

**Title:**

Descriptive Study of 2,300 Sexual Assault Victims: Identifying Vulnerabilities to Promote Healthy Communities

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**Session Title:**

Nursing Research on Sexual Assault: Utilizing Data to Increase Knowledge and Improve Practice

**Slot:**

J 11: Saturday, 29 July 2017: 1:30 PM-2:45 PM

**Scheduled Time:**

1:30 PM

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**Keywords:**

mental health, rape prevention strategies and sexual assault

**References:**

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**Abstract Summary:**

The purpose of this presentation is to share results from a nursing research study on demographic findings and rape crime factors of a retrospective study (cases from 2010 to 2014) of sexual assault victims (N = 2,350) in a Western state in the United States.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Describe the research findings on demographics of sexual assault victims and rape crime factors.	PPT presentation and discussion to cover the following content: A - Brief report on prior large-scale studies on demographics of sexual assault and rape crime factors will be provided. The importance of increasing our understanding of sexual assault crimes to identify more vulnerable individuals and develop prevention programs will be discussed. B. Research findings on sexual assault victims and rape crime factors will be discussed including demographic data on victims and rape crime factors. C. Statistical significance with community comparables will be shared.
Discuss implications of research findings to develop evidence based practice and community prevention strategies	PPT presentation and discussion to cover the following content: A - Share research findings in terms of understanding individuals with higher rates of sexual assault vulnerabilities. B - Explore the impact of the findings in developing sexual assault prevention strategies to promote healthier communities world-wide.

**Abstract Text:**

**Purpose:**

According to a United States survey, nearly 1 in 5 women and 1 in 71 men reported being raped at some time in their lives (Black et al., 2011). Population surveys from different countries indicate sexual violence rates vary from 15% to 71% (World Health Organization [WHO], 2016). The negative consequences of sexual assault have been well documented worldwide. The WHO (2016) reported increased poor physical health effects including abdominal pain, back pain, fibromyalgia, gastrointestinal disorders, headaches, limited mobility and poor overall health. Adverse mental health outcomes (posttraumatic stress disorder [PTSD], depression, substance abuse and use) associated with sexual assault are also well documented (Zinzow et al., 2011; Zinzow et al., 2012). To combat sexual violence, studies are needed to increase our understanding of this crime and its victims through aggregated descriptive data.

There are very few studies exploring descriptive data on sexual assault victims and crime factors obtained from forensic medical examination charts. One large-scale study of 1,172 patients seen for forensic examination following sexual assault found that victims were more likely to be female, young

(less than 25 years of age), and acquainted with the perpetrator (Avegno, Mills, & Mills, 2004). A similar study of 2,541 female victims seen for a forensic examination in Denmark were found to be primarily young (15-24 years) and to have known the perpetrator (Larsen, Hilden, & Lidegaard, 2014).

Exploring descriptive data regarding victims of sexual assault helps to identify vulnerable populations, an initial first step in developing prevention strategies. In this study, the following descriptive data of victims was collected: age, gender, race, alcohol and/or drug consumption, prior history of mental and physical illness, and prior history of sexual assault.

Data on rape crime factors provides information on variables related to the crime and suspect. The following descriptive data on rape crime factors was collected: relationship between victim and suspect, degree of lethality (strangulation, physical force, and use of a weapon), physical injuries, anogenital injuries, multiple suspects, and suspected drug-facilitated assault.

In many countries, specially educated health care providers care for victims of sexual assault. In the United States, sexual assault nurse examiners (SANE) are usually the first medical contact for victims, post assault. However, victims have contact with a variety of professional care providers, including nurses, prior to becoming a victim. All health care providers have a professional responsibility to understand the phenomena of sexual assault by using available data. With an increased understanding of the specific vulnerabilities for being a victim of sexual assault, nurses are positioned to identify populations at risk, educate individuals and communities, and implement evidence based practice prevention strategies.

#### **Methods:**

**Setting:** Four sites in the western United States with established SANE programs providing 24/7 care for victims of sexual violence. All sites have a 4-year university with campus police.

**Sample:** Retrospective, exploratory study design with data obtained from hard copy charts of Sexual Assault Examination Forms (2010-2014) completed by SANEs when providing care to sexual assault victims ( $N = 2,350$ ). Inclusion criteria: a) adolescent or adult sexual assault victims, ages 14 and older; b) completion of full forensic examination including written history of assault and sexual assault kit collection by SANE c) assault occurred in the State, d) assault was reported to law enforcement.

**Methods:** De-identified data was coded into SPSS software for statistical analysis by the research team of four investigators. Ten percent of the examination forms were recoded to ensure reliability of at least kappa  $> .80$ , with a final kappa across all variables of .955, indicating high reliability of the data. Chi square analysis explored the associations between the variables.

Self-reported mental illnesses were categorized according to groupings as listed in the *Diagnostic and Statistical Manual of Mental Disorders, IV- TR (DSM-IV)*. Data about preexisting mental health conditions was also derived from self-disclosure about current medications. Psychotropic medications were then coded into common classification and uses categories.

#### **Results:**

The age of victims ranged from 14-93 years, with 45% of the victims from 17 to 24 years old. Minorities with higher amounts of victimization included black victims (3.4% compared to census finding of 1.3% in Utah population) and American Indian victims (2.9% compared to census findings of 1.2% in Utah population). Less than half of the victims reported alcohol consumption (47%) and drug use (12%). Almost one-third of the victims reported prior history of sexual assault.

A significant number of sexual assault victims (35%) reported a current history of mental health illness. Over 40 % of victims were currently taking psychotropic medications (antipsychotics, anti-anxiety, antidepressants, mood stabilizers, stimulants, and sleep aids). When compared to a United States mental illness prevalence rate of 18% (SAMSHA, 2012), the study finding of a 45% rate of mental illness in one western state is extremely high. The most frequently identified mental illnesses included: depression 19.6%; anxiety 14.3 %; bipolar 8.1%; posttraumatic stress disorder 4.8%; and psychotic disorders 2.2%.

Overall, psychotropic medication use in the study population was higher (40 % versus 15%) compared to the only available national medication data source (Medco, 2010). Common medication classes were: antidepressants (34.5%), anti-anxiety (19.5%), atypical antipsychotics (12.8%); bipolar (11.4%); sleep aid (11%), and stimulants (6.3%). Each of these medication category findings were higher than reported data (Medco, 2010). Results are indicative that having a current mental or physical illness increases a victim's vulnerability to being sexual assaulted.

Stranger assaults accounted for 18% of the sexual assaults with the majority of the assaults perpetrated by known suspects: acquaintance (60%), spouse/partner (7%), other known relationships (5%, such as family member, boss or teacher), and ex-boyfriend (5%). The variables assessing increased lethality in sexual assault cases were weapon involved (10% of cases) and strangulation (12% of cases). Multiple suspect rapes occurred in 10% of the cases, while suspected drug-facilitated assaults occurred in 17% of rapes. Physical injuries were documented in 74% in cases and anogenital injuries noted in 60% of cases.

### **Conclusion:**

Unfortunately, sexual violence is widespread in our global society. The findings from this study aid in our understanding of sexual assault victims and crime factors. It was found that a high percentage of victims were between the ages of 17-24 years, indicating higher degree of vulnerability for this younger age group. Races with increased victimization included Black Americans and American Indians. A key finding in this study was the increased percentage of victims who self-disclosed mental illness and use of psychotropic medications. These research findings suggest that persons who suffer with any mental illness (mild to severe) are at higher risk for being a victim of sexual assault. These findings have important future clinical and research implications to develop evidence based nursing care practices and in implementing community prevention strategies for identified vulnerable groups in our population. The findings on rape crime factors confirm that most sexual assault victims know the suspect. Community education programs on healthy relationships may be instrumental in decreasing sexual violence.