Most Sexual Assault Survivors with Significant Posttraumatic Stress do not Receive Mental Health Care in the Initial Weeks after Assault

Sullivan J[1,2], Witkemper KD[1,2], Markiewitz ND[1,2], Swain HAV[1,2], Cook J[1,2], D'Anza T[3], Bell K[4], Lechner M[5], Buchanan J[6], Black J[7], Reese R[8], Ho J[9], Reed G[10], Riviello R[11], Datner EM[12], Platt M[13], Rossi C[14], Nouhan P[15], Soward A[1,2], McLean SA[1,2]

From the [1]Institute for Trauma Recovery; [2]Department of Anesthesiology, University of North Carolina, Chapel Hill, NC; [3]SANE Program, Albuquerque SANE Collaborative, Albuquerque, NM; [4]SANE Program, Tulsa Forensic Nursing Services, Tulsa, OK; [5]SANE Program, UCHealth, Colorado Springs, CO; [6]SANE Program, Denver Health, Denver, CO; [7]SANE Program, Austin SAFE, Austin, TX; [8]SANE Program, Crisis Center of Birmingham, Birmingham, AL; [9]SANE Program, Hennepin County Medical Center, Minneapolis, MN; [10]SANE Program, Christiana Care Health System, Newark, DE; [11]SANE Program, Philadelphia SARC, Philadelphia, PA; [12]SANE Program, Einstein Healthcare Network, Philadelphia, PA; [13]SANE Program, KentuckyOne Health, University of Louisville Hospital, Louisville, KY; [14]SANE Program, Cone Health, Greensboro, NC

Introduction

- An estimated 10–27% of women are sexually assaulted during their lifetime worldwide.[1]
- Data indicate that posttraumatic stress symptoms, pain, and somatic symptoms are common after sexual assault.[2,3]
- To date, little data exists assessing survivors' receipt of mental health services in the early aftermath of assault.

Methods

- Data for this analysis come from the ongoing Women's Health Study (R01 AR064700), the first large-scale, multisite prospective study of sexual assault survivors.
- When a potentially eligible woman sexual assault survivor ≥ 18 years of age presents to a network study site ("Better Tomorrow Network", Figure 1) to receive care from a sexual assault nurse examiner (SANE), a research assistant (RA) is paged.
- The RA approaches the survivor for consent to contact the participant in 48-72 hours, collect blood samples, and access medical records. These records include detailed forensic records regarding the assault history and medical services provided to the patient.
- Follow-up evaluations of enrolled participants are performed at 1 week, 6 weeks, 6 months, and 1 year. These evaluations include an assessment of posttraumatic stress (PTS, PCL-S), anxiety (PROMIS), and somatic (0-10 numeric rating scale) symptoms. Worsening pain was defined as an increase in pain in a body region ≥ 2 units compared to the week prior to assault. History of traumatic life events uses a 10-item ACE Score, a self-report measure developed to identify childhood experiences of abuse and neglect.
- Healthcare service follow up information is obtained at 6 weeks, 6 months, and 1 year assessments
- The present analyses assess receipt of healthcare services during the first 6 weeks after sexual assault among women sexual assault survivors with significant PTS symptoms (PCL-S score ≥ 30, *n* = 377).

Table 1. Sexual Assault Survivor Characteristics

Age, mean (SD)	28 (10)
Ethnicity, *n* (%)	
Black or African American	56 (11)
White or Caucasian	287 (57)
Multiethnic or Other	153 (30)
Education, *n* (%)	
Less than college	397 (80)
College graduate or higher	100 (20)
Annual Income, *n* (%)	
<$20,000	182 (36)
$20,000 to $40,000	103 (21)
$40,000 to $80,000	108 (22)
> $80,000	57 (11)
Work Status, *n* (%)	
No Work/Disabled	139 (28)
Student/Part-Time	171 (34)
Full-Time	185 (37)

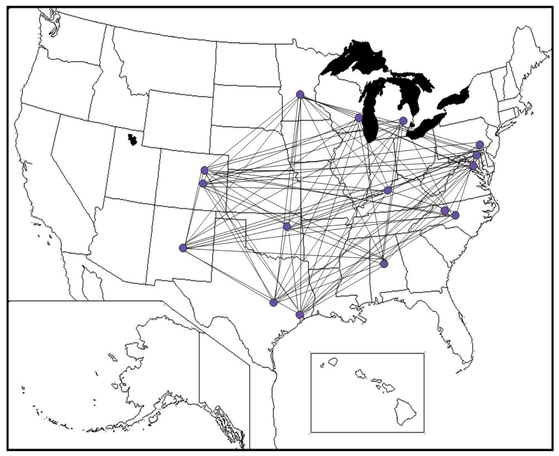

Figure 1. Better Tomorrow Network

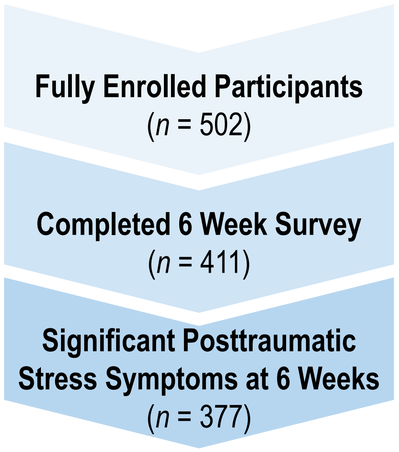

Figure 2. Healthcare services utilization dataset selection

Table 2. Most adult women sexual assault survivors with significant posttraumatic stress symptoms (*n* = 377) did not receive mental health care services in the aftermath of sexual assault.

Provider	Proportion	Percent	Nondisclosure rate
Mental Health Provider	146/377	39%	2%
Psychiatrist/Psychologist	*91/146*	*62%*	--
Social Worker	*19/146*	*13%*	--
Primary Care Provider	143/377	38%	22%
OB/GYN	55/377	15%	11%

Table 3. Individuals who did and did not receive health care services had similar levels of posttraumatic mental and physical health sequelae as those who did receive services (*n*=373).

	Utilized a healthcare service		Did not utilize a healthcare service			
	n	Mean (SD)	*n*	Mean (SD)	*t*-value	*p*-value
Depression	243	24 (9)	131	23 (10)	-0.40	0.69
Anxiety	242	26 (9)	131	25 (9)	-0.87	0.39
Worsening somatic symptoms	235	10 (6)	129	9 (6)	-1.32	0.19
PTSD	243	55 (15)	132	53 (15)	-1.21	0.23
History of Traumatic Life Events	237	1 (1)	121	1 (1)	-0.91	0.37
Worsening Pain	236	5 (6)	130	3 (5)	-2.21	0.03*

"It's really hard for us to think about these things specially when thinking about it can sometimes make it feel like its happening all over again"

"It's been amazing how often and at what points the experience pops up. And it doesn't just go away. It really lingers. And I wonder what will happen at trial if there is a trial. I hear pop songs differently now. I see TV show and movies differently. it's always in the back of my mind."

"I am typically a very alert and goal oriented person. Since the assault, I have lost my edge, felt lethargic and unaware of my surroundings. Cloudy, if you will."

Figure 3. Example participant qualitative comments

Results

- 502 women were enrolled and 411/502 completed 6-week follow-up assessment.
- 377/411 (92%) had significant PTSS at 6 weeks.
- Only 243/377 (65%) of those with significant PTSS received any health care follow-up after the assault.
- The most common health services received were primary care [143 (38%)], mental health [146 (39%)], and OB/GYN [55 (15%)].
  - The most common types of mental health care providers seen were: psychiatrists/psychologists [91 (62%)] and social workers [19 (13%)].
- Women with significant PTSS who saw a provider did not always disclose their SA:
  - 32 (22%) did not tell their PCP
  - 6 (11%) did not tell their OB/GYN
  - 3 (2%) did not tell their mental health provider.

Conclusions

- In general, among SA survivors there was little association between posttraumatic stress characteristics severity at 6 weeks and the participant's utilization of healthcare services.
- Most sexual assault survivors with significant posttraumatic stress symptoms do not receive mental health care in the initial weeks after assault
- Those who do go for care do not always disclose their assault to their providers.
- Further analyses will evaluate the association between posttraumatic stress characteristics and healthcare services follow up at later time points.

References

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Funding

Research reported in this presentation was supported by the National Institute of Arthritis and Musculoskeletal and Skin Diseases of the National Institutes of Health under Award Number R01 AR064700.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

U.S. Department of Health and Human Services

Supported by the NIH National Institute of Arthritis and Musculoskeletal and Skin Diseases