

with high cases occurring in adolescents (Trent, 2013). Women younger than 25 years old have a 1 in 8 chance of experiencing PID compared with those older than 25 years old, whose risk is 1 in 80 (Trent, 2013).

Women who have had PID are at increased risk for ectopic pregnancy, infertility, and chronic pelvic pain. Other problems associated with PID include dyspareunia, pyosalpinx, tubo-ovarian abscess, and pelvic adhesions.

Presenting symptoms in adolescents may be generalized, but pain is a common symptom in all infections. The pain can be dull, cramping, intermittent, persistent, and incapacitating. Women may also report fever, chills, abdominal pain, nausea and vomiting, increased vaginal discharge, urinary tract symptoms, and irregular bleeding. A pelvic examination is indicated for every sexually active woman who complains of lower abdominal pain to evaluate for the possibility of PID.

Prevention is the primary concern of health care professionals. Primary prevention includes education in avoiding contracting STIs; secondary prevention involves preventing a lower genital tract infection from ascending to the upper genital tract. Barrier contraceptive methods, such as condoms, are critical. Treatment for mild to moderately severe PID may be oral (e.g., ceftriaxone plus doxycycline with or without metronidazole) or parenteral (e.g., cefotetan or cefoxitin plus doxycycline [oral]), and regimens can be administered in inpatient or outpatient settings. Pregnant women should be hospitalized and given parenteral antibiotics. Women should be counseled to comply with therapy and complete all medication, even if symptoms have disappeared. Follow up after treatment should include endocervical cultures to test for cure.

Sexual Assault (Rape)

Typically, stranger rape is what comes to mind when one thinks of sexual assault; however, more than half of assaults are committed by someone known to the survivor. Although both males and females can be sexually assaulted, females are at greatest risk. Adolescents are at high risk for sexual assault; other high-risk groups include survivors of childhood sexual or physical abuse; persons who are disabled; persons with substance abuse problems; sex workers; persons who are poor or homeless; and persons living