



Sexual Assault Victims with Mental Illness: Incidence and Implications

Julie Valentine, MS, RN, CNE, SANE-A; Leslie Miles, DNP, APRN-BC; Linda Mabey, DNP, APRN-BC

Problem:

- Trauma is common in individuals with mental illness (MI) and complicates treatment. Women with severe mental illness are more likely to experience sexual assault (SA) (Grubaugh et al., 2011).
- Victims in Salt Lake County are not asked if they are suffering from MI during their SA exam, but some self-disclose. Victims are asked what medications they are currently taking.
- Researchers examined the rates of self-disclosed MI/ use of psychotropic medication and sexual assault kits (SAKs) submitted for forensic analysis for 2010 in Salt Lake County, Utah.

Methods & Design:

- Retrospective data collected from State of Utah Sexual Assault Examination Forms on 314 SA victims seen in 2010 in Salt Lake County, Utah.
- 203 variables coded using SPSS, including self-disclosed mental illness, medications prescribed, use of drugs/alcohol prior to assault, and percentage of SAKs submitted for forensic analysis.
- Number of patients with self-disclosed MI/and or use of psychotropic medications compiled.
- Researchers evaluated self-reported medications in relation to medical conditions to determine if medications used for probable MI. Psychotropic medications categorized according to drug class and compared to general population use.
- Chi-square analysis compared prevalence of self-disclosure of MI and/or psychotropic medication use with:
 - Use of alcohol and/or drugs before assault
 - Percentage of SAK kits submitted by law enforcement for forensic analysis



Adult Psychotropic Medication Use

	N=314	Medco 2010 ¹	CDC 2010 ²	NIMH 2005 ³	NHNES 2005-2008 ⁴	SAMSHA 2010 ⁵	NCHS 2010 ⁶
Psychotropic Medication Use	39.6%	26% Female 15% Male					
Stimulants	3.5%			4.1%			
Atypical	8.2%			1.1%			
Typical	0.9%			1.1%			
Antianxiety	16.1%		4.7%	18.1%			5.7%
Antidepressant	26.3%		8.7%	5.4%	10.8%	6.8%	11.1%
Anti-seizure/bipolar	10.1%		4.0%	2.6%			
Addiction	4.4%						
Sleep Aid	8.5%				4.1%		

Prevalence of Mental Illness or Psychotropic Medication Use

	N=314	SAMHSA 2009 ¹ National	SAMHSA 2009 ¹ UT	SAMHSA 2010 ²	NIMH 2005 ³	NSDUH 2010 ⁴
Mental illness or Psychotropic Medication use	42.4%	19.67%	24.09%			
12 Month Prevalence				20%	26.2%	
Receive Treatment						13.7%

Notes for Tables:

1. Industry report for insured patients only
2. Behavioral Risk Factor Surveillance System (BRFSS) and National Health Interview Survey (NHIS); CDC data – anxiolytics, sedatives, and hypnotics all in one data class
3. National Institute of Mental Health (NIMH) 12 month prevalence data; Not all ADHD is treated with stimulants
4. Last 30 days
5. Prevalence last year
6. Last 30 days

Results:

- Mean age: 28.3 years
- Range: 14 to 86 years
- 54.4% victims between the ages of 14-26 years
- Gender:
 - 95.9% female
 - 4.1% male
- In study population of sexual assault victims:
 - Higher rates of self-disclosed or suspected MI
 - Triple the rate of actively treated MI
 - Higher rates of psychotropic medication use
 - Seven fold increase in atypical antipsychotic medication use
 - More than double the rate of use of antidepressants and anti-seizure/mood stabilizers
- Chi-square test for independence found no association between self-disclosure of MI and/or use of psychotropic medications and the following variables: kit taken to crime laboratory for analysis, use of alcohol before assault, and use of drugs before assault.

Implications for Health Care Professionals:

- Increase awareness in mental and physical health providers of higher rates of sexual assault in persons with self-disclosed psychiatric diagnoses or being treated with psychotropic medications.
- Advocate for rape prevention education for this vulnerable population, especially for the highest risk group (14-26 year olds).
- Incorporate trainings on caring for patients with MI into forensic nursing programs and educational offerings.
- Educate law enforcement on the increased risk for sexual assault in those with MI and advocate for interviewing skills that do not re-traumatize victims.
- Identify community resources for evidenced based post-trauma mental health care to treat trauma and prevent re-victimization.

- Grubaugh, A. L., Zinzow, H.M., Paul, L., Egede, L. W., & Freuh, C. B. (2011). Trauma exposure and posttraumatic stress disorder in adults with severe mental illness: A critical review. *Clinical Psychology Review*, 31, 883-899.

