6), 1408–1412. [https://doi.org/10.1016/s0002-9378\(97\)70083-8](https://doi.org/10.1016/s0002-9378(97)70083-8)
14. Walker, E., Katon, W., Harrop-Griffiths, J., Holm, L., Russo, J., & Hickok, L. R. (1988). Relationship of chronic pelvic pain to psychiatric diagnoses and childhood sexual abuse. *The American journal of psychiatry*, 145(1), 75–80. <https://doi.org/10.1176/ajp.145.1.75>
15. Sachs-Ericsson, N., Kendall-Tackett, K., & Hernandez, A. (2007). Childhood abuse, chronic pain, and depression in the National Comorbidity Survey. *Child abuse & neglect*, 31(5), 531–547. <https://doi.org/10.1016/j.chiabu.2006.12.007>
16. Fenton B. W. (2007). Limbic associated pelvic pain: a hypothesis to explain the diagnostic relationships and features of patients with chronic pelvic pain. *Medical hypotheses*, 69(2), 282–286. <https://doi.org/10.1016/j.mehy.2006.12.025>
17. Bourdon, M., Antoine, V., Combes, U., Maitrot-Mantelet, L., Marcellin, L., Maignien, C., Chapron, C., & Santulli, P. (2023). Severe pelvic pain is associated with sexual abuse experienced during childhood and/or adolescence irrespective of the presence of endometriosis. *Human reproduction (Oxford, England)*, 38(8), 1499–1508. <https://doi.org/10.1093/humrep/dead119>
18. Garza-Leal, J. G., Sosa-Bravo, F. J., Garza-Marichalar, J. G., Soto-Quintero, G., Castillo-Saenz, L., & Fernández-Zambrano, S. (2021). Sexual abuse and chronic pelvic pain in a gynecology outpatient clinic. A pilot study. *International urogynecology journal*, 32(5), 1285–1291. <https://doi.org/10.1007/s00192-021-04772-4>
19. Chapron, C., Marcellin, L., Borghese, B., & Santulli, P. (2019). Rethinking mechanisms, diagnosis and management of endometriosis. *Nature reviews. Endocrinology*, 15(11), 666–682. <https://doi.org/10.1038/s41574-019-0245-z>