

use of vehicle occupant restraints and motorcycle helmets.⁶ But much remains to be done to attain all of the Year 2000 goals and to reduce the burden of injury on individuals, families, and society.

In order to achieve these national goals, better data are needed. More complete and accurate measurement of the incidence of injury and related costs are required to target injury prevention and control programs. As highlighted by Miller and Lestina, age- and sex-specific incidence and cost data are necessary for designing appropriate interventions. Timely injury data are needed to identify important shifts in rates and patterns of injury, to identify newly emerging problems, and to form the basis for the planning, analysis, and evaluation of injury control efforts. For example, all

hospital discharge systems should be required to use both cause- and nature-of-injury codes ([*International Classification of Diseases*, Clinical Modification] ICD-E and ICD-N codes). Longitudinal studies, especially of severely injured persons, are needed to fully understand the long-term consequences of injury and to subsequently establish policy in the areas of prevention, treatment, rehabilitation, and research. Finally, to provide current expenditure data for the nation, medical spending should be measured periodically and the data made available to the research community on a timely basis. □

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Topics for Our Times: Rape Is a Major Public Health Issue

Violence is a major public health issue for all Americans. [It has] a clear and measurable impact on the physical and mental health of all our citizens. And every day, it also has a major impact upon our clinics, our hospital emergency rooms, and all of our health care facilities.

C. Everett Koop, MD
Former Surgeon General
US Public Health Service

For most readers, the word "violence" in Dr Koop's statement calls to mind images of muggings, murders, and drive-by shootings. But how many people also think of rape and sexual assault and realize that the profound consequences of these crimes make them a major public health issue as well? Sexual violence is a major category of violence affecting women and, to a much lesser (but no less serious) extent, men. Because adult males are rarely the victims of sexual assault, it is not often included in men's categorizations of violence. Because men have traditionally controlled the positions of power from which issues and problems are defined, it is men's definitions, based on their experiences, that shape the issues to which the world attends. Defining the world from a male perspective is a form of discrimination that has major implications for public health, as the well-documented exclusion of women from drug trials has shown.^{1,2}

In August 1995 the Bureau of Justice Statistics reported on its redesigned National Crime Victimization Survey, an annual survey of 100 000 people that is

intended to uncover crimes *not* reported to the police. For the first time, the survey asked directly about rape. Previously the survey had asked only whether interviewees had been attacked or threatened during the prior year, leaving it to them to mention sexual assault. Using this improved (albeit still imperfect) methodology, the Bureau "discovered" twice as much sexual violence in women's lives as had been reported in earlier surveys.³

The best study of sexual assault among adult women is *Rape in America*, conducted by the Crime Victim Research and Treatment Center of the Medical University of South Carolina.⁴ The methods of this study are superior to the redesigned National Crime Victimization Survey. *Rape in America* examined incidence and prevalence. Extrapolating from its sample, researchers found that during a 1-year period (1989 to 1990), US women over the age of 18 experienced 618 000 acts of forced vaginal, anal, or oral, or digital/foreign object penetration. As to prevalence, the study asked about age at first experience of forced penetration. The researchers concluded that at least 12.1 million adult women have been victims of at least one forcible rape (as distinguished from statutory rape) during their lifetimes, and that "rape is a crime of youth." Sixty-one percent of rapes occurred before the victim was 18; 29% before the victim was 11.

According to a recent review of numerous studies of adults in the general

population, "at least 20% of American women and 5-10% of American men experienced some form of abuse as children."⁵ Child sexual abuse is associated with numerous short- and long-term psychological problems, ranging from post-traumatic stress disorder and destroyed self-esteem to interpersonal difficulties such as aggression, withdrawal, lack of trust, and excessive sexual activity. Sexually abused girls are at high risk for teenage pregnancy. Furthermore, despite the fact that girls are most often the victims of child sexual abuse, medical training has been so skewed in its use of the male body as an anatomical model that many physicians cannot identify the different parts of the female genitalia or what "normal" looks like in a prepubescent girl.⁶

Rape in America was funded by the National Institute of Drug Abuse (NIDA). Why did NIDA fund a study of rape? Because rape victims often use drugs and alcohol to self-medicate their psychological trauma, *Rape in America* asked about the consequences to the victim. Was she physically injured apart from the rape itself? What were her psychological injuries? Did she abuse alcohol or drugs as a result? Had she been suicidal?

Rape in America concluded that 3.8 million women have had Rape-Related Post Traumatic Stress Disorder; an estimated 1.3 million currently have the disorder; and, each year, 211 000 will develop it. There was "substantial evidence that rape victims [developed] higher

rates of drug and alcohol consumption and a greater likelihood of having drug and alcohol-related problems than non-victims of crime."^{4(p7)} Compared with women who had never been crime victims, rape victims with the stress disorder were 13.4 times more likely to have had two or more major alcohol-related problems and 26 times more likely to have had two or more major problems related to drug abuse. Drug abuse is obviously a public health issue in itself, and intravenous drug use puts users at risk for contracting the human immunodeficiency virus (HIV) and developing acquired immunodeficiency syndrome (AIDS). At one Providence, RI, AIDS clinic, half the female patients had been sexually abused, and half of that group had been sexually abused as children.

Rape victims were 3 times more likely than nonvictims of crime to have had a major depressive episode, 4.1 times more likely to have contemplated suicide, and 13 times more likely to have attempted suicide. The report states, "The fact that 13% of all rape victims have actually attempted suicide confirms the devastating and potentially life-threatening impact of rape."^{4(p7)}

The findings of the 1992 *Rape in America* study corroborate the 1990 report of the American Psychological Association's National Task Force on Women and Depression.⁷ It found that a major reason women have higher rates of depression than men is the high level of rape, battering, sexual harassment, and child sexual abuse in their lives. In 1995 the *American Sociological Review* published similar findings.⁸ Sexual assault is so commonplace and produces such serious psychological trauma that, as *Rape in America* concluded, "it is imperative that rape be classified as a major public health issue in the United States."^{4(p13)}

The American Medical Association (AMA) *Guidelines for Medical Settings Regarding Violence against Women* state that "health care professionals should receive training about risk factors, indicators, prevalence and sequelae of violence, including how to take a violence history."⁹ This training must also eradicate the rape myths, endemic in our society, about who commits rape and why, and how victims react during and after the assault. Health care professionals who subscribe to these myths hurt victims.

Contrary to these myths, the vast majority (approximately 80%) of rapes are committed not by a stranger but by someone the victim knows, and rape is a

planned crime based on the victim's availability, not her behavior or dress. There is rarely physical injury in the sense of broken bones. Men intimidate women by their sheer size and strength. Women do not usually fight back because they fear serious physical harm or death, or because they are paralyzed by a psychological state called "frozen fright." A critical point is the finding that, counterintuitively, being raped by someone you know is *more* psychologically damaging than stranger rape because it destroys the ability to trust.¹⁰

The taking of a patient history of violence as urged by the AMA guidelines should be informed by the lessons of the National Crime Victimization Survey and *Rape in America* methodologies. The National Crime Victimization Survey found twice as many rapes as it had before its redesign, but its numbers were still below those of *Rape in America* because of its less sophisticated questions. For example, the redesigned National Crime Victimization Survey asks about rape directly, which can produce inexact responses. Many rape victims do not label themselves as such because they mistakenly believe that forced sex can be rape only if the rapist is a stranger, or that rape means only vaginal penetration. *Rape in America* asked about acts of forced vaginal, anal, or oral, or digital/foreign-object penetration without explicitly labeling them rape. No one was questioned in front of family members, as had happened in some National Crime Victimization Survey interviews. Lack of privacy inhibits candid responses about sex crimes, especially if the victim does not want her family to know or if the attacker is in the room or believed to be within earshot. *Rape in America* found that 10% of victims were worried about their families finding out about the rapes and that a third of the rapes were committed by family members: a father, stepfather, husband, ex-husband, or other relative. Lack of privacy during the taking of a patient's medical history can be especially problematic in the examination of a minor or an emergency room patient.

Health care workers who see rape victims shortly after the assault should urge them to go through a forensic examination immediately. A victim can always decline to proceed in the criminal justice system, but once the critical physical evidence is lost, it can never be retrieved. Public health professionals can help rape victims by promoting the replication of SANE, the Sexual Assault Nurses

Education program.¹¹ Nurses in Tulsa, Okla, developed this program to train nurses to perform forensic rape examinations and to testify in court. SANE has resulted in far more humane treatment for rape victims and in highly successful rape prosecutions.

Finally, treatment for both rape victims and offenders is also a public health issue. Effective, available, affordable, culturally sensitive treatment for rape victims is essential. Insurance plans that arbitrarily limit therapy are inimical to the best interests of child and adult rape survivors.

As for sexual offenders, health care providers who treat them must be specialists. Traditional, insight-oriented, one-on-one psychotherapy based on trust, confidentiality, and support for the patient is not appropriate for sex offenders.¹² Specialists see the best option as group treatment that is confrontative and ever alert to the fact that many of these offenders are highly manipulative and cannot be trusted. Nonspecialized treatment can seldom be expected to create victim empathy or teach the offender to understand his own cycle of deviance and how to stop himself when he begins to relapse into that pattern.¹³ Sex offenders treated with traditional psychotherapy by nonspecialists tend to emerge even more rooted in denial and in other thinking errors than when they began. Indeed, it should be considered unethical for someone who has not been trained in this highly specialized field to treat sex offenders.

The word "violence" usually evokes images of visible mayhem. Rape rarely results in obvious injury, but the damage this hidden violence inflicts is often even more profound. Beyond maiming the body, rape maims the soul. As *Rape in America* states, there is "compelling evidence about the extent to which rape poses a danger to American women's mental health and even their continued survival because of the increased suicide risk. Thus, rape is a problem for America's mental health and public health systems as well as for the criminal justice system."^{4(p8)} □

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