American Medical Association

Physicians dedicated to the health of America

American Medical Association
Physicians dedicated to the health of America

James S. Todd, MD
Executive Vice President

515 North State Street
Chicago, Illinois 60610

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Jennifer Klein

November 6, 1995

Margaret Williams
Chief of Staff
Office of the First Lady
OEOB, Room 100
Washington, DC 20500

Dear Ms. Williams:

One of the American Medical Association's (AMA) major public health priorities is our "Campaign Against Family Violence." Launched in 1991, the AMA has undertaken a myriad of activities to address the nation's ongoing epidemic of violence including the development of guidelines which address the diagnosis and treatment of domestic violence, elder abuse, child physical abuse and child sexual abuse.

Today, the AMA is releasing two new physician guidelines "Strategies for the Treatment and Prevention of Sexual Assault" and "Diagnostic and Treatment Guidelines for the Mental Health Effects of Family Violence." These guidelines were developed by two expert panels commissioned by the AMA. They are the fifth and sixth physician guidelines in a series the AMA has released since we initiated our "Campaign Against Family Violence."

The statistics regarding violence in our society are staggering. Sexual assault continues to represent the most rapidly growing violent crime in America. While more than 700,000 women are sexually assaulted each year, it is estimated that fewer than fifty percent of the rapes are reported. Sixty-one percent of female rape victims are under 18 years old. Two to four million women are battered each year. In addition, each year more than 1.8 million elderly are victims of maltreatment, and there are 1.7 million reports annually of child abuse.

The AMA remains strongly committed to significantly reducing these horrifying statistics. Surveys have shown that most Americans would speak to their physician about their experiences with family violence. It is for this reason that physicians are in a unique position to intervene meaningfully. AMA intends to distribute the two guidelines released today to all U.S. physicians who are in a position to identify and treat victims of sexual assault and violence.

Thank you for your interest in this critical public health matter. If you or your staff have any questions, please do not hesitate to call the AMA's Washington office at 202-789-7400.

Sincerely,

James S. Todd, MD

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Booklet: "Diagnostic and Treatment Guidelines on Mental Health Effects of Family Violence," 36 pages

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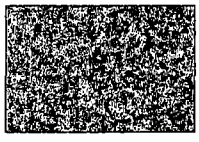
Diagnostic and Treatment Guidelines on

Mental Health Effects of Family Violence



Sexual Assault in America
Prepared by the American Medical Association

November 6, 1995

Sexual assault is one of the most serious and fastest growing violent crimes in America.[1-7] The National Victim Center reports that over 700,000 women are raped or sexually assaulted annually. Of these, 61% are under the age of 18.[1] Less is known about the frequency of rapes perpetrated against men. The American Academy of Pediatrics estimates that about 5% of sexual assaults are perpetrated against male victims. Because many of these attacks occurring daily go unreported and unrecognized, sexual assault can be considered a silent-violent epidemic in the United States today.

The legal term "rape" has traditionally referred to forced vaginal penetration of a woman by a male assailant. Many states have now abandoned this concept in favor of the gender neutral concept of sexual assault. Among the acts classified as sexual assault is acquaintance, or date rape, generally defined as an assault in which the assailant is known to the victim.[1,5,7] Approximately 20% of sexual assaults against women are perpetrated by assailants unknown to the victim.[4] The remainder are committed by friends, acquaintances, intimates, and family members. Acquaintance rape is particularly common among adolescent victims.

The majority of sexual assault victims are young. A 1991 report stated that 32% of sexual assaults by acquaintances occur when the victim is between the ages of 11 and 17.[7] A 1992 report estimated that 61% of victims of sexual assault are under age 18.

As is true of other violent crimes, it is difficult to get accurate estimates of the incidence of sexual assault. It is generally accepted that less than half of rapes are reported to authorities; some estimates are as low as 10%.[3] Many factors contribute to under-reporting, including embarrassment, fear of further injury, and fear of court procedures that, too often, scrutinize and judge the victim's behavior and history.

Sexual assaults can and do occur within marital relationships. Most often, these assaults occur within a context of on-going domestic violence. While reports and prosecutions of spousal rape are fairly infrequent, some convictions have occurred.

Sociocultural Factors

Several sociocultural influences contribute to the incidence and prevalence of sexual assault. These include increased acceptance of interpersonal violence, adversarial stereotypes of male-female relationships, prevalent myths about rape, and sex role stereotyping.[6] Some victims of attacks meeting the legal definition of rape do not label their experience as sexual assault.[7]

Common myths surrounding rape include: only women can be sexually assaulted; victims who truly resist cannot be raped; no really doesn't mean no; nice girls don't get raped; and "she asked for it." Male rape victims may feel that others will question their sexuality if they report the incident or that they, in fact, subconsciously desired and complied with their assault. Each of these beliefs can lead to confused attitudes, emotions, and behavior, both among victims and others. Blame can be shifted from perpetrator to victim, leading to a process of "secondary victimization" leading to lack of support for and even condemnation of the victim.[6]

Surveys have suggested that adolescents, in particular, have complicated views about forced sexual behavior. For example, surveys of American youth have found that boys and girls justify forced sex under a variety of circumstances, including the boy spending money on the girl, the girl being "sexually experienced," a history of dating for six months or more, "when a girl gets a guy sexually excited;" or when a girl agrees to sex and then changes her mind.[6,8]

Use of alcohol and drugs also contributes to the risk of sexual assault. A study of sexual assaults among college students[1] found that 73% of the assailants and 55% of the victims had used drugs, alcohol, or both immediately before the assault.

Effects of Sexual Assault on Victims

Many victims of sexual assault develop a post-traumatic stress syndrome that has been referred to as Rape Trauma Syndrome.[3,5,6] Symptoms can include fear, helplessness, shock and disbelief, guilt, humiliation and embarrassment, anger, self-blame, flashbacks of the rape, avoidance of previously pleasurable activities, avoidance of the place or circumstance in which the rape occurred, depression, sexual dysfunction, insomnia, and impaired memory.[1,3,6]

Medical problems resulting from rape can include acute injury, risk of acquiring sexually transmissible diseases, risk of pregnancy, and lingering medical complaints. A cross-sectional study of medical patients found that women who had been raped rated themselves as significantly less healthy, visited a physician nearly twice as often, and incurred medical costs over twice as high as women who had not experienced any criminal victimization.[6] The level of violence experienced during the assault was found to be a powerful predictor of future use of medical services.

Sexual assault affects the family and friends of the victim, as well. Following sexual assault, victims often pull away from intimate relationships or, alternatively, become regressively fearful, clinging, and needy. Family members can find themselves dealing not only with their own reactions to the assault on their loved one, but also with the psychological, medical, and behavioral changes they see in the victim.

The Role of Physicians and other Health Care Professionals

Health care professionals working in emergency medicine and primary care settings are likely to have direct contact with victims of sexual assault, regardless of whether or not the assault is the presenting problem of the patient. By being alert and responsive to indicators of traumatic history in their patients, physicians can work with the patients to treat the medical and psychological consequences of sexual assault. Effective diagnosis and treatment planning are particularly important because most sexual assault victims do not seek medical care during the 72 hours following their attack.

Each state and territory has developed protocols for the collection of forensic evidence from the bodies of recent sexual assault victims. Physicians and other health care professionals must familiarize themselves with these protocols and learn to coordinate the delivery of essential medical care with the appropriate collection and preservation of forensic evidence.

Physicians are fortunate indeed to have a strong network of rape crisis centers across the country staffed by trained professionals and volunteers, who assist thousands of victims each year. They are a vital resource and valuable partner for victims and the medical community alike.

Finally, physicians can play an important role in societal prevention of sexual assault through the delivery of preventive education. This counseling is particularly important for adolescent patients but is also important for adult patients. Physician-patient counseling can combine with other school or work-based educational programs to help people protect themselves as much as possible from being victimized.

CALL TO ACTION

The AMA underscores the significance of the problem of sexual assault in American society and calls for the following actions:

- Physicians must be informed about and sensitive to the mechanisms for identifying and treating patients who have been sexually assaulted, including directly asking patients about assault during routine violence history screening. Toward this end, the AMA is releasing *Strategies for the Treatment and Prevention of Sexual Assault* to assist physicians in meeting this need.

- Society as a whole must become better informed about the problems and realities of sexual assault. Special attention must be directed to correcting misconceptions and myths about rape and sexual assault, in order to better support victims and avoid further traumatizing and victimizing individuals who have been attacked.

- Victim assistance and support programs must be nurtured or established in each community, and communities must work together to ensure that people are aware that these resources are available. Rape crisis centers and the hundreds of volunteer professionals who staff them must be praised for the importance of the work they do.

- Physicians and members of the public must become more aware of the problem of sexual assault against male victims. Treatment protocols for male victims need to be developed and disseminated.

- American universities must collaborate with their communities to provide an environment in which alcohol use is discouraged and unwanted sexual behaviors have appropriate negative consequences.

- Our legal colleagues must examine the current criminal, judicial, and treatment approaches to sexual offenders in order to remove dangerous assailants from our streets and avoid repeat offenses. Physicians and our behavioral health colleagues must support and assist them in this effort.

REFERENCES

1. American Academy of Pediatrics, Committee on Adolescence. Sexual assault and the adolescent. *Pediatrics*. 1994;94(5):761-765.

2. Epstein, J and Langenbahn, S. The criminal justice and community response to rape. *Issues and Practices in Criminal Justice*. Washington DC: National Institute of Justice;1994.

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4. Heise, L.L. Reproductive freedom and violence against women: where are the intersections? *J Law Med Ethics*. 1993;21(2):206-216.

5. The American College of Obstetricians and Gynecologists. Adolescent acquaintance rape. *Int J Gynecol Obstet*. 1993;(42):209-211.

6. Schwartz, I.L. Sexual violence against women: prevalence, consequences, societal factors, and prevention. *Am J Prev Med*. 1991;7(6):363-373.

7. Illinois Coalition Against Sexual Assault. Acquaintance rape. *Sexual Violence: Facts and Statistics*. Springfield: Illinois Coalition Against Sexual Assault;1994.

8. White, Jacqueline W. and John A. Humphrey. "Young People's Attitudes Toward Acquaintance Rape. Acquaintance Rape: The Hidden crime." John Wiley and Sons, 1991.

AMA's Guidelines on Sexual Assault

Lonnie R. Bristow, M.D.
President
American Medical Association

November 6, 1995

Thank you Lydia. Thank you all for coming today.

Ladies and gentlemen, today America is wrapped in a violent epidemic that infests our streets, schools and homes. Domestic violence, spousal abuse, street violence, elder abuse, child abuse, media violence ... we are all becoming more aware of the violence in our lives and gratefully we are even making some efforts to change this disturbing trend. But I do have bad news.

Sexual assault is a "silent-violent epidemic" growing at alarming rates and traumatizing the women and children of our nation.

Victims are scared silent by mistaken shame. Society is silent in its condemnation. And our health professionals and law enforcement colleagues have too often been silent and not asked the right questions to identify and treat the victims.

No society or nation can consider itself "civil" when sexual assault occurs every 45 seconds on our streets and in our homes.

It is a tragedy that must end. It is a nightmare from which we must awaken ourselves.

Sexual assault -- whether stranger assault or date-rape whether forced by threats, alcohol or a weapon -- sexual assault is a brutal, horrifying and senseless crime. It is a basic violation of human rights. Indeed it is a crime against us all.

Rape is the most rapidly growing crime in America. At least 20 percent of adult women have been sexually assaulted in some form during their lifetime. Among females, 61 percent of victims are under the age of 18. That's outrageous and shameful.

Equally disturbing is our reaction as a society. Sexual assault is an under-reported crime and we as a society have allowed too little to be said and too little to be done to prevent it. Our silence is complicity in these assaults.

A survey of 11- to 14- year-olds found 51 percent of boys and 41 percent of girls said forced sex was acceptable if the boy "spent a lot of money" on his date. Where do they get such ideas? We must dispel these untrue and unfair biases and myths that too often blame the victim rather than the offender.

Forced sexual contact is never acceptable under any circumstances, in any manner, with any one -- whether at war or peace, -- respect for human dignity and rights must prevail.

Today, the physicians of the AMA have taken what I believe to be a strong step to identify and treat victims of sexual abuse, female or male, young and old.

We are releasing two sets of guidelines for all health professionals to help them diagnose, treat and heal the more than 700,000 annual victims of sexual abuse. These guidelines are on their way to emergency rooms, primary care physicians, OB/G's and other health professionals who deal with the physical, emotional and mental trauma of sexual assault and violence.

Drs. Hogan, Mulchahey and Benoit -- the primary experts on sexual assault and the mental health effects violence -- will outline the guidelines in a minute.

We also now begin a campaign of education and enlightenment beyond our physician colleagues to society at large and hope that corporate, scholastic and philanthropic partners will join the AMA to re-educate society on this revolting crime.

We also are looking to our fellow professionals at the American Bar Association to join us to look at the law enforcement, legal and treatment aspects of sexual assault to remove offenders from our streets and avoid the all too common return to sexual offense.

We will be conducting programs at American universities to examine alcohol use and date-rape, to put an end to assault in our highest educational centers.

I want to send a special message to every victim. You are a victim. You have done nothing wrong. You are a human being who deserves the best this country has to offer. We want to help you and we can help you.

If you have been assaulted -- please -- talk to your doctor. There are physical and emotional scars that trained professionals can help you with. There can be serious health consequences to rape and you are too precious for us to lose.

Society has turned it's head too many times from women who have been raped -- often blaming the victim for the assault. The blame lies solely and forever with the assailant.

I also want to pay tribute to all the rape crisis centers in America and all the trained professionals -- many volunteers -- who work to help so many victims each year. I am proud to say one such center has been located next door to my office for several years. I pledge our assistance and dearly hope we can give them nothing to do some day soon. They all deserve our heartfelt praise. Thank you.

AMA SEXUAL ASSAULT GUIDELINE RESOURCES

STATE COALITIONS AND ORGANIZATIONS

ALABAMA

Alabama Coalition Against Domestic Violence
334/832-4842

Alabama Coalition Against Rape
(through the Light House)
PO Box 4091
Montgomery, AL 36102-4091
Contact: Julie Lindsey
334/286-5980

ALASKA

Alaska Network on Domestic Violence and Sexual Assault
130 Seward Street, Suite 501
Juneau, AK 99801
Contact: Lauree Hugonin
907/586-3650

Hotlines: Juneau: 800/478-1090
Anchorage 800/478-8999

ARIZONA

Arizona Center Against Sexual Assault
2333 North Central Suite 100
Phoenix, AZ 85004
Contact Stephanie Orr
602/254-6400 Ext 121

ARKANSAS

Arkansas Coalition Against Domestic Violence
501/399-9486

Arkansas Coalition Against Violence to Women and Children
523 South Louisiana, Suite 230
Little Rock AR 72201
Contact: Beth George
800/269-4668 (in state) or
501/399-9486

CALIFORNIA

San Francisco Women Against Rape
Rebecca Rolfe Executive Dir.
3543 18th street
San Francisco CA 94110
Office: 415/861-2024
Hotline: 415/647-7273

California Alliance Against Domestic Violence
415/457-2464

California Coalition Against Sexual Assault
Cal CASA c/o LACAAW
6043 Hollywood Blvd, Suite 200
Los Angeles, CA 90028
Contact: Patricia Giggans 213/462-1281

COLORADO

Colorado Coalition Against Sexual Assault
CCASA
PO Box 18663
Denver, CO 80218
Contact: Marti Covener
303/861-7033

CONNECTICUT

Connecticut Coalition Against Domestic Violence
203/524 5890

Connecticut Sexual Assault Crisis Services, Inc.
110 Connecticut Blvd.
East Hartford, CT 06108
Contact: Gail Burns-Smith
203/282-9881 or info line 860/522-4636

DELAWARE

SOS
University of Delaware
209 Laurel Hall
Newark, DE 19716
Office: 302/831-8992
Hotline: 302/831-2226
(serves University of Delaware, Newark)

Rape Crisis CONTACT
PO Box 9525
Wilmington DE 19809
Office: 302/761-9800
Hotline: 302/761-9100 or
(TDD/TTY) 761-9700 (New Castle County)
or 800/262-9800 (Kent & Sussex Counties)

DISTRICT OF COLUMBIA

DC Rape Crisis Center
PO Box 34125
Washington DC 20043
Contact: Denise Snyder
Office: 202/232-0789
Hotline: 202 333-7273

FLORIDA

Florida Council of Sexual Abuse Services, Inc
850 6th Avenue North
Naples, FL 33940
Contact: Beth Knake
941/649-1404 or 941/649-5660

GEORGIA

Georgia Network to End Sexual Assault
c/o Houston Drug Action Council (HODAC)
2762 Watson Blvd
Warner Robins, GA 31093
Contact: Mia Brown
912/953-5674 or 800/338-6745 (in state)

HAWAII

Hawaii State Coalition Against Sexual Assault
1164 Bishop Street, Suite 124
Honolulu, HI 96813
(Mail is forwarded)
Contacts for all the islands:
Christine Moschetti
808/242-4335 or
Adriana Ramelli 808/973-8337

IDAHO

Idaho Coalition Against Sexual and Domestic Violence
200 North Fourth Street, Suite 10
Boise, ID 83702
Contact: Sue Fellen
208/384-0419

ILLINOIS

Illinois Coalition Against Sexual Assault (ICASA)
123 S. 7th Street, Suite 500
Springfield, IL 62701-1302
Contact: Polly Poskin, Hameedah Carr
217/753-4117

Lake County Council Against Sexual Assault (LaCASA)
1 South Greenleaf Street
Gurnee IL 60031
Contact: Hameedah Carr 708 244-1187

INDIANA

Indiana Coalition Against Sexual Assault (INCASA)
2511 E. 46th St., Suite N3
Indianapolis, IN 46205
Contact Alexandra Walker: 317 568-4001
800 656-HOPE (4673)

IOWA

Iowa Coalition Against Domestic Violence
515/244-8028

Iowa Coalition Against Sexual Assault Iowa (CASA)
1540 High Street, Suite 102
Lucas State Office Building
Des Moines, IA 50309
Contact: Beth Barnhill
515/244-7424

KANSAS

Kansas Coalition Against Sexual and Domestic Violence (KCSDV)
820 SE Quincy, Suite 416
Topeka, KS 66612
Contact: Trish Bledsoe
913/232-9784

KENTUCKY

Pathways Inc.
Rape Crisis Program
201 22nd Street
Ashland, KY 41105-0790
Contact: Debbie Bailey
606/324-1141

LOUISIANA

Louisiana Foundation Against Sexual Assault (LaFASA)
PO Box 1450
Independence, LA 70443
Contact Judy Benitiz
504/878-3849

MAINE

Maine Coalition Against Sexual Assault
PO Box 5326
Augusta, ME 04332
Contact: Marty McIntyre
207/784-5272 or 207/759-9985

MARYLAND

Maryland Coalition Against Sexual Assault (MCASA)
c/o Howard County Sexual Assault Center
Suite G-118, 10015 Old Columbia Road
Columbia, MD 21046
Contact: Cheryl DePetro
410/290-6432

MASSACHUSETTS

Massachusetts Coalition Against Sexual Assault
1 Salem Square
Worcester, MA 01608
Contact: MariAnne Winters
508/754-1019

MINNESOTA

Minnesota Coalition Against Sexual Assault (MCASA)
2344 Nicollet Avenue South, #170A
Minneapolis, MN 55404-3352
Contact: Mary Albrecht
612/872-7734 or
800/964-8847 (in state)

MISSISSIPPI

Mississippi Coalition Against Sexual Assault
Mississippi State Department of Health
PO Box 1700
Jackson, MS 39215-1700
Contact: Anne R. Sims
601/960-7470

MISSOURI

Metropolitan Organization to Counter Sexual Assault (MOCSA)
3217 Broadway, Suite 500
Kansas City, MO 64111
Contact: Palle Rilinger
Office: 816/931-4527
Hotline: 816/531-0233
Survivor: 816/561-1222

MONTANA

Billings Rape Task Force
1245 N 29th St
Billings MT 59101
Office: 406/245-6721
(serves Eastern Montana)

YWCA
1130 W Broadway
Missoula, MT 59802
Office: 406/543-6691
Hotline: 406/542-1994
(serves Missoula, Granite, Lake, Sanders, and Revalli)

NEBRASKA

Nebraska Domestic Violence and Sexual Assault Coalition
315 S. 9th St., Suite 18
Lincoln, NE 68508-2253
Contacts: Sarah O'Shea
402/476-6256
Hotline: 402/475-7273
800/876-6238
(Physicians may call to reach the sexual assault program in their local area.)

NEVADA

Crisis Call Center
PO Box 8016
Reno, NV 89507
Contact: Karne Helgason
702/323-4533
Hotline: 702/323-6111
800/992-5757 (in state)

NEW HAMPSHIRE

New Hampshire Coalition Against Domestic and Sexual Violence
PO Box 353
Concord, NH 03302-0353
Contact: Pamela English
Office: 603/224-8893
Hotline: 800/852-3388 or
TDD/VOICE 800/735-2964

NEW JERSEY

New Jersey Coalition Against Sexual Assault (NJCASA)
5 Elm Row, Suite 306
New Brunswick, NJ 08901-2103
Contact: Jill Greenbaum
908/418-1354

NEW MEXICO

New Mexico Coalition of Sexual Assault Programs, Inc
4004 Carlisle, NE, Suite P
Albuquerque, NM 87107
Contact: Kim Alaburda
505/883-8020

NEW YORK

New York State Coalition Against Sexual Assault (NYSCASA)
The Women's Building
79 Central Ave
Albany, NY 12206
Contact: Maud Easter
518/434-1580

NORTH CAROLINA

North Carolina Coalition Against Sexual Assault (NCCASA)
582B Farringdom Street
Lumberton, NC 28358
Contact: Margaret Crites
910/739-6278

NORTH DAKOTA

North Dakota Council on Abused Women's Service
Coalition Against Sexual Assault in North Dakota
418 E.Rosser, #320
Bismarck, ND 58501
Contacts: Beth Haseltine 701/293-7273
Lynne Tally 701/251-2300
Bonnie Palecek 701/255-6240
Office: 701/255-6240
Hotline: 800/472-2911 (in state)

OHIO

Ohio Coalition on Sexual Assault OCOSA
4041 N. High St., Suite 408
Columbus OH 43214
Contact: Deb Seltzer
614/268-3322

OKLAHOMA

Oklahoma Coalition Against Domestic Violence and Sexual Assault
220 Classen Blvd., Suite 1300
Oklahoma City, OK 73106
Contact: Amanda Wall
405/557-1210

OREGON

Oregon Coalition Against Domestic and Sexual Violence (OCADSV)
520 NW Davis Street, #310
Portland, OR 97204
Contact: Margaret Frimoth and Judith Armata
503/223-7411
Hotline: 800/OCADSV-2 (in state)

PENNSYLVANIA

Pennsylvania Coalition Against Rape (PCAR)
910 N. Second Street
Harrisburg, PA 17102-3119
Contact: Delilah Rumburg
717/232-6745
Hotline: 800/692-7445 (in state)

RHODE ISLAND

Rhode Island Rape Crisis Center
300 Richmond Street, Suite 205
Providence RI 02903
Contacts: Peg Langhammer & Melissa Wood
401/421-4100

SOUTH CAROLINA

South Carolina Coalition Against Domestic Violence & Sexual Assault
PO Box 7776
Columbia, SC 29210
Contact: Pam von Kleist
803/254-3699

SOUTH DAKOTA

South Dakota Coalition Against Domestic Violence and Sexual Assault
PO Box 141
Pierre, SD 57501
Contact: Verlaine Gullickson
605/945-0869

TENNESSEE

Tennessee Coalition Against Sexual Assault
56 Lindsley Ave.
Nashville, TN 37210
Contact: Billie Greene
615/259-9055

TEXAS

Texas Association Against Sexual Assault
TAASA at the Montgomery County Women's Center
PO Box 8666
Woodlands, TX 77387
Contact: Nancy Harrington
713/367-8003 ext 229 or
Amy Mok 512/440-7273
Voice Mail 512/445-1049

UTAH

YWCA
322 E 300 S
Salt Lake City, UT 84111
801/355-2804

Salt Lake City Rape Crisis Center
2035 S 1300 E
Salt Lake City UT 84105
Office: 801 467-7279
Hotline: 801 463-7273

VERMONT

Vermont Network Against Domestic Violence & Sexual Assault
PO Box 405
Montpelier, VT 05601
Contact: Judy Rex
800/489-7273 (routes to closest service)
Office: 802/233-1302

VIRGINIA

Virginians Aligned Against Sexual Assault (VAASA)
508 Dale Ave., Suite B
Charlottesville, VA 22903-4547
Contacts: Pat Groot & Joy Schloemer
804/979-9002

WASHINGTON

Washington Coalition of Sexual Assault Programs (WCSAP)
110 East Fifth, Suite 214
Olympia, WA 98501
Contact: Debbie Ruggels
360/754-7583

WEST VIRGINIA

West Virginia Foundation for Rape Information & Services
112 Braddock Street
Fairmont, WV 26554
304/366-8126

WISCONSIN

Wisconsin Coalition Against Sexual Assault (WCASA)
1400 East Washington Avenue, Suite 148
Madison, WI 53703
Contact: Erin Thornley
608/257-1516

WYOMING

Domestic Violence & Sexual Assault Program
454 Hathaway Building
Cheynne, WY 82002-0480
Contact: Nancy Dawson
307/777-6086

NATIONAL ORGANIZATIONS & INFORMATION SERVICES

Stop Prison Rape (SPR)
PO Box 2713, Manhattanville Station,
New York, NY 10027-8817
212/663-5562
President Stephen Donaldson

National Resource Center on Child Sexual Abuse
2204 Whitezburg Drive, Suite 200
Huntsville, Alabama 35801
800/543-7006
direct contact with information specialist
205/534-6868

National Organization of Victim Assistance (NOVA)
1757 Park Road North West
Washington, DC 20010
800/879-6682
202/232 6682

National Coalition on Sexual Assault (NCASA)
912 N. 2nd St.
Harrisburg, PA 17102
717/232-7460

National Resource Center Against Domestic Violence
800/537-2238

National Clearinghouse on Marital and Date Rape
510/524-1582 fee based telephone service

National Victims Center
800/FYI-CALL
703/276-2880

Rape, Abuse & Incest National Network (RAIN)
252 10 Street NE
Washington, DC 20002
Contact: Scott Berkowitz
202/544-1034
800/656-HOPE national referral to local service

Department of Health and Human Services (HHS)
Council on Sexual Violence
Contact: Virginia Cox
Assistant to the Secretary
202/690-8157

American Bar Association recommends for legal assistance: Call the local bar association and request the lawyer referral service.

REFERENCE BOOKS

NOVA National Organization of Victim Assistance
Kendal Hunt Publishing Co.
Book of Victim Assistance Resource Programs
1 800 228-0810 (I.D. no 9460)
(contains local and national mental health and legal resources)

Sexual Assault Crisis Centers in the US
Published by VAASA Virginians Aligned Against Sexual Assault
508 Dale Ave, Suite B
Charlottesville VA 22903-4547
804/979-9002
(lists sexual assault services by state)

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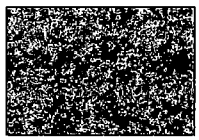
Booklet, "Strategies for the Treatment and Prevention of Sexual Assault," 40 pages

American Medical Association

Physicians dedicated to the health of America

Strategies for the Treatment and Prevention of

Sexual Assault



American Medical Association
Physicians dedicated to the health of America

News Release

EMBARGOED FOR RELEASE: 10:00 a.m. (CT) MONDAY, NOVEMBER 6, 1995

Reporters, for further information contact: Lydia Gresens Steck
312/464-5372

AMA REPORTS 'SILENT VIOLENT EPIDEMIC' OF SEXUAL ASSAULT THROUGHOUT THE U.S.

Releases guidelines to help health care professionals identify and treat victims and urges patients to seek help from their doctors

CHICAGO, Nov. 6 -- Over 700,000 women are sexually assaulted every year in the United States, according to a report released today by the American Medical Association.

"Sexual assault is a 'silent-violent epidemic' growing at an alarming rate and traumatizing the women and children of our nation," said Lonnie Bristow, M.D., AMA president.

Sexual assault continues to represent the most rapidly growing violent crime in America, claiming a victim every 45 seconds. Over 61 percent of female victims are under age 18 and three-quarters of sexual assaults are committed by a friend, acquaintance, intimate partner or family member of the victim. Male victims represent five percent of reported sexual assaults.

"This crime is shrouded in silence, caused by unfair social myths and biases that incriminate victims rather than offenders," said Dr. Bristow. "These myths push victims into the shadows, afraid to step forward and seek help from their physicians."

Surveys have shown that over 87 percent of Americans would choose to speak to their personal physician about an assault rather than anyone else. While physicians are in a unique position to identify and treat victims, fewer than 50 percent of sexual assaults are reported and physicians do not routinely ask patients about violence in their lives.

The AMA Releases Physician Guidelines

The AMA today urged victims to talk to their doctors and called on all physicians to become more informed about sexual assault and released two new sets of guidelines to help physicians better identify, treat, refer and report cases of sexual assault and mental health trauma.

- *Strategies for the Treatment and Prevention of Sexual Assault*
- *Diagnostic and Treatment Guidelines for the Mental Health Effects of Family Violence*

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SILENT EPIDEMIC – ADD ONE

Sexual assault can lead to serious biological and mental health trauma that must be addressed immediately, according to the AMA. However, victims rarely seek help within the first 72 hours after an attack, making identification and treatment more difficult.

"These guidelines will help alert us to the possibility of sexual assault not only in patients who are visibly battered, but also in the woman who becomes panicky during a routine exam or a child who withdraws from our touch," said Kristi Mulchahey, M.D., an OB/GYN and delegate to the AMA's expert panel on sexual assault from the American College of Obstetrics and Gynecology.

The Mental Health Effects of Violence

The deeply devastating experience of being victimized can lead to lasting emotional distress, self destructive behavior, interpersonal problems and behavioral disorders.

"The mental scars of any type of victimization last a lifetime," said Marilyn Benoit, M.D., psychiatrist and member of the AMA's National Advisory Council on Family Violence. "We must address the psychological side of our violence epidemic in order to stop the cycle of violence in our society."

There are many factors that interfere with a physician's ability to identify patients who are left mentally scarred by violence. Until recently, scientific knowledge about the psychological impact of victimization has been limited and medical training has focused on injury evaluation rather than addressing the psychological, behavioral and social implications of assault.

Diagnostic and Treatment Guidelines for the Mental Health Effects of Family Violence will help physicians better address the mental health problems related to violence.

"It's really important that the AMA has taken a leadership role on these issues because all physicians need this information," said Barbara Engel, MPH, a survivor of sexual assault. "And when they hear it from their own, it's different than reading it in the newspaper. It becomes part of professional responsibility."

Development of the Guidelines

Strategies for the Treatment and Prevention of Sexual Assault and *Diagnostic* and *Treatment Guidelines for the Mental Health Effects of Family Violence* were developed by two AMA commissioned panels of experts representing a broad spectrum of medical specialties.

The AMA's objective is to distribute both sets of guidelines, in phases, to all U.S. physicians who are in a position to identify and treat victims of sexual assault and violence, including members of the AMA Physicians' Coalition to Prevent Family Violence.

SILENT EPIDEMIC -- ADD TWO

These guidelines are the latest in a series of similar publications developed by the AMA Physicians' Campaign Against Family Violence, which was launched in 1991. Previous AMA guidelines address the diagnosis and treatment of domestic violence, elder abuse, child physical abuse and child sexual abuse. These guidelines are already in use by thousands of physicians and health care organizations nationwide.

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Physicians who are interested in receiving copies of the guidelines or in joining the AMA Physicians' Coalition to Prevent Family Violence can call 312\464-5066.

American Medical Association
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Backgrounder

FACTS ABOUT SEXUAL ASSAULT

Incidence

- Sexual assault continues to represent the most rapidly growing violent crime in America. [1]
- Over 700,000 women are sexually assaulted each year.[2]
- It is estimated that fewer than 50% of rapes are reported. [1]
- Approximately 20% of sexual assaults against women are perpetrated by assailants unknown to the victim. The remainder are committed by friends, acquaintances, intimates, and family members. Acquaintance rape is particularly common among adolescent victims. [12]
- Male victims represent five percent of reported sexual assaults. [11]
- Among female rape victims, 61% are under age 18. [3,11]
- At least 20% of adult women, 15% of college women and 12% of adolescent women have experienced some form of sexual abuse or assault during their lifetimes. [4]

Societal Attitudes

- A survey of 6,159 college students enrolled at 32 institutions in the U.S. found: [4]
  - 54% of the women surveyed had been the victims of some form of sexual abuse;
  - more than one in four college-aged women had been the victim of rape or attempted rape;
  - 57% of the assaults occurred on dates;
  - 73% of the assailants and 55% of the victims had used alcohol or other drugs prior to the assault;
  - 25% of the men surveyed admitted some degree of sexually aggressive behavior;
  - 42% of the victims told no one.

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SEXUAL ASSAULT – ADD ONE

- In a survey of high school students, 56% of the girls and 76% of the boys believed forced sex was acceptable under some circumstances.[5]

- A survey of 11-to-14 year-olds found:[5]
  - 51% of the boys and 41% of the girls said forced sex was acceptable if the boy, "spent a lot of money" on the girl;
  - 31% of the boys and 32% of the girls said it was acceptable for a man to rape a woman with past sexual experience;
  - 87% of boys and 79% of girls said sexual assault was acceptable if the man and the woman were married;
  - 65% of the boys and 47% of the girls said it was acceptable for a boy to rape a girl if they had been dating for more than six months.

- In a survey of male college students:
  - 35% anonymously admitted that, under certain circumstances, they would commit rape if they believed they could get away with it.
  - One in 12 admitted to committing acts that met the legal definitions of rape, and 84% of men who committed rape did not label it as rape.[6,7]

- In another survey of college males: [8]
  - 43% of college-aged men admitted to using coercive behavior to have sex, including ignoring a woman's protest, using physical aggression, and forcing intercourse.
  - 15% acknowledged they had committed acquaintance rape; 11% acknowledged using physical restraints to force a woman to have sex.

- Women with a history of rape or attempted rape during adolescence were almost twice as likely to experience a sexual assault during college, and were three times as likely to be victimized by a husband. [9]

- Sexual assault is reported by 33% to 46% of women who are being physically assaulted by their husbands.[10]

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Backgrounder

FACTS ABOUT THE MENTAL HEALTH EFFECTS OF VIOLENCE

Family violence is a term that is applied to all forms of interpersonal violence among intimates. It includes domestic violence, child physical abuse and neglect, child sexual abuse, and elder maltreatment. The chronic and traumatic nature of all forms of family violence often leads to serious mental health consequences. These consequences may include emotional distress, interpersonal problems, and/or behavioral disturbances. Physicians may see these consequences in the form of somatization, problems complying with medical recommendations, and increased difficulty of managing existing medical conditions. All physicians -- regardless of specialty or practice setting -- are urged to learn about family violence, make appropriate inquiries of patients about victimization, assure patient safety, make appropriate referrals, and follow local reporting requirements.

Magnitude of family violence as a public health problem

- Two million to four million women are battered each year
- There is a 20-30% lifetime risk for a woman to be battered
- 1,500 women are murdered each year by intimate partners
- 20-30% of women seen in medical settings may be abuse victims
- 1.8 million elderly are victims of maltreatment
- 1,500 children die from abuse each year
- There are 140,000 injuries to children from abuse each year
- There are 1.7 million reports of child abuse each year

Economic costs of the various forms of family violence and their sequelae

Apart from the human suffering, the economic costs of the various forms of family violence and their emotional impact are truly staggering. There are a number of cost components.

- Acute medical care for injuries and their complications
- Mental health and substance abuse treatment and care for victims, perpetrators, and families
- Criminal justice system expenditures for intervention, arrests, prosecution, incarceration, etc.
- Legal system costs for separation, divorce, custody disputes, protection orders, etc.
- Emergency shelters, housing, foster care
- Impediments to work, absenteeism, reduced productivity

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EFFECTS OF VIOLENCE – ADD ONE

Symptoms of victimization

- self neglect, malnutrition, dehydration, failure to thrive
- depression, anxiety, panic attacks, sleep disorders
- alcohol and/or other drug abuse
- aggression towards self and others
- dissociative states, repeated self-injury
- somatization disorders, eating disorders, chronic pain
- suicide attempts
- compulsive sexual behaviors, sexual dysfunction
- lying, stealing, truancy, running away (in children)
- poor adherence to medical recommendations

Common medical problems in adult survivors of childhood physical and sexual abuse

- chronic head, face or pelvic pain
- gastrointestinal distress or symptoms
- musculoskeletal complaints
- asthma or other respiratory ailments
- obesity, eating disorders
- insomnia
- pseudocyesis
- sexual dysfunction
- pseudo-neurologic symptoms (dizziness, etc.)

Effects of child physical abuse and neglect in younger children may include social withdrawal, aggressive behavior, depression, lying, stealing, thumb-sucking or other behavioral regression. Older children and adolescents are more likely to exhibit substance abuse, risky sexual behaviors, suicidal or other dangerous behavior, and/or performance problems in school.

Situations which might suggest children at risk for being abused

- parental depression, mental illness, substance abuse
- parental chronic physical illness
- physical abuse of the mother
- poor adherence to medical recommendation for children, e.g., erratic office visits
- marked aggression among siblings
- extreme overprotection of child

Medical situations which may cause re-experience of trauma

- Genital, breast, rectal, oral examinations

EFFECTS OF VIOLENCE – ADD TWO

- General anesthesia, muscle paralysis
- Insertion of catheters, needles
- Confinement (e.g. MRI), seclusion, immobilization
- Endoscopic procedures
- Labor
- Inadequate privacy arrangements
- Loud procedures
- Open discord between care staff members
- Practitioner resembles the patient's abuser in some way

Surveys have shown that most Americans would speak to their physician about their experiences with family violence. It is for this reason that physicians are in a unique position to intervene meaningfully.

Factors that impede a physician's ability to detect and assist with the emotional impact of family violence

- Until recently scientific knowledge about the emotional and mental health side of violence has been limited.
- Medical training often focuses on injury evaluation rather than abuse recognition, prevention or mental health sequelae.
- There is limited training about the psychological, behavioral and social components of medical conditions in general.
- Everyone finds it painful to think of the horrors experienced by the victim, and so many physicians feel helpless, anxious and or frustrated by abusive situations.

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Source:

Diagnostic and Treatment Guidelines on Mental Health Effects of Family Violence by the American Medical Association, November 1995