

Regret when keeping sexual assault a secret

April 12 2012, By Angela Herring



Carol Marchetti, assistant professor in the Bouvé College of Health Sciences, studies victims of sexual assault. Credit: Dominick Reuter

(Medical Xpress) -- According to the 2006 National Violence Against Women Survey, one in six women is a victim of sexual assault, a crime that Carol Anne Marchetti said is committed repeatedly by a relatively few number of perpetrators.

"If we could take even a small number of offenders off the streets, we could greatly reduce the rate of [the crime]," said Marchetti, an assistant professor in the School of Nursing in the Bouvé College of Health Sciences.

Victim reports are crucial to identifying offenders, she said. But the 2006 survey also found that only 10 to 20 percent of victims report their experiences to the police, a figure that Marchetti and other researchers



have called a gross overestimate.

Marchetti, a certified Sexual Assault Nurse Examiner (SANE), has spent thousands of hours examining and educating victims and gathering potential DNA evidence. Over time, she began to notice that many of her patients regretted their reporting decisions.

"When patients struggle with the decision of whether or not to report, many of them say, 'Carol, am I going to <u>regret</u> it?" Marchetti said.

Victims who report attacks receive a variety of services to help them deal with psychiatric complications and other health consequences, but reporting <u>sexual assault</u>, Marchetti cautioned, "is not in the best interest of every victim. For some it might result in their death or their children being taken."

SANEs, who must remain objective, are not allowed to influence reporting decisions. For her part, Marchetti wants to identify factors that could help victims make appropriate choices that align with their situations.

In her recent article published in the *Journal of the American Psychiatric Nurses Association*, Marchetti found several correlations between regret and reporting decisions. Participants who experienced weight gain after an assault, for example, tended to regret their decisions. Those who sought professional treatment experienced less regret. Perhaps most strikingly, 70 percent of participants who did not report their attack regretted their decision.

Marchetti was not surprised by the finding, noting, "We often regret the road not taken rather than the road taken."

Marchetti's survey is available online. As more data becomes available,



she will repeat the study with a larger population sample. Ultimately, she would like to develop a decision aid based on her results that could assist victims in the decision-making process.

Such an aid, Marchetti said, would be "consistent and not loaded one way or another but would address all the questions SANE nurses encounter."

Provided by Northeastern University

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