



Prior substance abuse and related treatment history reported by recent victims of sexual assault



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HIGHLIGHTS

- We examine alcohol and drug abuse history in recent rape victims seeking medical care.
- We examine comorbid patterns of recent substance use among recent rape victims.
- We examine prevalence and correlates of prior substance treatment among rape victims.
- We examine prevalence and correlates of prior history of assault among rape victims.
- Order of onset of victimization and substance abuse history is examined.

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ABSTRACT

To inform intervention approaches, the current study examined prevalence and comorbidity of recent use and history of abuse of alcohol, marijuana, and other illicit drugs as well as history of substance treatment among a sample of female victims of sexual assault seeking post-assault medical care. Demographic variables and prior history of assault were also examined to further identify factors relevant to treatment or prevention approaches. Participants were 255 women and adolescent girls seeking post sexual assault medical services who completed an initial follow-up assessment on average within 3 months post-assault. The majority (72.9%) reported recent substance use prior to assault, approximately 40% reported prior substance abuse history, and 12.2% reported prior substance treatment history. Prior history of assault was associated with recent drug use and history of drug abuse as well as substance treatment. Among those with prior histories of substance abuse and assault, assault preceded substance abuse onset in the majority of cases. Almost all those with prior treatment history reported recent drug or alcohol use. A portion of sexual assault survivors seen for acute medical services may benefit from facilitated referral for substance abuse treatment in addition to counseling at the time of screening. Assessment and intervention approaches should target alcohol, marijuana, and other illicit drug use and abuse. Substance use and associated impairment may serve as a rape tactic by perpetrators of assault. Substance use at the time of assault does not imply blame on the part of assault victims. Previous findings indicate that rape poses high risk of PTSD particularly among women with prior history of assault. Screening and intervention related to substance abuse should be done with recognition of the increased vulnerability it may pose with regard to assault and the high risk of PTSD within this population.

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1. Introduction

Substance-related sexual assault is a significant problem in the United States. Data from representative studies suggest that three million U.S. women have experienced drug incapacitated rape (i.e., rape following voluntary intoxication that results in loss of consciousness or inability

to control behavior; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007) and an estimated 2.6 million have experienced drug facilitated rape (i.e., following intoxication and incapacitation due to use of substances administered or facilitated by an assailant). Adult incapacitated rape victims have reported higher recent (McCauley, Ruggiero, Resnick, & Kilpatrick, 2010) and adolescent (Testa, Livingston, VanZile-Tamsen, & Frone, 2003) substance use. Longitudinal research suggests that relations between sexual assault and substance use and abuse are reciprocal in nature, such that prior assault increases risk for substance use and abuse, and substance use and abuse increases risk for assault

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(Kaysen, Neighbors, Martell, Fossos, & Larimer, 2006; Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; Testa, VanZile-Tamsen, & Livingston, 2007).

Approximately 21% to 26.2% of rape victims age 18 or older report seeking post-assault medical care (Resnick et al., 2000; Zinzow, Resnick, Barr, Danielson, & Kilpatrick, 2012) typically within 72 h of the assault (Logan, Cole, & Capillo, 2007). Thus, the emergency department represents a potentially important point of contact for screening and referral to interventions for substance abusing patients (Blow et al., 2010). In a recent study with women presenting to the emergency room for a rape-related medical exam, 54% reported alcohol use and 12% reported marijuana use at the time of assault (Resnick et al., 2012). Use of alcohol or marijuana at the time of assault was related to use in the 6 weeks preceding assault and predicted use of each respective substance over the six-month follow-up. Thus, some victims of substance-related sexual assault may have pre-existing substance problems that are not adequately assessed or treated.

1.1. Current study

The present study builds on Resnick and colleagues' (2012) findings by more fully characterizing the pre-assault substance abuse, treatment, and prior victimization histories of women presenting to the emergency room for a rape-related medical exam. The previous report (Resnick et al., 2012) examined associations between two indicators of recent use of alcohol and marijuana only (at time of assault and in six weeks preceding assault). In addition, effects of use at time of assault and combined indices of recent marijuana or alcohol use (at time of assault or in six weeks preceding assault), as well as a brief psycho-educational intervention on post-assault use and abuse of alcohol and marijuana were described. The current study includes report of recent use of other illicit drugs as well as alcohol or marijuana and the comorbid pattern of recent use. In contrast to previous publications addressing substance use and abuse (Resnick, Acierno, Amstadter, Self-Brown, & Kilpatrick, 2007; Resnick et al., 2012), the current paper examines reported pre-assault history of substance abuse and substance treatment, as well as associations between these variables with prior history of assault and combined indices of recent use (at time of incident or in six weeks preceding assault) of alcohol, marijuana, and other illicit drugs. Elucidating these patterns of use as well as history of abuse and prior assault is important to further identify factors relevant to assessment, treatment, and/or referral strategies that may be implemented at the time of the medical exam. Data related to order of onset of substance abuse relative to age of prior assault victimization are also presented. Because the current report is focused on historical variables restricted to pre-assault or assault time frames, potential effects of intervention were not examined.

2. Methods

2.1. Participants

Participants were 442 female sexual assault victims age 14 or older who sought post-assault medical services at an academic medical center. Of these, 406 comprised 159 participants in a standard care condition and 247 who watched a brief psycho-educational video as randomly assigned.¹ Women provided informed consent; adolescent girls with

consent of parent or legal guardian provided assent. Procedures were approved by the Institutional Review Board. Individuals who could not provide informed consent to participate (e.g., those with mental retardation or serious injury) were ineligible. Women assigned to the non-video condition or those assigned to the video condition and watched and who completed one or more follow-up interview assessments (Resnick et al., 2007) were included in current analyses (66%; $n = 268$). All those completing follow-up were age 15 or older. Minority participants were less likely to complete follow-up assessment than non-minority participants (60.2% vs. 70.2%) $\chi^2(1, n = 406) = 4.39, p < .05$. Study assessments were conducted between 1997 and 2005. Data analyses for this report were conducted in 2012.

The sample was restricted to 255 participants with complete data on all key variables. Average age of participants was 26.23 years ($SD = 10.33$). The sample was 62.7% ($n = 160$) White, 36.5% ($n = 93$) African American, and 0.8% ($n = 2$) Asian. There were no differences in age and race within the subsample of 255 relative to the previously described sample of 268. For subsequent analyses, race/ethnicity was classified as minority ($n = 95$) or non-minority ($n = 160$).

2.2. Measures

Information gathered at the time of the medical exam included demographics and self-reported use of drugs or alcohol at time of assault. At initial follow-up, a structured clinical interview (*Sexual Assault Interview*) was used to collect data regarding lifetime victimization as well as lifetime and recent substance use and abuse (based on DSM-IV criteria, American Psychiatric Association, 1994) and lifetime substance treatment. Substance use, abuse, and assault history sections were developed and evaluated in prior epidemiological studies (Kilpatrick et al., 1997; Kilpatrick et al., 2000).

2.2.1. Recent substance use

Participants who reported alcohol, marijuana, or other illicit drug use (e.g., cocaine) at the time of assault or those who reported consuming four or more drinks in a day or any use of marijuana or other illicit drugs in the 6 weeks prior to assault were considered recent users.

2.2.2. Pre-assault substance abuse

Participants who reported substance use associated with: 1) problems at work, home, or school, 2) physically dangerous situations, 3) substance-related legal problems, or 4) continued use despite persistent interpersonal problems associated with use that occurred either: with onset age earlier than age at index assault or within the 6 weeks prior to assault were considered to have pre-assault substance abuse.

2.2.3. Pre-assault substance treatment

Participants were asked whether they had ever sought and received treatment for a drug or alcohol problem, whether treatment received was inpatient or outpatient, and their age when they first received treatment. Participants who ever received treatment for a substance problem (either alcohol or drugs), and who first received treatment at an age prior to their age at index assault, were considered positive for pre-assault substance treatment.

2.2.4. Prior assault

Questions from the National Women's Study interview (e.g., see Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993, p. 986) were used to assess incidents of previous vaginal, anal, or digital rape or physical attacks by someone who intended to seriously injure or kill the participant, or attacks with a weapon or that resulted in injury.

2.2.5. Order of onset of substance abuse relative to prior assault history

Earliest age of reported onset of alcohol, marijuana, and other illicit drug of abuse as well as earliest age of any substance abuse was

¹ Of the 442 participants recruited, 36 were assigned to a video condition but chose not to watch, or watched half or less of content. Of these 36, 20 completed at least one follow-up assessment and 17 provided information about substance treatment, use, and abuse history. We report here on the sample of 255/268 with complete history data who also participated in the intervention if assigned, rather than the intent to treat sample of 272/288 who completed follow-up regardless of participation, to allow for comparability with other reports. Data were re-analyzed including these 17 cases and the pattern of findings did not differ.

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