

Persistent Adverse Mental and Physical Health Outcomes are Common Among Women After Sexual Assault

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Introduction/Background

- Emergency departments worldwide provide care to individuals who present for evaluation in the immediate aftermath of sexual assault.
- To date, no prospective longitudinal studies of such women have been performed.
- Adverse mental and physical health outcomes after emergency care remain poorly understood.



Physical and Mental Health Outcomes after Sexual Assault

- Chronic health problems are common after sexual assault.

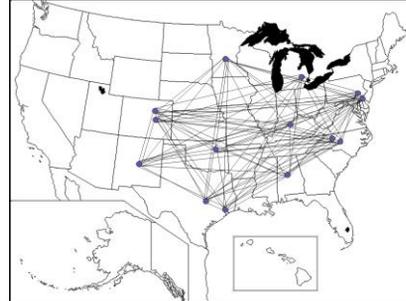


Study Aims

- Data for this analysis were drawn from The Women's Health Study, the first-large scale prospective longitudinal study of women sexual assault survivors receiving emergency care after sexual assault.
- In this prospective, observational study, we evaluated the incidence of somatic and mental health symptoms after sexual assault.



The Better Tomorrow Network



Methodology: Evaluation Time Points



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Methodology: Evaluation Time Points

ED

- Medical record from SANE exam
- Assessment of overall pain
- Assessment of pain by body region

Methodology: Evaluation Time Points

ED

Wk 1

Wk 6

Assessments at one week and 6 weeks include:

- Pain (0-10 numeric scale)
- Somatic symptoms (1-10 NRS)
- Depression (PROMIS 8b)
- Anxiety (PROMIS 8b)
- Posttraumatic stress (PCL5-S DSM-IV PTSD)



Results: (N =334)

Age, mean (SD)	28 (10)
Ethnicity, n (%)	
African-American	56 (17)
European-American	209 (63)
Multiethnic/other	69 (20)
Hispanic or Latino, n(%)	83 (25)
Highest level of education completed	
High school or less	111 (33)
Some college or other training	160 (48)
College grad or post-grad	63 (19)



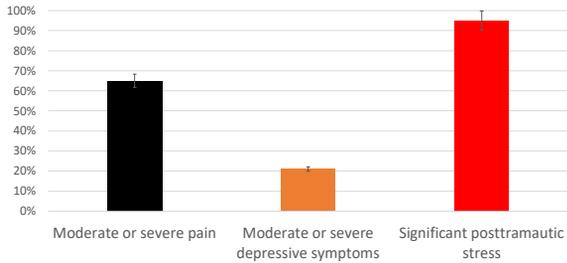
Selected Assault Characteristics*

Threat of injury to patient or patient's loved ones n (%)	41 (24)
Weapon n(%)	25 (15)
Strangulation n(%)	54 (30)
Physical Assault n(%)	69 (39)
Multiple Assailants n(%)	20 (10)
Drug facilitated assault n(%)	77 (36)
Assailant Relationship n(%)	
Known	139 (60)
Unknown	61 (27)
Relative	2 (1)
Penetration of n(%)	
Vagina	146 (63)
Anus	33 (14)
Mouth	49 (21)
Multiple forms of Assault n(%)	89 (39)

*From subsample of n = 230



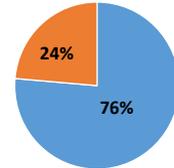
Adverse mental and physical health outcomes 1 week after sexual assault*



*Moderate or severe pain defined by pain score ≥ 4 (0-10 numeric rating scale); Moderate or severe depression Promis8b score ≥ 23 ; Significant Posttraumatic stress defined by PCL5 (cutoff score for PTSD diagnosis)

110/122 (90%) reported ≥ 3 worsening "post-concussive" symptoms at 1 week in subsample analyses, more than ¼ of these individuals did not experience head injury or strangulation during assault

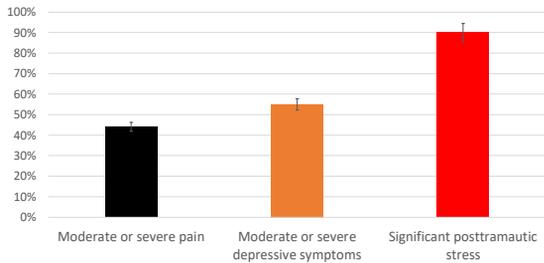
- Headache
- Dizziness
- Nausea
- Noise sensitivity
- Light sensitivity
- Difficulty concentrating
- Taking longer to think
- Blurred vision
- Double vision
- Restlessness
- Fatigue
- Insomnia



■ No Head Injury or Strangulation



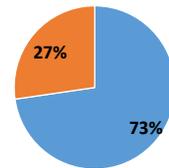
Adverse physical and mental health outcomes 6 weeks after sexual assault



Moderate or severe pain defined by pain score ≥ 4 (0-10 numeric rating scale); Moderate or severe depression Promis8b score ≥ 23 ; Significant Posttraumatic stress defined by PCL5 (cutoff score for PTSD diagnosis)

77/102 (76%) reported ≥ 3 worsening "post-concussive" symptoms at 6 weeks in subsample analyses, ~ ¼ of these individuals did not experience head injury or strangulation during assault

- Headache
- Dizziness
- Nausea
- Noise sensitivity
- Light sensitivity
- Difficulty concentrating
- Taking longer to think
- Blurred vision
- Double vision
- Restlessness
- Fatigue
- Insomnia



■ No Head Injury or Strangulation



Conclusions

- Adverse mental and physical health outcomes are common and morbid among sexual assault survivors.
- Moderate/Severe Depression, PTS, persistent pain, and somatic symptoms typically termed “post-concussive” are commonly seen.



Limitations

- Only US sample
- Only individuals presenting to large sexual assault centers
- Non-English speaking participants excluded
- Insufficient sample for later follow-up timepoints



Future Directions

- Assess adverse outcomes at later timepoints
- Develop prediction tools that frontline providers can use to identify individuals at high risk for one or more adverse outcomes
- Test early interventions to improve outcomes in those at high risk
 - Psychological interventions
 - Pharmacologic interventions



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