

Sexual Violence Victimization and Health in Idaho, 2011

Idaho Behavioral Risk Factor Surveillance System

Key Findings

- ◆ Groups with a greater risk of rape victimization were:
 - ◆ Women
 - ◆ Younger than 65
 - ◆ Earning < \$25,000
 - ◆ Non-heterosexual
- ◆ Rape victimization was associated with these health indicators:
 - ◆ Fair/poor general health
 - ◆ Poor physical health
 - ◆ Poor mental health
 - ◆ Disability
 - ◆ Depressive disorder diagnosis
 - ◆ Suicide attempts
 - ◆ Limited health care access
- ◆ Rape victimization was associated with these chronic conditions:
 - ◆ Cancer
 - ◆ Cardiovascular disease
 - ◆ Arthritis
- ◆ Rape victimization was associated with these risk behaviors:
 - ◆ Smoking
 - ◆ Illicit drug use
- ◆ Rape victimization was not associated with:
 - ◆ Health insurance
 - ◆ Lower respiratory illnesses
 - ◆ Obesity
 - ◆ Diabetes
 - ◆ High Cholesterol
 - ◆ High Blood Pressure
 - ◆ Binge or heavy drinking
 - ◆ HIV risk behaviors

Note: Additional data available upon request

Sexual violence refers to any sexual activity where consent is not obtained or freely given (1). Rape, a severe form of sexual violence, is one of the most underreported crimes; only one in three rapes are reported to police (2). Rape-related medical expenses, public program costs, lost earnings, and intangible losses (i.e., pain, suffering, and quality of life), cost the United States \$127 billion per year — more than any other crime (3). Rape has numerous health consequences for victims; survivors have an increased risk of poor physical health, poor mental health, high medical costs, chronic health conditions, and sexual or substance use risk behaviors (4 - 7).

Demographic Characteristics of Idaho Rape Victims

In 2011, 10.0% of Idaho adults reported ever having been the victim¹ of attempted or completed nonconsensual sex². Rape victimization varied significantly across sex, age, income, education, and sexual orientation categories.

Idaho adults who had been the victim of an attempted or completed rape, 2011

Women were 4.8 times more likely than men to be a victim of attempted or completed rape. Adults aged 64 and younger were 3.1 times more likely to be victims than those 65 and older. Idahoans with incomes below \$25,000 were 2.1 times more likely to have been assaulted than those with higher incomes. Adults who did not graduate college were 1.6 times more likely than college graduates to be rape victims. Non-heterosexual³ adults were 4.1 times more likely to be rape victims than heterosexuals. The prevalence of rape victimization in Idaho was statistically similar across employment status categories and Hispanic/non-Hispanic ethnicity.

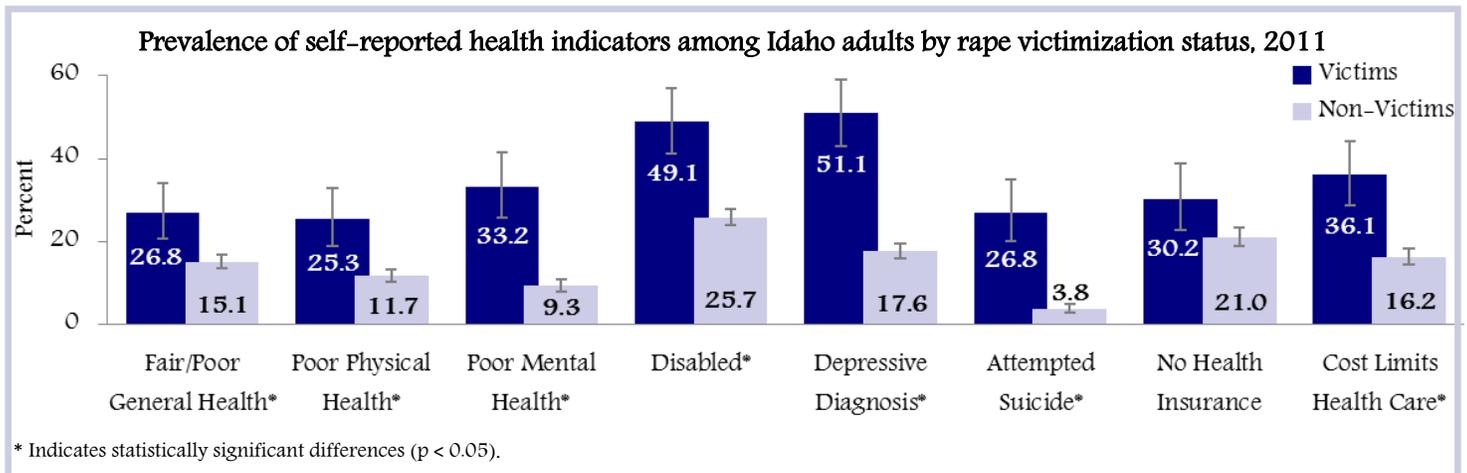
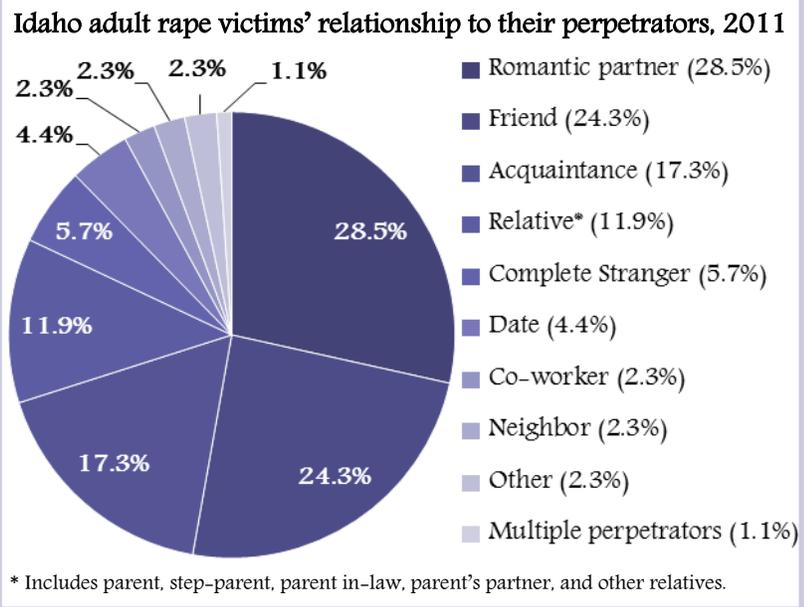
	Percent	95% CI	Sample	Population Estimate
TOTAL	10.0	8.6 - 11.6	4,759	99,900
SEX				
Male	3.4	2.1 - 5.5	1,880	17,100
Female	16.4	14.1 - 19.1	2,879	82,800
AGE				
18-34	12.4	9.2 - 16.6	463	40,600
35-64	10.5	8.8 - 12.4	2,637	52,900
65+	3.6	2.7 - 4.8	1,609	5,900
INCOME				
Less than \$15,000	15.9	11.5 - 21.6	533	19,400
\$15,000 - \$24,999	16.1	11.5 - 22.2	725	25,200
\$25,000 - \$34,999	6.2	4.2 - 9.1	576	7,400
\$35,000 - \$49,999	10.6	7.0 - 15.8	764	16,900
\$50,000 or more	6.5	4.8 - 8.7	1,624	21,300
EMPLOYMENT				
Employed	8.3	6.5 - 10.6	2,188	44,300
Unemployed	13.6	8.2 - 21.7	254	12,200
Other	11.4	9.3 - 14.0	2,302	43,200
EDUCATION				
11th Grade or less	9.8	6.1 - 15.6	326	11,600
High School or GED	10.2	7.5 - 13.6	1,366	28,900
Some College	11.9	9.3 - 15.0	1,559	44,000
College Graduate	6.8	5.2 - 8.9	1,500	15,500
ETHNICITY				
Non-Hispanic	9.8	8.4 - 11.4	4,564	90,100
Hispanic	12.1	5.9 - 23.3	168	9,500
SEXUAL ORIENTATION				
Heterosexual	9.7	8.3 - 11.4	4,486	91,000
Non-Heterosexual	39.3	22.8 - 58.8	67	8,100

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Rape perpetrators were significantly more likely to be male (90.3% male, 9.7% female) and to know their victims. The most frequently reported perpetrators were a victim's romantic partner⁴ (28.5%), friend (24.3%), or acquaintance⁵ (17.3%).

Rape Victimization and Health Status

Regardless of Idaho adults' demographic characteristics, rape victims were significantly more likely than non-victims to rate their general health as fair or poor. Victims were also significantly more likely to report having experienced 14 or more days of poor physical or mental health in the past month. Rape victims were significantly more likely to be disabled⁶, have had a depressive disorder diagnosis, or to have attempted suicide. Victims were significantly more likely than non-victims to be unable to receive health care due to cost. Health insurance status was not associated with rape victimization.



When demographic variations in sex, age, income, employment, education, ethnicity, and sexual orientation were accounted for, rape victims were still significantly more likely than non-victims to have poor health status. The table below features the odds ratios (O.R.) for select health indicators among victims and non-victims. An odds ratio is the ratio of the odds of an event occurring in one group (i.e. rape victims) compared to another (i.e., non-victims).

Accounting for demographic variations among Idaho adults, victims had approximately twice the odds compared to non-victims of reporting fair or poor general health (O.R. 1.7), poor physical health (O.R. 1.8), and poor mental health (O.R. 2.7). Rape victims were also nearly three times as likely to be disabled (O.R. 2.7). Victims' mental health status had greater odds of being poor than that of non-victims. Victims had 3.3 times greater odds of having had a depressive disorder diagnosis and 7.1 times greater odds of having attempted suicide. Rape victims had twice the odds of not being able to receive health care due to cost. Insurance status was still not associated with rape victimization.

Adjusted[†] odds ratios for self-reported health indicators among Idaho adult rape victims, 2011

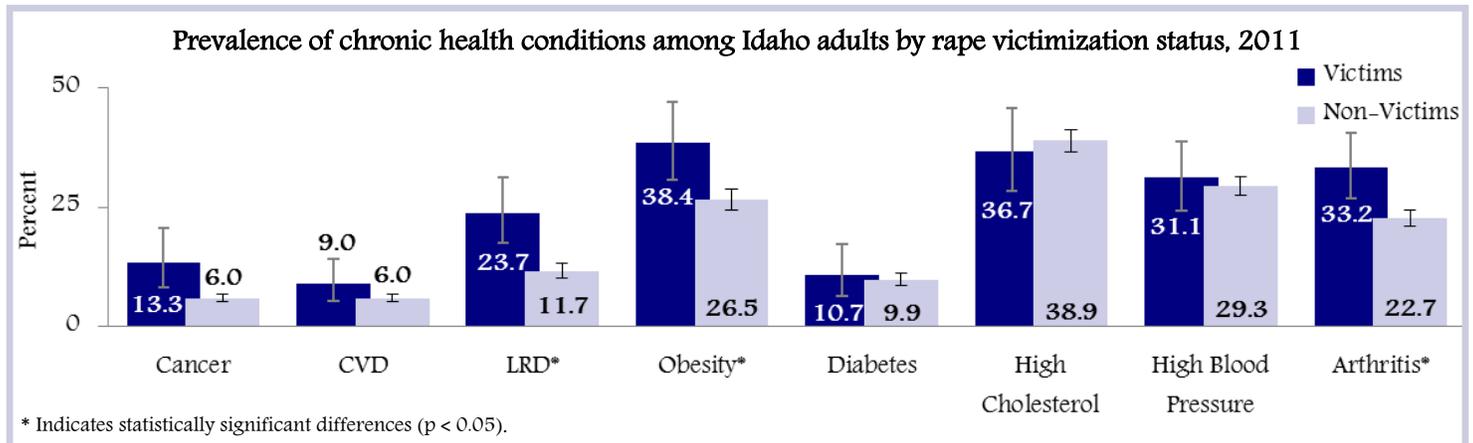
Health Status Indicator	Adjusted OR	95% CI
Fair/Poor General Health	1.7*	1.1 - 2.7
Poor Physical Health	1.8*	1.1 - 2.9
Poor Mental Health	2.7*	1.7 - 4.4
Disabled	2.7*	1.8 - 4.1
Depressive Disorder	3.3*	2.2 - 4.9
Attempted Suicide	7.1*	4.0 - 12.4
No Health Insurance	1.3	0.7 - 2.2
Cost Limits Health Care	2.0*	1.2 - 3.2

* Indicates a statistically significant difference between victims and non-victims (p < 0.05).

† Adjusted for sex, age, income, employment, education, ethnicity, and sexual orientation.

Rape Victimization and Chronic Health Conditions

Regardless of Idaho adults' demographic characteristics, rape victims were significantly more likely than non-victims to suffer from chronic health conditions. Victims had an increased risk of lower respiratory diseases⁷, obesity (BMI ≥ 30), and arthritis.

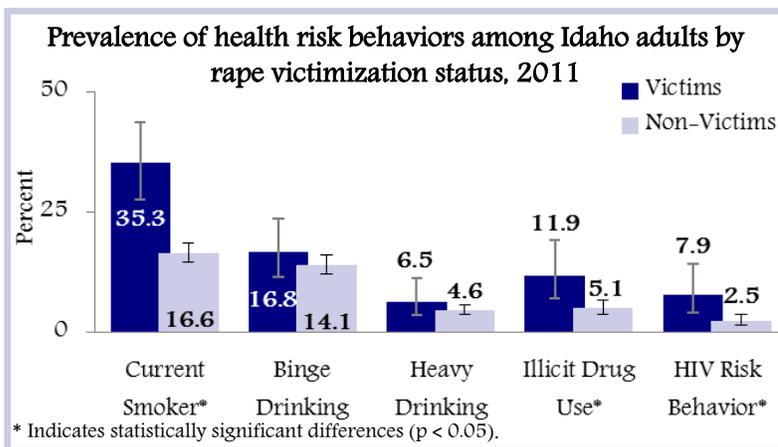


The associations between chronic health conditions and rape victimization changed when demographic variations in sex, age, income, employment, education, ethnicity, and sexual orientation were accounted for. Victims had significantly greater odds than non-victims of having been diagnosed with cancer⁸ (O.R. 2.7) or cardiovascular disease⁹ (O.R. 2.1) – the two leading causes of death in Idaho (8). Rape victims also had greater odds of suffering from arthritis (O.R. 1.9).

Rape Victimization and Health Risk Behaviors

Regardless of Idaho adults' demographic characteristics, Idaho rape victims were significantly more likely than non-victims to be current smokers, have used illicit drugs in the previous year, or to have participated in a HIV risk behavior¹⁰ in the previous year. Binge drinking¹¹ and heavy drinking¹² were not associated with rape victimization.

The associations between rape victimization and health risk behaviors changed slightly when variations in sex, age, income, employment, education, ethnicity, and sexual orientation were accounted for. Rape victims had significantly greater odds of being current smokers (O.R. 2.5) or having used illicit drugs in the previous year (O.R. 2.4). HIV risk behaviors were no longer associated with rape victimization. The odds of binge or heavy drinking were also not associated with rape victimization.



Adjusted[†] odds ratios for chronic health conditions among Idaho adult rape victims, 2011

Chronic Health Condition	Adjusted OR	95% CI
Cancer	2.7*	1.6 – 4.8
Cardiovascular Disease (CVD)	2.1*	1.2 – 3.7
Lower Respiratory Disease (LRD)	1.5	0.9 – 2.4
Obesity	1.5	1.0 – 2.2
Diabetes	1.1	0.5 – 2.2
High Cholesterol	0.9	0.6 – 1.3
High Blood Pressure	1.2	0.8 – 1.9
Arthritis	1.9*	1.3 – 2.6

* Indicates a statistically significant difference between victims and non-victims (p < 0.05).

[†] Adjusted for sex, age, income, employment, education, ethnicity, and sexual orientation.

Adjusted[†] odds ratios for health risk behaviors among Idaho adult rape victims, 2011

Health Risk Behavior	Adjusted OR	95% CI
Current Smoker	2.5*	1.5 – 4.1
Binge Drinking	1.5	0.9 – 2.7
Heavy Drinking	1.6	0.8 – 3.3
Illicit Drug Use	2.4*	1.1 – 5.1
HIV Risk Behavior	1.5	0.5 – 4.2

* Indicates a statistically significant difference between victims and non-victims (p < 0.05).

[†] Adjusted for sex, age, income, employment, education, ethnicity, and sexual orientation.

Data and Methods

The Idaho Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing randomized public health telephone survey of non-institutionalized adults aged 18 and older. The BRFSS is a method to help identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Idaho conducts the BRFSS yearly in conjunction with the Centers for Disease Control, 49 other states, the District of Columbia, and the U.S. territories. The BRFSS began in 1984 and is the largest continuously conducted telephone survey in the world, monitoring preventable chronic diseases, injuries, and infectious diseases.

SAS® and SUDAAN® software were used to manipulate data, generate prevalence estimates, calculate 95 percent confidence intervals, and perform statistical tests. Statistical significance refers to there being a less than 5% probability that results are due to chance. Statistically significant differences between estimates were defined as those having non-overlapping 95% confidence intervals. Adjusted odds ratios for health outcomes by rape survivorship were calculated using logistic regression models controlling for demographic variations in sex, age, income, employment, education, ethnicity, and sexual orientation.

Acknowledgements

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Notes

1. Public health officials also use the term “survivor” to describe a person on whom sexual violence is inflicted. This fact sheet uses the “victim” terminology to be consistent with other agencies from which sexual violence surveillance information is collected.
2. Non-consensual sex includes any vaginal, anal, or oral penetration that occurs after a person said or showed they did not want it. Non-consensual sex also includes times when an individual was unable to consent, for example, while drunk or asleep, or when they thought they would be hurt or punished if they refused.
3. Non-heterosexuals are those who identify their sexual orientation as homosexual (i.e., gay or lesbian), bisexual, transgendered, or some sexual orientation other than non-heterosexual (i.e., straight).
4. Includes both a current or former spouse, live-in partner, fiancé, boyfriend, or girlfriend.
5. Includes someone the victim knew for less than 24 hours.
6. Disability is defined as either being limited in any activities because of physical, mental or emotional problems, or having any health problems that require the use of special equipment (such as a cane, a wheelchair, a special bed, or a special telephone).
7. Lower respiratory disease is defined as having a current diagnosis for asthma, or ever having received a diagnosis for chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.
8. This measure excludes skin cancers.
9. Cardiovascular disease is defined as every having received a diagnosis for a heart attack, angina, or coronary heart disease.
10. HIV risk behaviors include: intravenous drug use, treatment for a sexually transmitted or venereal disease, giving or receiving money or drugs in exchange for sex, or having had anal sex without a condom. Adults participating in any of these activities in the past year are considered at risk for HIV.
11. Binge drinking is defined as males consuming 5 or more drinks and females consuming 4 or more drinks on an occasion in the past 30 days.
12. Heavy drinking is defined as males consuming more than 60 drinks and females consuming more than 30 drinks in the past 30 days.

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