

# Older victims of sexual assault: an underrecognized population

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**OBJECTIVE:** We performed this study to determine if sexual assault characteristics differ in women presenting for evaluation as women age.

**STUDY DESIGN:** All females 20 years or older presenting after sexual assault to an urban emergency department during a nine year period underwent standardized evaluation. Analysis was performed by  $\chi^2$ .

**RESULTS:** We evaluated 2399 women: 1743 women 20-39 years, 554 women 40-55 years, and 102 women over 55 years of age. Compared with the other age groups, older women were more commonly assaulted in their own home (36%) or care facility (33%),  $P < .001$ ,

assaulted by a service provider (16.7%) or stranger (18.6%),  $P < .001$ , impaired (54.9%),  $P < .001$ , admitted to the hospital (15.7%),  $P < .001$ , incur genital trauma (35.6%),  $P = .04$ , and less likely to have a weapon used (7.8%),  $P = .003$ .

**CONCLUSION:** Sexual assault in older women has distinct characteristics, which may be useful in planning intervention and prevention strategies.

**Key words:** mature, menopause, sexual assault, violence against women

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More than 300,000 women are raped annually, and rape continues to be consistently underreported; the National Violence Against Women Survey in 2000 found that only 1 in 5 women reported their victimization.<sup>1</sup> Many studies show that risk factors for assault include female gender, young age, poverty, and use of drugs or alcohol.<sup>2</sup> However, studies that address risk factors, prevalence, and assault descriptors in older women are lacking. Some reports have found genital trauma to be more common in postmenopausal women<sup>3,4</sup> while others have not.<sup>5</sup> Few reports have addressed victim or assault characteristics in postmenopausal women. Increased knowledge about sexual assault

characteristics in older age groups of women may allow more specific prevention and treatment modalities, and better prepare providers who care for sexual assault patients of all ages.

The purpose of this study of consecutive females presenting to the emergency department for evaluation of sexual assault is to characterize victim and assault characteristics of women over 55 as compared to women 40-55 years of age and 20-39 years of age.

## MATERIALS AND METHODS

### Patient population

All women 20 years of age and older who presented to an urban hospital emergency department for evaluation with a complaint of sexual assault between Jan. 1, 1998 until Dec. 22, 2006 were included. This emergency department is the major referral center for police and other emergency providers in King County, Washington, population 1.73 million (US Census Data 2000). Two thousand three hundred and ninety-nine women were available for evaluation: 1743 ages 20-39, 554 40-55 years of age, and 102 over 55 years of age. Of these 2399 women, 224 did not have any physical examination, leaving 2075 women available for analysis for general body examination findings. A total of 515

women either had no examination ( $n = 224$ ), or refused genital examination ( $n = 291$ ), leaving 1884 women available for analyses for genital examination findings. A previously published analysis of physical injury after sexual assault<sup>4</sup> utilized a subset ( $n = 759$ ) of the entire study group included in this study.

### Examination and data collection

The patient, when able, or accompanying caregivers or police provided demographic information and assault history that was recorded by the emergency department social worker. All patients were examined by second- or third-year residents in obstetrics and gynecology who had received specific training in sexual assault examinations, or by specially trained Sexual Assault Nurse Examiners (SANE). Emergency department physicians provided additional evaluation as needed. Evaluation for genital trauma was by visualization without the use of colposcopy. Providers used a standardized structured sexual assault chart form. Medical professionals abstracted data from the emergency department record, and all records were reviewed by one of the authors (N.F.S.).

### Definitions

Sexual assault was defined as completed or attempted penetration of the patient's

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vagina or anus by penis, mouth, fingers, or other object, or the patient's mouth by penis. General body injury included any acute injury excluding the genital-anal areas. Injury was defined as bruise/abrasion, laceration, or radiologically defined fracture or intracranial injury. Genital erythema, tenderness, or pain without visible tissue injury was not counted as trauma because these findings are subjective and may have poor interrater reliability.<sup>6</sup> The exception was tenderness on the scalp, where, because of difficulty in visual diagnosis, scalp tenderness was classified as a bruise.

The relationship with the assailant was classified "friend or acquaintance" if the patient reported any social contact, including having a conversation or accepting a car ride before the assault began. The relationship "intimate partner" encompassed current and former boyfriends, live-in partners, and spouses. "Service provider" included medical and nursing personnel, as well as personal care providers and employees of care facilities.

"Impaired consciousness" was by patient report and was recorded when the patient reported that she was asleep or markedly intoxicated at the onset of the assault; laboratory results of toxicology screens were not used in defining "impaired consciousness." Patients with dementia or active psychosis who were unable to describe the events were also classified as "impaired consciousness." Amnesia was recorded when the patient specifically reported she could not remember part or all of the assault. Patients who did not or were unable to state their recollection of the event were not classified as having amnesia. Patients who reported no home address or were discharged to a shelter were classified as homeless. Classification of major psychiatric disorder was made when 1 of the following criteria were met: (1) the patient reported having schizophrenia, psychosis, schizoaffective disorder, bipolar illness, or chronic substance use; (2) the patient had a previous inpatient psychiatric hospitalization at this hospital for a suicide attempt or a discharge diagnosis of 1 of the above psychiatric disorders; or (3) the patient had 1 or

more prior visits to this hospital or mental health center with medical documentation of 1 of the above psychiatric conditions or of toxic encephalopathy. Patients who reported only a history of depression or who were on antidepressant medication alone were not classified as having a major psychiatric diagnosis.

The term "care facility" encompassed settings of hospitals, nursing homes, residential facilities, assisted living, and group homes.

### Data analysis

Statistical analysis was performed with  $\chi^2$  for dichotomous variables and Student *t* test for continuous variables. For comparison in data analysis, we chose 20-39 years of age being the younger age group, 40-55 as the middle-age group of women, and, based on national standard for age of menopause,<sup>7</sup> as well as prior literature,<sup>3,5</sup> we picked 55 years and older as the "older" group of women. All statistical analysis used SPSS statistical software (release 15.0, 2006, SPSS, Inc, Chicago, IL).

The Institutional Review Board of the University of Washington approved this study.

### RESULTS

In this 9-year study period, 1742 women ages 20-39, 554 women ages 40-55, and 102 women over 55 years of age were available for comparison. The mean age of sexual assault victims was 33.82 years. In the group of women over 55 years of age, 19 women were 70-79 years of age, 25 women were 80-89 years of age, and 6 women were over 90 years of age, with the oldest woman being 98. Of the 2399 patients, 1525 (63.6%) were Caucasian, 439 (18.3%) were African American, 226 (4.8%) were Native American, 107 (4.5%) were Hispanic, 89 (3.7%) were Asian, 2 (1%) were Pacific Islander, and for 199 (5.0%), race was not recorded. The racial distribution was similar in the 3 age groupings, and differences were not statistically significant (data not shown).

### Characteristic of patient, assailant, and assault location

The 3 age groups were significantly different for multiple factors (Table 1). Compared to the other groups, the postmenopausal women were least likely to be homeless or in jail, and the most likely to be disabled (33% of 102 women). Homelessness was highest in the mid-age group (16.6%) but also 11% in the younger women. Both the mid-age group and postmenopausal group had quite high rates of psychiatric diagnosis (52.3% and 51%, respectively), though the prevalence of psychiatric diagnosis in the younger women was still 30.7%.

Location of assault was significantly different for the age groups. In postmenopausal women, one-third of assaults occurred in a care facility, and 36% in the patient's own home. Few occurred in another's home, outdoors, or a vehicle. In contrast, for the younger women, 30% of assaults occurred in a home other than the patient's, 16.3% occurred outdoors, and 11% in a vehicle. The majority of women in all age groups reported a single assailant, approximately 8% of each age group had 2 assailants, and just 1 (1%) postmenopausal woman had 3 or more assailants compared with 5.9% and 4.2% of younger and mid-age women, respectively.

Compared to the other 2 age groups, in the older women the assailant was rarely (2%) an intimate partner. Report of the assailant as a service provider (16.7%) was significantly more common in the older women. In all 3 groups, the assailant was a stranger in approximately 20% of assaults. For younger women, 52% of assailants were an acquaintance, and assault by a spouse or intimate partner as assailant was over 11% in both the younger and mid-age range groups. The relationship of the assailant to the victim was unknown in 12.7% of postmenopausal women. The number of assailants was also unknown in 26% of postmenopausal women.

Admission to the hospital after assault occurred in 15.7% of women in the older age group, 12.3% of the middle age group, and 5.7% of the younger,  $P < .001$ . In all age groups, medical admis-

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