

Psychological and physical morbidity of sexual assault among adult women students

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Introduction

- 1 in 4 undergraduate females experience nonconsensual sexual contact during their time in school¹.
- Studies have shown that posttraumatic stress (PTS) and depressive symptoms are common among female sexual assault survivors².
- Few prospective studies have enrolled college women sexual assault (SA) survivors in the immediate aftermath of SA and assessed PTS symptoms, depressive and anxiety symptoms, and chronic pain over time.
- We evaluated the prevalence of post SA psychological and physical morbidities in the aftermath of assault using data from an ongoing large-scale prospective study (R01AR064700).

Methods

- Adult women SA survivors ≥ 18 years of age presenting for emergency care to a Better Tomorrow Network site (Figure 1) after SA were approached for study participation. Participants who self-identified as students <25 years old were included in this analysis (n = 151; Table 1).
- Exclusion criteria include pregnancy, living with one's assailant, injury requiring hospitalization, and incarceration.
- Consent at the time of emergency care included permission to perform a brief assessment, obtain medical records, and contact the survivor in 48-72 hours to assess their interest in further study participation.
- Women SA survivors interested in further study participation completed follow-up evaluations including 1-week, 6-week, and 6-month assessment (Figure 2).
- Outcome assessments included evaluation for substantial PTS (PCL-5), anxious and depressive symptoms (PROMIS) and clinically significant new or worsening pain (CSNWP) 6-weeks and 6-months after SA.
- Cohort sociodemographic characteristics were summarized using descriptive statistics. CSNWP was defined as the presence of pain at least 2 points higher than pain reported in that body region prior to assault. PTS was defined as a score greater than 33 on PCL-5. Anxious and depressive symptoms were defined as a score greater than 60 on respective PROMIS questionnaires.

Table 1. Demographics of women students presenting for emergency care after sexual assault (n=151)

Age, mean (SD)	20.8 (1.8)
Work status, n (%)	
Not working	3 (2.0%)
Working part-time	60 (39.7%)
Working full-time	29 (19.2%)
Disabled	2 (1.3%)
Education level, n (%)	
12 years or less	35 (23.2%)
Some college	104 (68.9%)
College degree	9 (6.0%)
Post graduate level	3 (2.0%)
Family's annual household income, n (%)	
<20k	36 (23.8%)
20-39.9k	26 (17.2%)
40-79.9k	30 (19.9%)
>80k	47 (31.1%)
Children, n (%)	
None	138 (91.4%)
1 or more	13 (8.6%)
Race, n (%)	
American Indian or Native American	16 (10.6%)
Asian or Asian American	8 (5.3%)
Black	21 (13.9%)
Pacific Islander	3 (2.0%)
White	107 (70.9%)
Other	19 (12.6%)
Ethnicity, n (%)	
Hispanic or Latina	41 (27.2%)

Table 2. Physical and mental health outcomes for women students presenting for emergency care after sexual assault

	Week 1, n (%)*	Week 6, n (%)	Month 6, n (%)
Posttraumatic stress	116/151 (76.8%)	79/151 (52.3%)	61/151 (40.4%)
Clinically significant new or worsening pain	129/151 (85.4 %)	88/151 (58.3%)	68/151 (45.0%)
Anxiety symptoms	--	80/125 (64.0%)	74/116 (63.8%)
Depressive symptoms	--	68/126 (54.0%)	53/115 (46.1%)

*Week 1 assessments for anxiety and depressive symptoms covered the week prior to SA and therefore were not included.

Figure 1. Better Tomorrow Network sites

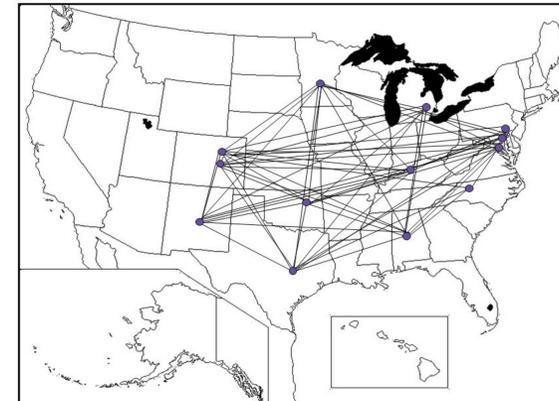
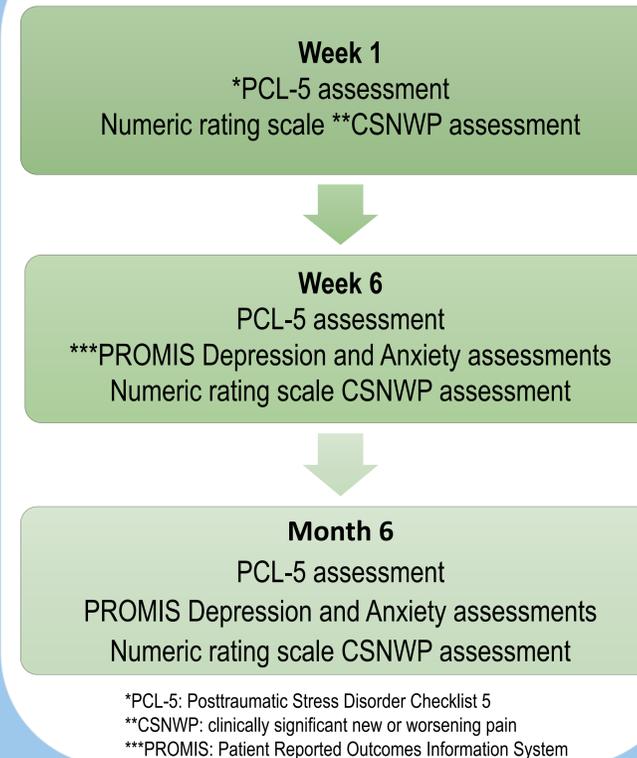


Figure 2. Participant assessment timeline



Results

- Student SA survivors experienced a high burden of adverse mental and physical health outcomes after SA.
- Clinically significant PTS symptoms were common at every time point (Table 2).
- Moderate to severe depressive symptoms at 6 weeks and 6 months were common, as were anxiety symptoms at 6 weeks and 6 months (Table 2).
- Clinically significant new or worsening pain was also common at 1 week, 6 weeks and 6 months post SA (Table 2).

Conclusions

- Adverse physical and mental health outcomes are common among college women students who are sexually assaulted. Previous studies have shown that these outcomes are pervasive amongst female SA survivors of all demographics.
- Further studies are needed which evaluate longitudinal health, academic, and career outcomes of women students experiencing sexual assault.
- Further studies should also examine sociodemographic factors that could increase adverse physical and mental health outcomes.
- Risk stratification tools and interventions initiated at the time of emergency care should be explored. Such tools and interventions have the potential to increase the proportion of women receiving preventive interventions and improve mental and physical health outcomes.

References

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