

## Researchers launch study of experiences and outcomes of women sexual assault survivors

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Samuel McLean, M.D., M.P.H., director of the TRYUMPH Research program in the Department of Anesthesiology at the University of North Carolina School of Medicine and principal investigator of the study. Credit: UNC School of Medicine



One in 5 U.S. women experience sexual assault during their lifetime, yet little is known about the experiences and health outcomes of sexual assault survivors. A new study seeks to change that.

The study, which is being funded by seven different NIH institutes and centers, is the first large scale effort to longitudinally evaluate health outcomes after sexual assault. Nine hundred women sexual assault survivors from around the nation will be enrolled at the time that they present for emergency care. Study participants will then be followed for one year, and interviewed over time to better understand their physical and mental health during the recovery process and their experiences with law enforcement, the legal system, and the medical system. The study will be based at the University of North Carolina School of Medicine. Samuel McLean, MD, MPH, director of the TRYUMPH Research program in the UNC Department of Anesthesiology, is the principal investigator of the study.

"There have been thousands of longitudinal studies of patient experiences and health outcomes after other common traumatic events, such as car accidents, but no such studies of sexual assault survivors have been performed," McLean said. "Our goal is to give sexual assault survivors a voice, and learn from them about what is working with our legal and health care responses, and what isn't."

Another important goal of the study is to learn about any physical symptoms that develop after sexual assault. "It is commonly understood that some women experience adverse psychological outcomes, such as posttraumatic stress disorder, after sexual assault," said McLean. "Evidence suggests that some women also develop symptoms such as fatigue and pain, but we know very little about when or how this occurs. More information about such outcomes is urgently needed."

This type of information is important, because while medical advances



over recent decades have revolutionized the care of many trauma survivors, little progress has been made in the types of treatments available to survivors of sexual assault. "A woman sexually assaulted in 1970 would receive risk stratification and treatment to prevent sexually transmitted diseases and sexual assault," said McLean "More than 40 years later, the types of preventive interventions that we can offer haven't changed. No treatments are available to prevent other adverse physical and mental health outcomes, despite the fact that such outcomes appear to be common may well be very treatable or preventable."

This study is being funded by a consortium of six NIH institutes and centers: the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute of Neurologic Diseases and Stroke, the National Institute of Mental Health, the Office of the NIH Director, the National Institute of Nursing Research, and the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

## Provided by University of North Carolina Health Care

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