

Retrospective Chart Analysis of Sexual Assault Victims Referred to Psychiatry OPD

Ajita Nayak¹, Ritika Behera², Sagar Karia³, Daria Smirnova⁴, Avinash Desousa⁵

^{1,2}Medical Intern, ³Assistant Professor, ⁵Research Associate and Consultant Psychiatrist, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai, ⁴International Centre for Education and Research in Neuropsychiatry, Samara State Medical University, Samara, Russia

How to cite this article: Ajita Nayak, Ritika Behera, Sagar Karia et. al. Retrospective Chart Analysis of Sexual Assault Victims Referred to Psychiatry OPD. Indian Journal of Forensic Medicine and Toxicology 2023;17(1).

Abstract

Background: Sexual assault is a traumatic experience and can lead to various physical and psychiatric health issues. The victims of sexual assault have to live with the long-lasting implications of mental health problems. This study aimed to assess the prevalence of psychiatric disorders in people with a past history of sexual assault referred to outpatient department of a tertiary healthcare facility in urban India.

Methods: A retrospective chart review was carried out by analyzing clinical records of the patients with a past history of sexual assault who were referred to the Psychiatry OPD of our hospital from January 2021 to December 2021. For analysis, demographic data like age, sex, employment status, and marital status and phenomenological data like type of sexual assault, frequency of assault, frequency of assault leading to pregnancy, and psychiatric illness were collected.

Results: The study included 33 patients with a past history of sexual assault, out of which 30 were females and 3 males. It was found that 7 patients were diagnosed with Major Depressive Disorder and 2 had Intellectual Disability. Furthermore, 4 patients were diagnosed as having Attention deficit hyperactive disorder, Anxiety disorder, Post traumatic stress disorder, and adjustment disorder with depressed mood each.

Conclusion: Almost 40% of patients with history of sexual assault had some or the other psychiatric disorders. So, its important to follow up these patients to diagnose early and intervene at right time.

Key words: sexual assault, psychiatric health problems

Introduction

Sexual assault or sexual violence is defined as a physical assault of a sexual nature against another human without their consent.¹ Sexual assault is a heinous crime and can happen in many forms. For

ease of understanding, we can categorize it into contact and non-contact assault. Non-contact sexual assault is unwanted sexual experiences that do not involve touch or penetration, like taking a photo or recording a video of someone naked, showing them

Corresponding Author: Sagar Karia, Assistant Professor, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai.

E-mail: karia777@yahoo.com

Tel: 91-9594530457

pornography, or masturbating in front of them all without their consent. On the other hand, contact sexual assault is unwanted sexual experiences that do involve touch or penetration. It includes unwanted touching, peno-oral intercourse, peno-vaginal intercourse, and consensual intercourse when the consent has been obtained by threatening the victim or their loved one.²

The prevalence of sexual assault cases in India has been showing an increasing trend, despite the gross under-reporting of such cases. There has been an increase in rape-related crimes from 2001 to 2018, going from 11.6 in 2001 to 19.8 in 2018 per 100,000 women and girls. From 2001 to 2018, more than 1.5 million sexual assault cases were reported in India. Out of this, 28.1% were cases of rape accounting for about 0.45 million cases in total between 2001-2018. There has been a significant increase of 58.7% in the number of reported rape crimes from 2001-2018 as per the data published on the National Crime Records Bureau website.³

Sex-related offenses can be perpetrated by anyone against anyone irrespective of gender, employment status, marital status, race, ethnicity, etc., and are reported in every society. These kinds of assaults have a serious impact on both the mental as well as physical health of the victims. While the physical health problems range from sexually transmitted diseases to local tissue damage due to the forceful nature of the act, the mental health issues include depression, post-traumatic stress disorder, and anxiety disorder to name a few. Sexual violence can be a life-changing event for the victim potentially destroying their social well-being due to the stigmatization of such topics, especially in India.⁴

We now turn our focus entirely toward the mental health issues that victims of sexual abuse might suffer from. Many recent meta-analyses have pointed to the increased prevalence of depression, anxiety, stressor, trauma-related disorders, substance use or dependence, obsessive-compulsive disorder, and suicidality in sexual abuse victims. Post-traumatic stress disorder and suicidality were the two major psychiatric issues seen strongly associated with sexual violence. It has also been found that victims of rape have worse as well as longer duration of PTSD

symptoms post-assault as compared to other PTSD sufferers with different kinds of trauma. Depression and anxiety disorders, including agoraphobia and social anxiety disorder are the comorbid psychiatric disorders frequently associated with rape.⁵⁻⁸

When it comes to sexual assault, we have to understand that both physical and mental health is at stake. We need to be able to look out for and identify the physical and psychiatric issues as early as possible in order to adequately treat them and offer support to the victims of sexual abuse. With an aim to study the prevalence of psychiatric health issues in victims of sexual assault post-trauma, we took this study.

Materials and Methods

A retrospective chart review was carried out by analyzing clinical records of the patients with a past history of sexual assault who were referred to the outpatient department of the Psychiatry department of a tertiary health care center in Mumbai from January 2021 to December 2021. The analysis was done using Microsoft Excel Sheets version 2010. The patients were evaluated thoroughly by 2 psychiatrists in order to assess their psychiatric health issues and arrive at their diagnoses. The study was approved in the departmental review meeting. For analysis, demographic data like age, sex, employment status, and marital status and phenomenological data like type of sexual assault, frequency of assault, frequency of assault leading to pregnancy, and psychiatric illness were collected.

Results

The study included 33 patients with a past history of sexual assault. Table 1 describes the demographic details of study population. Table 2 shows peno-vaginal intercourse had the maximum frequency in our study population, followed by consensual intercourse, inappropriate touching, and recording naked videos/photos in that order. Other less frequent forms of sexual assault included being shown pornography, peno-oral intercourse, undressing with genital touching, and inserting a finger in the vagina. Amongst our participants, more than half of them had been sexually assaulted more than once with 13 patients being assaulted more than thrice. There were 4 patients who became pregnant as a result of the sexual assault while the rest 29 did not. Depression was seen in 21% of patients.

Table 1: Demographic details of study population:

Parameter (N = 33)		Mean ± S.D./ Frequency (%)
Age in Years		17.15 ± 9.79 (4 -50)
Education in Years		7.09 ± 4.34 (0 - 15)
Gender	Male	3 (9.1%)
	Female	30 (90.9%)
Employment	Employed	2 (6.1%)
	Unemployed	13 (39.4%)
	Student	18 (54.5%)
Marital Status	Married	3 (9.1%)
	Unmarried	29 (87.9%)
	Divorced	1 (3.0%)

Table 2: Phenomenological details of sexual assault and psychiatric illness:

Parameter (N = 33)		Frequency (%) Overlapping Data
Type of Sexual Assault	Peno- vaginal intercourse	16 (48.48%)
	Consensual Intercourse	6 (18.18%)
	Inappropriate Touching	4 (12.12%)
	Clicked photo/Video shoot naked	4 (12.12%)
	Showed pornography	2 (6.06%)
	Peno-oral intercourse	2 (6.06%)
	Undressing with genital touching	2 (6.06%)
	Inserting finger in Vagina	1 (3.03%)
Frequency of assault	Once	15 (45.45%)
	Twice	3 (9.09%)
	Thrice	2 (6.06%)
	Multiple times	13 (39.39%)
Did patient get pregnant due to assault	Yes	4 (12.12%)
	No	29 (87.87%)
Comorbid Psychiatric Illness	Major Depressive Disorder	7 (21.21%)
	ADHD	1 (3.03%)
	Intellectual Disability	2 (6.06%)
	Anxiety Disorder	1 (3.03%)
	PTSD	1 (3.03%)
	Adjustment disorder with depressed mood	1 (3.03%)
	None	20 (60.6%)

Discussion

The present chart review examined the prevalence of psychiatric health issues in victims of sexual assault referred to the Psychiatry OPD of our hospital in the last year. Based on our analysis, less than half of the study population suffered from a psychiatric illness post-sexual assault. The rest were not diagnosed with any mental health problems. Out of the 13 patients with psychiatric health issues, most were diagnosed with major depressive disorder. Two patients were diagnosed with intellectual disability and there was one patient each with the diagnosis of attention deficit hyperactive disorder, post-traumatic stress disorder, anxiety disorder, and adjustment disorder with depressed mood.

We can infer from this retrospective chart review that amongst the patients with a past history of sexual assault diagnosed with a mental health problem, major depressive disorder is the most frequent diagnosis. The second most common diagnosis is that of intellectual disability. While PTSD, ADHD, anxiety disorder, and adjustment disorder with depressed mood is the less common diagnoses with a prevalence of about 3% each. Whereas the prevalence of no psychiatric issue was the highest at around 60%. However, the results of a similar retrospective chart review by Bijjal et al. were slightly different. According to their analysis, less than half of the sexual assault victims did not suffer from any mental health problems. Out of those who did, the highest prevalence was that of adjustment disorder, followed by dysthymia, depression, obsessive-compulsive disorder, and psychosis.⁹

The meta-analytic review done by Dworkin et al. in 2017 pointed to the increased prevalence of post-traumatic stress disorder, acute stress disorder, adjustment disorder, depression, anxiety, bipolar disorder, eating disorders, suicidality, substance abuse/ dependence, and obsessive-compulsive disorders in victims of sexual assault. This is in accordance with the results of our retrospective chart review. In our chart review, amongst the patients who suffered from a mental health condition, the prevalence of major depressive disorder was the highest. Other prevalent mental health conditions included PTSD, anxiety disorder, and adjustment

disorder with depressed mood.¹⁰

Furthermore, according to published data, adults diagnosed with ADHD in childhood are more likely to report being victims of sexual assault as compared to adults without ADHD histories.¹¹ As per another meta-analysis, it was found that individuals with intellectual disabilities are more likely to experience sexual abuse and less likely to report it as compared to individuals with average or above IQ.¹²

Our study found that the prevalence of ADHD and intellectual disability in victims of sexual assault was 3% and 6% respectively. Due to limitations of the study design, it could not be sufficiently established whether the mental health conditions were a result of sexual assault or a risk factor or neither.

The problem of sexual assault is a grave one. The health implications on those exposed to this kind of trauma can be drastic and long-lasting. We need to better understand these complications and create stricter laws to prevent such crimes.

Our retrospective chart review aids in improving our understanding of the psychiatric implications of sexual violence. Sexual assault victims are at an increased risk of suffering from mental health problems, therefore, a thorough evaluation of their mental health is of paramount importance to identify illnesses early on and treat them. We understand that when patients present with trauma and stress-related disorders, mood disorders, adjustment disorders, or some other psychiatric disorder we need to ask them about any past trauma, including sexual assault.

It is our duty as doctors to provide adequate and complete therapy that addresses the range of symptoms survivors may experience. Cognitive behavioral therapy along with approved drugs can help mitigate the negative mental health outcomes and allow victims to heal over time from their trauma. For example, trauma-focused CBT has shown good outcomes in patients suffering from PTSD.

Sexual violence has lasting impacts on the lives of the people involved and their loved ones. We as a society need to deploy strategies and plans through multi-sectoral collaboration to deal with the ever-growing problem of sexual assault. We need to start by creating awareness and by dispelling common

myths and misconceptions surrounding the issue. This can be done by involving community partners like leaders, healthcare providers, teachers, etc. who can influence people in the right direction with the help of campaigns and awareness programs. The introduction of sex education in schools will enlighten young adolescents and teenagers to understand consent and its significance. Thus, it is imperative that we use evidence-based data regarding risk factors of sexual assault and devise ways to safeguard the high-risk groups. Only by involving several groups of society can we begin to reduce the burden of sexual assault.

Conclusion

In the present retrospective chart analysis, it was revealed that major depressive disorder has the maximum prevalence amongst patients who suffered from a psychiatric health condition with a past history of sexual assault. After MDD, the most common diagnosis was that of intellectual disability, followed by an equal prevalence of PTSD, ADHD, adjustment disorder with depressed mood, and anxiety disorder.

It was found, however, that more than half of the study participants did not suffer from any mental health condition. Our study population included all patients of sexual assault who have been referred to the psychiatry OPD in last year, so these findings cannot be extrapolated to general population.

Acknowledgements: Nil

Conflict of Interest: Nil

Funding: Nil

Ethical Clearance: Study approved by departmental review meeting.

References

1. Cameron P, Jelinek G, Kelly AM, Murray L, Brown AF. Textbook of adult emergency medicine. New York. 2015.
2. Smith SG, Basile KC, Gilbert LK, Merrick MT, Patel N, Walling M, Jain A. National intimate partner and sexual violence survey (NISVS): 2010-2012 state report.
3. Dandona R, Gupta A, George S, Kishan S, Kumar GA. Administrative data deficiencies plague understanding of the magnitude of rape-related crimes in Indian women and girls. *BMC public health*. 2022 Dec;22(1):1-1.
4. Chattoraj BN. Sex Related Offences and their Prevention and Control Measures: an Indian Perspective. ANNUAL REPORT FOR 2006. 2006:82.
5. Kelley LP, Weathers FW, McDevitt-Murphy ME, Eakin DE, Flood AM. A comparison of PTSD symptom patterns in three types of civilian trauma. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*. 2009 Jun;22(3):227-35.
6. Rothbaum BO, Foa EB, Riggs DS, Murdock T, Walsh W. A prospective examination of post-traumatic stress disorder in rape victims. *Journal of Traumatic stress*. 1992 Jul;5(3):455-75.
7. Zinzow HM, Resnick HS, Amstadter AB, McCauley JL, Ruggiero KJ, Kilpatrick DG. Drug-or alcohol-facilitated, incapacitated, and forcible rape in relationship to mental health among a national sample of women. *Journal of Interpersonal Violence*. 2010 Dec;25(12):2217-36.
8. Boudreaux E, Kilpatrick G, Resnick HS, Best CL, Saunders BE. Criminal victimization, posttraumatic stress disorder, and comorbid psychopathology among a community sample of women. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*. 1998 Oct;11(4):665-78.
9. Bijjal S, Iti J, Ganiger FB, Mugali J, Mahadevappa RG. Psychiatry Disorders and Sociodemographic Profile of the Victims of Assault Attending the Teaching Hospital – Cross-Sectional Study. *Journal of Psychosexual Health*. 2022 Jan;4(1):26-31.
10. Dworkin ER, Menon SV, Bystrynski J, Allen NE. Sexual assault victimization and psychopathology: A review and meta-analysis. *Clinical psychology review*. 2017 Aug 1;56:65-81.
11. Wymbs BT, Gidycz CA. Examining link between childhood ADHD and sexual assault victimization. *Journal of attention disorders*. 2021 Sep;25(11):1612-22.
12. Tomsa R, Gutu S, Cojocaru D, Gutiérrez-Bermejo B, Flores N, Jenaro C. Prevalence of sexual abuse in adults with intellectual disability: Systematic review and meta-analysis. *International journal of environmental research and public health*. 2021 Feb;18(4):1980.