North Dakota Women's Health CORE
CLINIC OUTREACH
RESEARCH EDUCATION

UND Women's Health Update

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Irritable Bowel Syndrome (IBS)

WHAT IS IBS?

IBS is a disturbance of colonic function characterized by abdominal pain or discomfort, bloating and abnormal bowel function, resulting in episodes of chronic diarrhea, chronic constipation, or both in alternation. Discomfort and bloating are often relieved by defecation.
IBS is understood as a multi-faceted "functional" disorder in which the primary abnormality is an altered physiological function rather than an identifiable structural or biochemical cause. When the colon is examined, it appears normal.

WHAT CAUSES IBS?

Exact cause is not known; we know that symptoms result from what appears to be a disturbance in the interaction between the gut, the brain, and the autonomic nervous system that alters regulation of bowel motility (motor function).

DIAGNOSING IBS

The cornerstone of diagnosis is a detailed history and a meticulous physical examination along with selected diagnostic procedures that are often limited to a few basic tests. The Rome II Diagnostic Criteria for IBS offer a diagnostic standard for research and clinical care. The criteria are: At least 12 weeks or more (which need not be consecutive) in the preceding 12 months of abdominal discomfort or pain that is accompanied by *at least two of:*
1) It is relieved with defecation 2) Onset is associated with a change in frequency of stool
3) Onset is associated with a change in form of stool

Inside:

IBS

Sexual Assault

Of Note

Connections

Questions?

Contact:
Sarah J. Owens
Coordinator
womenshealth@medicine.nodak.edu
Box 9037
Grand Forks, ND 58202-9037
www.und.nodak.edu/dept/womenshealth/

IBS IS UNPREDICTABLE

Symptoms vary and are sometimes contradictory, such as diarrhea alternating with constipation.
It is difficult to ease pain that may repeatedly occur periodically throughout the day. One becomes reluctant to eat for fear that just eating a meal will trigger symptoms all over again. IBS has a broad and significant impact on a person's quality of life. It does not discriminate and
results in a significant toll of human suffering and disability.

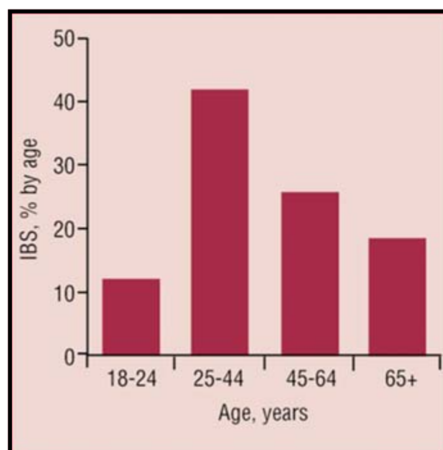
IBS MANAGEMENT

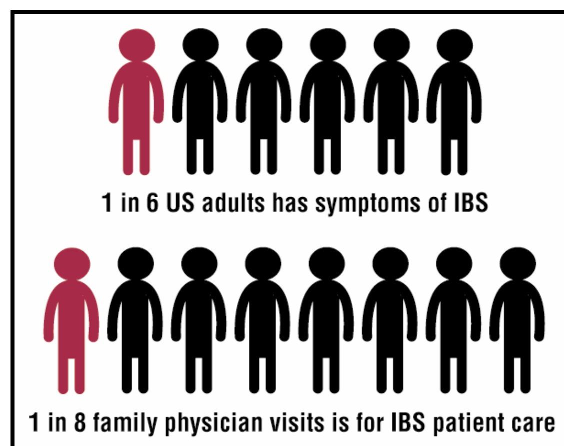
- Education & Reassurance
- Dietary Changes
- Regular Exercise
- Stress Management
- Behavioral Counseling or Therapy
- Pharmacologic Treatment

COST OF IBS

- 3.5 million physician visits per year
- 2.2 million prescriptions per year
- 3-fold increase in work absenteeism
- Poor Quality of Life Scores for mental and social function
- Per patient annual health care costs $1,000 greater than for individuals without IBS

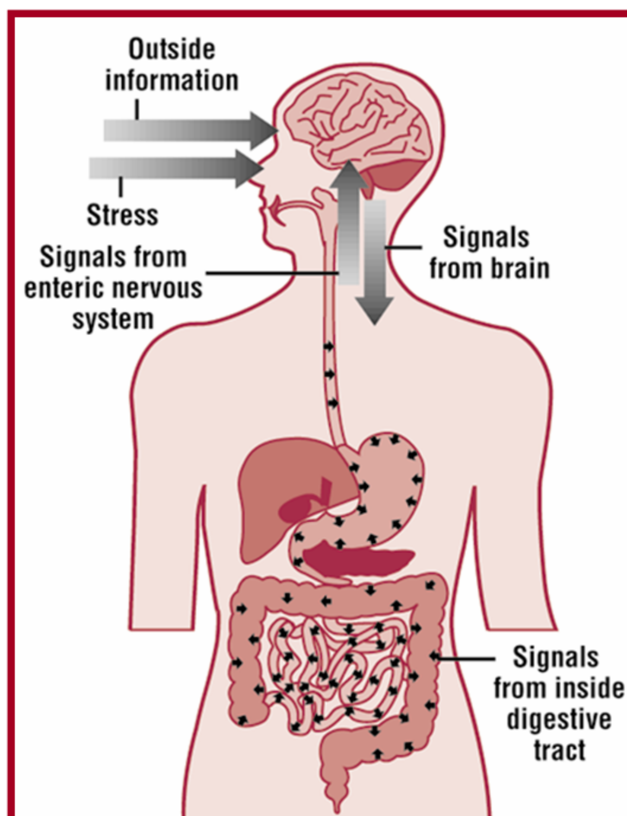
Who HAS IBS





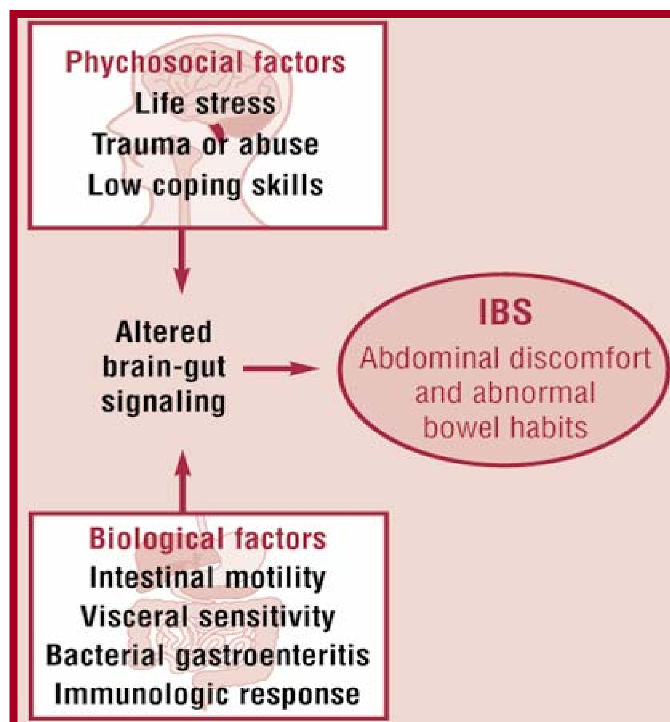
IBS & THE BODY: THE BRAIN & GUT CONNECTION

Symptoms appear to result from a disturbance in the interaction between the gut, brain, and nervous system that alters regulation of bowel motor or sensory function. IBS is not caused by stress. However, because of the connection between the brain and the gut, symptoms can be exacerbated or triggered by stress.



IBS TRIGGERS

Life stresses
(death, divorce, job loss)
Trauma/Abuse
Low Coping Skills
Lifestyle
(travel, vigorous exercise)
Dietary habits
(alcohol, fat, caffeine, sorbitol, fructose, dairy products, grains, some vegetables)



THE DOCTOR-PATIENT PARTNERSHIP

The treatment of IBS is based on a working partnership between you and your doctor.

Give your doctor as much information as possible on your symptoms and how they respond to treatment.

IBS symptoms are chronic or recurrent; a long-term relationship between you and your physician is important.

You should find that your physician helps educate you about the nature of IBS, acknowledges your symptoms in an empathetic manner, helps you set reasonable treatment goals, and involves you in treatment decisions

Information From:
The AFP Guide to diagnosis & treatment of IBS; Ehrenpreis, Burns, & Hofmann; 2003; Illinois Academy of Family Physicians,
www.aboutibs.org,
http://www.healthywomen.org/healthtopics/irritablebowelsyndrome

Sponsored by the Office on Women's Health, U.S. Department of Health and Human Services

Join us for the WOMAN Challenge -
an 8-week challenge to increase your physical activity
beginning Sunday, May 14 th , Mother's Day,
to kick off National Women's Health Week

Register now and ...
- Receive a free pedometer and a tracking log to record your physical activity (while supplies last)
- Choose 1 of 6 virtual routes across the United States to track your progress during the Challenge -- explore the country without leaving your hometown!
- Participate as an individual or form a team of two to ten people
- Select a physical activity goal that fits your lifestyle
- Receive motivational emails , useful health information, and regular progress reports when you record your activity on the interactive website

Sexual Assault Awareness Month

Sexual violence is a serious problem that affects millions of people every year. Its victims are at increased risk of being abused again. Sexual violence perpetrators are also at increased risk of perpetrating again. Statistics about sexual violence vary due to differences in how it is defined and how data is collected. Sexual violence data usually come from police, clinical settings, nongovernmental organizations, and survey research. Available data greatly underestimate the true magnitude of the problem. Rape is one of the most underreported crimes. In 2002, only 39% of rapes and sexual assaults were reported to law enforcement officials. While not an exhaustive list, here are some statistics on the occurrence of sexual violence.

About 2 out of 1000 children in the United States were confirmed by child protective service agencies as having experienced sexual assault in 2003.

Among high school youth nationwide:
About 9% of students reported that they had been forced to have sexual intercourse.

Female students are more likely than male students to report sexual assault (11.9% vs. 6.1%).

Overall, 12.3% of Black students, 10.4% of Hispanic students, and 7.3% of White students reported that they had been forced to have sexual intercourse.

Among college students nationwide, between 20% and 25% of women reported experiencing completed or attempted rape.

Among adults nationwide:
More than 300,000 women (0.3%) and over 90,000 men (0.1%) reported being raped in the previous 12 months.

One in six women (17%) and one in thirty-three men (3%) reported experiencing an attempted or completed rape at some time in their lives. Rape usually occurs more than once. Among adults who report being raped, women experienced 2.9 rapes and men experienced 1.2 rapes in the previous year.

Consequences

Sexual violence can have very harmful and lasting consequences for victims, families, and communities. The following list describes just some of them.

Physical

- Women who experience both sexual and physical abuse are significantly more likely to have sexually transmitted diseases.
- Over 32,000 pregnancies result from rape every year.
- There are long-term consequences such as:

Chronic pelvic pain, Premenstrual syndrome, Gastrointestinal disorders, Gynecological and pregnancy complications, Migraines and other frequent headaches, Back pain, Facial pain Disability preventing work

Psychological

Victims of sexual violence face both immediate and long-term psychological consequences . Immediate psychological consequences include:

Shock, Denial, Fear, Confusion, Anxiety, Withdrawal, Guilt, Nervousness, Distrust of others, Symptoms of Post-traumatic stress disorder, Emotional detachment, Sleep disturbances, Flashbacks, Mental replay of assault, Mental chronic psychological consequences include:

Depression, Attempted or completed suicide, Alienation, Post-traumatic stress disorder, Unhealthy diet-related behaviors, Fasting, Vomiting, Abusing diet pills, Overeating

Social

- Strained relationships with the victim's family, friends, and intimate partners
- Less emotional support from friends and family
- Less frequent contact with friends and relatives
- Lower likelihood of marriage

Health Behaviors

Some researchers view the following health behaviors as both consequences of sexual violence and factors that increase a person's vulnerability to being victimized again in the future.

Engaging in high-risk sexual behavior including: Unprotected sex, Early sexual initiation, Choosing unhealthy sexual partners, Having multiple sex partners, Trading sex for food, money, or other items, Using or abusing harmful substances, including: Smoking cigarettes, Drinking alcohol, Driving after drinking alcohol, Taking drugs

Victimization

- Women are more likely to be victims of sexual violence than men: 78% of the victims of rape and sexual assault are women and 22% are men.
- Sexual violence starts very early in life. More than half of all rapes of women (54%) occur before age 18; 22% of these rapes occur before age 12. For men, 75% of all rapes occur before age 18, and 48% occur before age 12.
- Prevalence of IPV varies among race. American Indian and Alaskan Native women are significantly more likely (34%) to report being raped than African American women (19%) or White women (18%).
- Women in college who use drugs, attend a university with high drinking rates, belong in a sorority, and drank heavily in high school are at greater risk for rape while intoxicated .

Perpetration

Most perpetrators of sexual violence are men. Among acts of SV committed against women since the age of 18, 100% of rapes, 92% of physical assaults, and 97% of stalking acts were perpetrated by men. SV against men is also mainly male violence: 70% of rapes, 86% of physical assaults, and 65% of stalking acts were perpetrated by men.

Relationship between Victim and Perpetrator

- In 8 out of 10 rape cases, the victim knows the perpetrator.
- A national survey found that 34% of women were victims of sexual coercion by a husband or intimate partner in their lifetime.
- Of people who report sexual violence, 64% of women and 16% of men were raped, physically assaulted, or stalked by an intimate partner. This includes a current or former spouse, cohabitating partner, boyfriend/girlfriend, or date.

Vulnerability Factors for Victimization and Risk Factors for Perpetration

Statistics on sexual violence are biased by underreporting, and emphasis on more overtly violent sexual assaults by medical and legal services, among other factors. Underreporting is due to victims' embarrassment, shame, fear, feelings of discomfort and mistrust about the official(s) to whom an assault is reported.

Despite the underestimation of the true magnitude of the problem, research has increased understanding of factors that make some populations more vulnerable to sexual violence victimization and more at risk for sexual violence perpetration.

Vulnerability factors increase the likelihood that a person will suffer harm. Risk factors increase the likelihood that a person will cause harm.

However, neither vulnerability nor risk factors are direct causes of sexual violence they are *contributing* factors to sexual violence. Vulnerability factors for victimization and risk factors for perpetration comprise a combination of individual, relational, community and societal factors.

Populations vulnerable to victimization and those at risk for perpetration can share these factors. Some vulnerability and risk factors are correlated with one another; for example, childhood physical and/or sexual victimization is a risk factor for future perpetration of sexual violence. The public health approach aims to moderate and mediate those contributing factors that are preventable, and to increase protective factors that reduce vulnerability to victimization and risk for perpetration.

<u>Vulnerability Factors for Victimization</u>

- **Prior history of sexual violence.** Women who are raped before the age of 18 are twice as likely to be raped as adults, compared to those without a history of sexual abuse.
- **Gender.** Women are more likely to be victims of sexual violence than men: 78% of the victims of rape and sexual assault are women and 22% are men. These findings may be influenced by the reluctance of men to report sexual violence.
- **Young age.** Sexual violence victimization starts very early in life. More than half of all rapes of women (54%) occur before age 18; 22% of these rapes occur before age 12. For men, 75% of all rapes occur before age 18, and 48% occur before age 12). Young women are at higher risk of being raped than older women.
- **Drug or alcohol use.** Binge drinking and drug use are related to increased rates of victimization.
- **High-risk sexual behavior.** As with drug/alcohol use, researchers are trying to understand the complex relationships between sexuality and sexual violence — their causality, directionality, and other etiologic factors that increase vulnerability for victimization are not well understood. Some researchers believe that engaging in high-risk sexual behavior is both a vulnerability factor and a consequence of childhood sexual abuse. Youth with many sexual partners are at increased risk of experiencing sexual abuse.
- **Poverty.** Poverty may make the daily lives of women and children more dangerous (e.g. walking alone at night, less parental supervision). It may also make them more dependent on men for survival and therefore less able to control their own sexuality, consent to sex, recognize their own victimization or to seek help when victimized. These issues increase their vulnerability to sexual victimization. In addition, poor women may be at risk for sexual violence because their economic (and, often, educational) status necessitates that they engage in high-risk survival activities, for example trading sex for food, money, or other items. Poverty also puts women at increased risk of intimate partner violence, of which sexual violence is often one aspect.

Ethnicity/culture. American Indian and Alaskan Native women are more likely (34%) to report being raped than African American women (19%), White women (18%) or Hispanic women (15%).

Risk Factors for Perpetration

Individual Factors

Alcohol and drug use, Coercive sexual fantasies, Impulsive and antisocial tendencies, Preference for impersonal sex, Hostility towards women, Hypermasculinity, Childhood history of sexual and physical abuse, Witnessed family violence as a child

Relationship Factors

Association with sexually aggressive and delinquent peers, Family environment characterized by physical violence and few resources, Strong patriarchal relationship or familial environment, Emotionally unsupportive familial environment

Community Factors

Lack of employment opportunities, Lack of institutional support from police and judicial system, General tolerance of sexual assault within the community.
Settings that support sexual violence, Weak community sanctions against sexual violence perpetrators

Societal Factors

Poverty, Societal norms that support sexual violence, Societal norms that support male superiority and sexual entitlement, Societal norms that maintain women's inferiority and sexual submissiveness, Weak laws and policies related to gender equity, High tolerance levels of crime and other forms of violence

Protective Factors

Protective factors may lessen the likelihood of sexual violence victimization or perpetration, and exist at individual, relational, community, and societal levels. Although less is known about protective factors, the literature suggests measures to prevent potential perpetrators. Some examples for youth are connectedness with school, friends and adults in the community, and emotional health.

Information From: http://www.cdc.gov/ncipc/factsheets/svfacts.htm

For Information regarding sexual assault in Grand Forks please contact the Community Violence Intervention Center at (701) 746-0405.

To find the nearest North Dakota service center near you contact NDCAWS/ CASAND at 1-800-472-2911 or check out their webpage at: http://www.ndcaws.org/

April

Sexual Assault
Awareness Month

Women’s Eye Health & Safety Month
Cesarean Awareness Month
Alcohol Awareness Month
IBS Awareness Month
National Child Abuse Prevention Month
National Autism Awareness Month

May

North Dakota Women’s Health Week 2006 Proclamation

Pictured Left to Right: Deb Arnold (ND Women's Health Coordinator), Governor John Hoeven, Sarah Owens (CORE Coordinator), and Arvy Smith (ND Chief Health Officer).