

Introduction

- 1 in 5 women are sexual assaulted during their lifetime.¹
- Qualitative investigation of women's responses to sexual assault have largely focused on health care services.²
- Only limited research has focused on the everyday experiences of survivors following assault, including the importance of social support, the role of shame and self-blame, and the sporadic nature of recovery.
- We qualitatively analyzed open-ended free text responses to a survey question about survivors' experiences collected as part of a longitudinal study on the influence of PTSD symptoms on chronic pain development after sexual assault.

Methods

- Adult women SA survivors ≥ 18 years of age presenting for emergency care to a *Better Tomorrow Network* site after SA were approached for study participation.
- 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 including 1-week, 6-week, 6-month, and 1-year assessments.
- We analyzed the free-text responses to the question **“What do you think is most important for researchers to understand about your experience since the assault?”**
- A list of emergent themes were generated by two coders, then synthesized and refined into a list of 12 core categories. Multiple codes could be assigned to each response. Any discrepancies were discussed and resolved.

Results

- Of 706 Women's Health Study participants, 670 responded to the target survey question at at least one of four timepoints. After screening out irrelevant responses (e.g. “don't know”), the sample for this sub-study included 1434 responses from 590 participants.
- Responders were more likely to be White, to have higher scores on the Adverse Childhood Events Scale, and to report a history of trauma (Table 1).
- Frequencies of each theme were relatively stable over time.
- Frequencies of themes are given in Table 2 and illustrative quotes of selected themes are given in Table 3.

Table 2. Theme frequencies

Theme	Response N
Mental Health	684
Recovery	517
Social Interaction	352
Daily Life	221
Justice	147
Self	141
Med-Social Services	130
Physical Health	104
Shame	83
Rom Relationships	74
Prior Trauma	52
Safety	38



Table 3. Illustrative quotes for selected themes

Theme	Sample participant response* <small>Spelling and grammatical errors have not been corrected, but some responses have been abridged due to space constraints. Excised material is represented with [...]</small>
Mental health	this has changed my life more than I could have every imagine, these question ask for a one to ten answer but no number could ever describe the panic of waking up screaming, the fear of leaving your house, the struggle to find the care to shower while drowning in depression, the physical ache I feel in my heart when I think about it, the lose of breathe I have when I hear the word “rape.” I just hope you all never forget that this is more than numbers. Thank you for looking into what happens after the night of. (5168, Yr1)
Recovery	That time SOMETIMES makes it easier for us to deal and come to terms with our assault but the thought will always linger with us. We are now scarred but its manageable. We will never forget our experiences, we just try to put them in the back of our minds and continue with our lives. Its a very hard process and some takes longer than others. Also, people who've never been through this, have no idea what our bodies & minds go through during this time and we as victims have to understand that sometimes people don't know how to deal with us while we are dealing with this. (5321, Yr1)
Social interactions	I just find that a lot people take it lightly or make jokes about it. I really think that until they experience it, they should keep their mouth shut. One bad experience can ruin you for a very long time. Every time you don't want to wake up in the morning but you have to. It really does affect the person. People don't care. My mother knew what happened and she didn't even help me. I had to go to a shelter. I had everything going for me. I worked at Golden Corral. What happened on me had a big impact on me. [...] (8824, Wk6)
Daily life	[...] It took everything out of me and I lost everything I built up for my life in a matter of one night. I lost my amazing job, I lost my duplex, I lost my relationship, I started and luckily ended bad drug habits. I am lucky that I am still alive and hopeful today. But everyday it is still a battle. (7834, Yr1)
Self	[...] I am not the same girl as I was prior to the assault. I was a super fun, bubbly, happy girl that was always ready to take on new adventures and now I just stick to my work and school schedule and sit in the house when I am not doing either of those two activities. I don't sleep well at night and am on edge during the day. (9266, Wk1)
Justice	I want to reiterate the police part. I debated if I wanted to call the police. I did because I thought sexual assault shouldn't happen and nothing is done with it. I think these cases should be given attention so more can be prevented in the future. But when I called and talked to the investigator, he told me a few days ago there was a similar case happened on my campus. He told me that victim girl and I were both Asian and he said he didn't believe her and I were innocent. I was totally shocked by what I heard and completely lost trust and confidence in the system. I honestly don't know which hurt me more, the assault or the disappointment from the police investigator. (2028, Yr1)
Medical and social services	The most important thing for researchers to understand about my experience is how difficult the healing process has been: my insurance doesn't offer coverage for counseling, I can't afford the out-of-pocket expenses to get the counseling I need to deal with the assault, the police didn't take my experience seriously, the police refused to believe a crime had occurred, and there are few low-cost counseling services available. Further, all counseling services have extremely long wait lists. Initially when I was attempting to get some help, I was put on a wait-list for a counseling service such that when an appointment became available, they would call me. After eleven weeks without any contact, I tried to call back to no avail. This was my experience with several facilities, and when I was finally able to schedule an appointment, I was told that counseling services are not covered by my insurance. My insurance isn't catastrophe-only, by the way. So the whole situation is like trying to bale water out of a sinking boat. (7689, Mo6)
Physical health	I contracted herpes as a result of this rape, so now I can't forget about it. Not only is the pain nearly unbearable, it has changed my life, potentially my ability to have children and keep them free of this. The emotional pain I will carry for the rest of my life, because I have a continual reminder, that I must also explain to anyone I may be with.. if anyone chooses to ever be with me. The effects are medical and life lasting. (5407, Wk1)
Shame	It's really easy to blame myself for the whole thing. I keep doing questions, attacking myself on why I went to this concert. How did I become the target? Did I do something to attract this wrongful doing. Why does this happen to a 52, year old and the few people I told ask me if I was looking for it. Was I out looking for sex or to party? I was with my sister and my daughter on mothers day and went to a small venue to a concert. I cannot walk into these kind of venues without reliving, panicking and feeling like I am not safe. The police did nothing and this venue has no security cameras, yet still continues to do concerts. I guess, I feel like going to an inexpensive concert is not going to be something I can do again. I have not been to any concerts since this event [...] (11644, Mo6)
Romantic relationships	[...] Also, researchers should investigate and understand more the effects of sexual assault and partner relationships, husband/wife, sexuality. In my case, my husband was not able to understand and accept my healing process and times, and unfortunately it led to separation and finally divorce. (8764, Mo6)

Table 1. Characteristics of the Sub-Study Sample

Characteristics	Non-Responders N=116 (%)	Responders N=590 (%)	p-value
Age (years): mean, [SD]	28.94 [9.48]	28.33 [9.8]	0.538 ^a
Education			
Some College or higher	70/114 (61)	402/586 (69)	.134
Race (select all that apply)			
American Indian or Alaskan	12/114 (11)	64/579 (11)	0.869 ^b
Asian	5/114 (04)	14/579 (02)	0.240 ^b
Black or African American	25/114 (22)	91/579 (16)	0.104 ^b
Native Hawaiian/Pacific Islander	1/114 (01)	4/579 (01)	0.830 ^b
White	64/114 (56)	392/579 (68)	0.017^{a*}
Other	22/114 (19)	94/579 (16)	0.423 ^b
Ethnicity			
Hispanic or Latino	28/114 (25)	153/574 (27)	0.643 ^b
Assault Characteristics			
Assailant was a stranger	33/116 (28)	127/590 (22)	0.103 ^b
Contact with police occurred	5/33 (15)	52/186 (28)	0.122 ^b
Trauma History			
Trauma Hx	4.61 (3.44)	5.58 (3.63)	0.009^{a*}
Previous sexual assault	57/114 (50)	349/587 (59)	0.061 ^b
Adverse Childhood Events score: mean [SD]	2.91 [3.18]	3.49 [2.88]	0.050^{a*}
Health Outcomes at 6 months			
Clinically significant pain	35/69 (51)	299/482 (62)	0.072 ^b
Post-traumatic stress (PCL-5 score ≥33)	28/67 (42)	242/480 (50)	0.186 ^b
Depression (PROMIS)			
Depression 8b score ≥60	29/69 (42)	231/485 (48)	0.383 ^b

Denominators vary because some survey items were skipped. ^at-test ^bχ² test, ^{*}significant p-value

Conclusions

- This study documented important information about the experiences of adult women sexual-assault survivors.
- “These changes are described as primarily, though not exclusively, negative.
- Analysis of open-ended survey questions is an untapped resource for accessing important, previously unknown information about a population that is difficult to study. Qualitative data of comparable breadth and richness have not been previously available. Findings demonstrate the feasibility and utility of using open-ended survey responses to study research populations that may be difficult to access.
- Further research is needed to determine the generalizability of study findings to other populations in other contexts.

References

1. Breiding MJ, Srahon GS, Basile KC, Walters ML, Chen J, Merrick MT. Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization. *Surveillance Summaries* 63(SS08):1-18, 2014.
2. Caswell RJ, Ross JD, Lorimer K. Measuring experience and outcomes in patients reporting sexual violence who attend a healthcare setting: a systematic review. *Sex Transm Infect* 95:419-27, 2019.

Funding

This work was supported by funding from the following National Institutes of Health Institutes: NIAMS, NINDS, OD (ORWH), NINR, NIMH, and NICHD (R01AR064700R01 AR064700). The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.