

The impact of forced sex
on psychological health,
high risk health behaviours
and service use

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Research Questions



1. What is the lifetime prevalence of forced sex in this broadly representative sample of the Australian female population?
2. What is the patterning of forced sex with other forms of interpersonal violence reported for the 3 years prior to the survey?
3. What is the relationship between forced sex and sleep problems, mental health outcomes, high risk behaviours and use and satisfaction with health care in this cohort of young women?

Australian Longitudinal Study of Women's Health



- The ALSWH began in 1996 and aims to build a comprehensive picture of women's health in its social context
- 3 age cohorts- younger, mid life and older cohorts are being followed up for at least 20 years. The sample is broadly representative of the general population.
- Variables include physical and emotional health, socio demographic position, health service use, time use, health behaviours, life events including gender based violence, diet and exercise, reproductive conditions and substance use
- The cross sectional data analysis reported here comes from Survey 3, 2003 and relates to the Younger Cohort, women aged between 24 and 30 years at the time of the survey



Findings: Question 1

Lifetime prevalence



Survey 3 asked participants if they had been 'forced into unwanted sexual activity' in 'the last 12 months' and/or 'More than 12 months ago'.

Summing positive responses to the 2 questions created a new variable- 'Ever forced sex'- an estimate of lifetime prevalence of 'forced sex' in this sample

9.3% (841/9043) reported ever having experienced forced sex

Question 2. Patterning of forced sex with other forms of violence

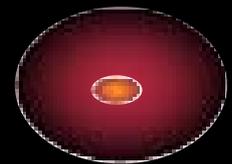
- Forced sex was rarely reported as the only kind of violence- In the 3 years before the survey:
- Only 6/841 who reported forced sex had experienced no other form of violence
- One third (276/841) reported physical violence
- 10% reported severe physical violence
- 24% (235/841) reported harassment
- 11% (92/841) reported distressing harassment at work
- 45% (378/841) reported emotional abuse.



Question 3. Forced sex and health



Sleep problems	OR	95%CI
<i>Last 12 months</i>		
Recurrent sleep Difficulty	1.91	1.66-2.21
Severe tiredness	1.73	1.51-2.01
<i>Past month</i>		
Sleeping poorly	1.80	1.56-2.09
Diff. falling asleep	1.92	1.66-2.21
Prescription sleep med	2.48	1.77-3.46
<i>Past week</i>		
Sleep restless	1.87	1.62-2.17



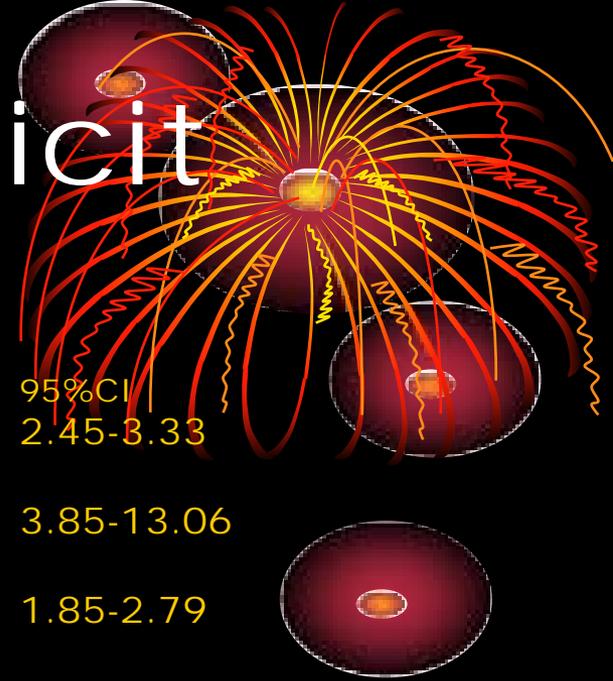
Forced sex and psychological health



Compared with non abused peers, women who reported forced sex were significantly more likely to report:

	OR	95% CI
Depression	2.80	2.36-3.32
Anxiety disorder	2.40	1.91-3.02
Self harm	4.64	3.54-6.07

Forced sex and Illicit drug use



	OR	95%CI
Amphetamines	2.85	2.45-3.33
Barbiturates	7.09	3.85-13.06
Cocaine	2.28	1.85-2.79
Ecstasy	2.1	1.78-2.46
Heroin	7.55	5.22-10.93
Inhalants	4.10	2.94-5.73
LSD	2.81	2.38-3.32
Marijuana	3.01	2.50-3.60
Natural hallucinogens	2.46	1.97-3.09
Tranquillisers	3.66	2.85-4.71

Prevalence of drug use for total sample varied widely. Only .5% of total group had ever used barbiturates cf 61% who had ever used marijuana. 81% of women reporting forced sex cf 59% of those not reporting forced sex said they had ever used marijuana.

Forced sex and prescription medication (PM)



	OR	95%CI
PM for Nerves	2.81	1.90-4.17
PM for depression	2.50	1.99-3.14
Other PM	1.44	1.23-1.68
Medication without script	1.34	1.16-1.55

Help seeking by survivors

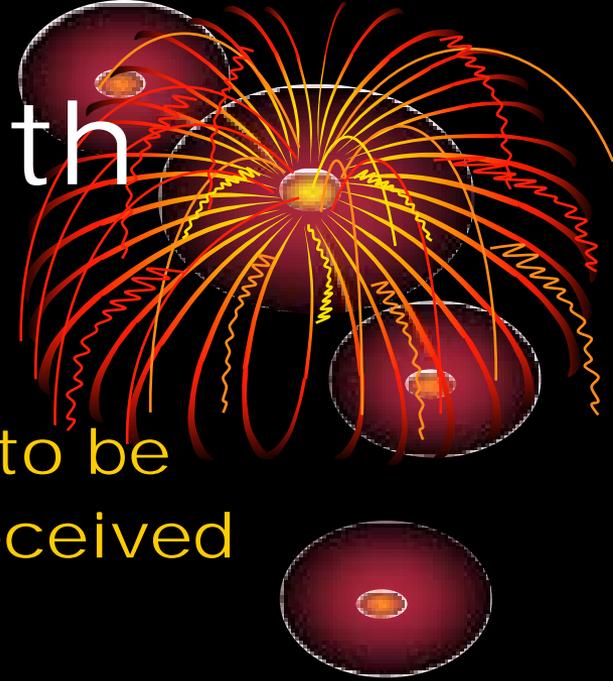
Survivors of non abused women were more likely to utilize health services for these and other problems

Sought help for:

	OR	95% CI
Difficulty sleeping	2.49	2.01-3.11
Depression	2.29	1.91-2.74
Episodes of anxiety	1.98	1.53-2.56
Palpitations	1.61	1.19-2.56



Dissatisfaction with help



Survivors were even more likely to be dissatisfied with the help they received

Dissatisfaction with help

	OR	95%CI
Difficulty sleeping	2.48	1.72-3.59
Depression	2.73	1.96-3.80
Episodes of anxiety	2.96	1.85-4.75
Palpitations	2.56	1.59-4.12

Summary

- Findings show survivors of non-abused peers carry a large, complex burden of psychological health problems including:
- Many kinds of sleep problems, depression, episodes of intense anxiety and deliberate self-harm
- Increased rates of use of illicit and licit drugs
- Higher rates of help-seeking AND higher rates of dissatisfaction with the help received
- These findings indicate an urgent need to reorient health services to better meet the psychological health needs of survivors and
- Further research with survivors to identify the specific reasons for their dissatisfaction with care including whether their history of victimization is identified by health care providers and the totality of their health problems receives appropriate attention or whether a narrow symptom-based approach currently prevails

