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Short report

Psychological profiles of adult sexual assault victims

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ABSTRACT

This is a retrospective analysis of the psychological and psychiatric history of adult patients who attended the Lancashire Sexual Assault and Forensic Examination Centre between April 1st 2010 and March 31st 2011 for forensic examination. During this time 269 adults attended for forensic examination; the records of these patients were audited for evidence of psychological or psychiatric ill health. Affective disorders were disclosed in 48.7% of cases (depression, depression and anxiety, anxiety, bipolar affective disorder) and 3.0% declared having been diagnosed with a psychotic illness (schizophrenia, psychotic illness, psychotic behaviour). Furthermore, deliberate self-harm was disclosed by 29.4% of complainants and 22.3% of attendees had attempted suicide at least once in their lifetime. This study highlights increased prevalence of mental illness in sexual assault complainants which contributes to increased states of vulnerability. This and further similar research efforts have a role to influence prevention schemes, management strategies and healthcare planning for those individuals who are sexually assaulted.

1. Introduction

The British Crime Survey (BCS) is an independent report conducted each year by interviewing 46,000 people over the age 16 in England and Wales.[12] The 2009/2010 BCS reported that one in five females and one in fifty males had experienced some form of sexual assault (including attempts) at least once since the age of 16. In the year prior to the survey, 2% of women and <1% of men had experienced an incident of sexual assault.[11]

The Lancashire Sexual Assault and Forensic Examination (SAFE) centre was opened in 2002 in the grounds of Royal Preston Hospital to provide a comfortable, secure and forensically clean environment to support both the medical and forensic needs of sexual assault victims. It is Britain's first purpose-built centre which provides forensic medical examination, counselling and advice after sexual assault, as well as support and assistance through criminal proceedings which may follow.[8] Ongoing analysis of the data collected by the SAFE centre from sexual assault victims may shed light on not only the prevalence of reported sexual crimes in the serviced areas but also the details of the acts themselves and if there is any opportunity to tailor services provided to the specific needs of the community. Importantly, this audit looks at the prodrome to sexual assault, specifically whether psychiatric and psychological ill health may contribute to the victim profile. Understanding of the types of individuals targeted for these crimes may pave the way for improved specialised counselling services and follow-up.

Victimisation is an understudied area, particularly when compared to studies which analyse the sequelae after assault. This trend is no different across sexual crimes; with vast amounts of research targeting psychological and psychiatric sequelae post event. Sexual assault is often used as a variable of prediction for later ill health.[5,13] This study aims to identify and describe a trend in the psychological and psychiatric backgrounds of individuals subject to sexual assault which may increase their vulnerability.

Parameters identified during the study include depression, psychotic illness, learning disability, and deliberate self-harm and attempted suicide. These factors are discussed further to understand the relationship between mental illness and vulnerability.

Vulnerability describes an individual's susceptibility to being open to physical or emotional harm, criticism or temptation.[4] Vulnerability is created by an interaction between a person, including variables such as age, sex and gender as well as physical

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size and fitness and psychological well being, and the environment. The BCS reported that women with highest risk of sexual assault were aged between 16 and 19 years when compared with older age groups[11] but very little information is available with regards to why these women are targeted. Vulnerability in mental illness is another area with substantial amounts of speculation and perceived understanding despite a clear lack of evidence. Baroness Stern recognises the link between mental health problems and learning disabilities and increased vulnerability in her 2010 review. She emphasizes those with mental health problems are more likely to become 'repeat victims'.[12] Other contributors to vulnerability discussed are history of abusive relationships, young age, difficult backgrounds, housing within a care home, as well as excessive alcohol use. Baroness Stern emphasizes that vulnerability, by any means, decreases an individual's capacity to consent.[12]

Depression will affect 8% of individuals during their lifetime.[7] Categorised by anhedonia, low energy and low mood, depressive illnesses are often associated with biological and psychological symptoms which may increase a depressed individual's vulnerability. Feelings of hopelessness and worthlessness and difficulty making decisions may decrease an individual's willingness and ability to identify and respond appropriately to potentially threatening situations. Parallel to this, Acierno et al. found that individuals with active depressive illness were at increased risk of being physically assaulted.[1]

Psychotic illnesses are often explained by describing a lack of ability to identify and differentiate reality. The most common of this subtype of psychiatric illness is schizophrenia, affecting 1% of the population.[7] Schizophrenia, a disorder of thoughts, perceptions and behaviours, may influence sexual assault by impairing the affected individual's perception and understanding of the attack or environmental and personal circumstances which may put them at risk.

Weinhardt et al. conducted a review of the debilitating nature of severe and persistent mental illness (SPMI), including both severe depressive and psychotic illnesses. This literature analysed by this group revealed that up to 76% of women with SPMI had been sexually assaulted at least once in their life.[14]

Although not strictly considered a mental health issue, *learning disabilities* can share signs and symptoms of mental illness which increase vulnerability. Tharinger et al. recognise a growing understanding of the vulnerability of individuals with disabilities (of any nature) to sexual abuse.[13] While the term *'learning disability'* covers ranging severities of impairment of cognition, there are several characteristics which may or may not be present that potentially increase vulnerability and therefore the likelihood of sexual assault. Namely, dependency on caregivers, reduced or absent verbal abilities, questing for social acceptance as well as emotional insecurities. In addition, Tharinger et al. consider that this specialised population may not receive adequate education in relation to sexuality and privacy further amplifying their risk.[13]

Deliberate self-harm is common, and a potentially fatal sign of underlying psychological disturbance and distress. The National Interview Survey indicated that between 4.6 and 6.6% of the surveyed British population had self-harmed at least once in their lifetime.[9] In 2009 there were 5675 completed suicides in the United Kingdom.[10] Although not diagnoses themselves, deliberate self-harm and suicide reflects a combination of distress and adverse coping mechanisms, stressing underlying psychopathology, and requirement for treatment of mental illness.[2,6] Self-harm is a very potent predictor for later completed suicide, with 10% of those presenting to hospital after an episode of self-harm committing suicide within the following 10 years. A concurrent diagnosis of depression hastens this figure.[2] This group of individuals who are motivated to harm themselves are considerably vulnerable to sexual assault by likely not being mindful of keeping themselves safe.

2. Aim

To identify whether there is a trend in the psychological and psychiatric backgrounds of individuals who are sexually assaulted which contributes to a state of increased vulnerability.

3. Importance of study

Identification of psychological and psychiatric issues in the individuals attending for forensic examination may reveal specific psychological and psychiatric risk factors for sexual assault. Identification of a vulnerable group of people provides a direction at which primary prevention tactics can be targeted and increased, specialised levels of mental health support after the event.

4. Standard

To conduct a review of all adult ($\geq$18years) patients who attended the SAFE centre between 1st of April 2010 and the 31st of March 2011 to identify reported personal psychological and psychiatric information.

5. Methods

Patients who attended the SAFE Centre between the dates April 1st 2010 and March 31st 2011 (12 month period) were identified using the SAFE Centre log book (record of all attendees organised by date and unique SAFE Centre identification number). All clients aged 18 years old and above at the time of alleged incident who received a forensic examination were included in the study. Patient consent for participation in this study was obtained at the time of forensic examination where patients have the opportunity to consent for their anonymous details to be used for training and research purposes. Individual patient's SAFE Centre notes, which include a medical history proforma, were retrieved and analysed for reports of diagnosed psychological or psychiatric illness, disclosure of deliberate self-harm and attempted suicide, as well as indicated treatment of mental health conditions. Specifics recorded from the notes included:

- antidepressant medication
- anti-psychotic medication
- history of/current deliberate self-harm
- history of suicide attempt
- diagnosis of affective disorder
- diagnosis of psychotic illness
- evidence of learning disability
- disclosure of previous sexual assault
- reports of previous or current use of counselling or mental health services

For the purposes of this study those notes which recorded use of antidepressant medication without a diagnosis, 'depression' was assumed. Likewise, individuals on anti-psychotic medication without a recorded diagnosis are labelled 'assumed psychotic illness' in the study. Results were formulated.