

Lifetime Sexual Assault in Montana, 2012 Behavioral Risk Factor Surveillance System (BRFSS)

Many sexual assaults go unreported to the police and only those crimes that are reported to the police and are cleared by arrest become part of our official crime statistics.¹ As a result, official uniform crime report statistics greatly underestimate the magnitude of sexual violence in our country.² Self-report studies can help to ascertain how widespread a behavior such as sexual assault is in the general population. The Behavioral Risk Factor Surveillance System (BRFSS) data in this report are based on self-reports of sexual assault victimizations of Montana adults. The BRFSS is a population-based survey of randomly selected, non-institutionalized Montana adults, ages 18 and older. All responses are anonymous and voluntary. Data are weighted to represent Montana's adult population. In 2012, the Montana BRFSS survey included questions on sexual assault and the data are based on interviews with 8,679 residents.

The BRFSS asked respondents questions about sexual assault or unwanted sexual experiences. The terms "sexual assault" and "rape" were intentionally not used in the questions, as respondents may not have associated their experiences with these terms.³ Instead, the questions asked "has anyone EVER had sex with you after you said or showed you didn't want them to or without your consent?" and "has anyone EVER attempted to have sex with you after you said or showed that you didn't want to or without your consent?" Respondents were told that "unwanted sex includes things like putting anything into your vagina (*if female*), anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, when you were drunk or asleep, or thought you would be hurt or punished if you refused."⁴

Prevalence of Sexual Assault

- In 2012, 1 in 12 or an estimated 57,500 Montana adults reported ever being a victim of sexual assault. (Table 1)
- Among Montana adult men, two in one hundred or an estimated 6,200 men reported ever being a victim of sexual assault.
- The prevalence of self-reported sexual assault was more than 8 times higher among women than men. Almost one in seven or an estimated 51,200 Montana adult women reported being sexually assaulted in their lifetime. (Figure 1)
- Adults in lower income households had a significantly higher percentage of reported lifetime sexual assault than adults in households with higher incomes.
- Persons with a disability reported ever being a victim of sexual assault two and one-half times more often than adults without a disability.

Figure 1. Prevalence of Sexual Assault and Attempted Sexual Assault by Gender, Montana Adults, BRFSS 2012

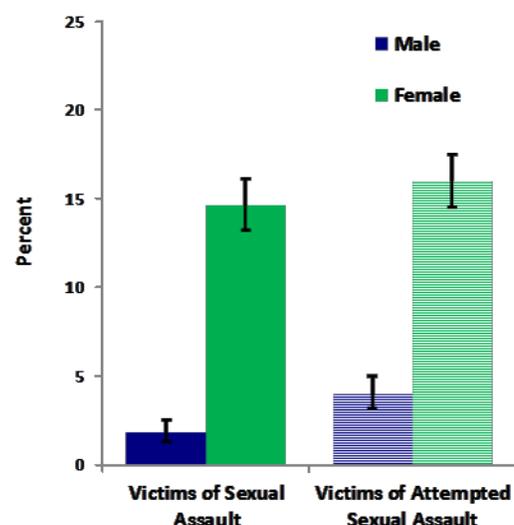


Table 1: Sexual Assault, Montana Adults, BRFSS 2012

	Ever Victim of Sexual Assault †				Ever Victim of Attempted Sexual Assault ‡			
	Wt.%	95% CI		UnWt. N	Wt.%	95% CI		UnWt. N
		LL	UL			LL	UL	
All Adults	8.3	7.5	9.1	641	10.0	9.2	11.0	774
Sex:								
Male	1.8	1.3	2.5	55	4.0	3.2	5.0	122
Female	14.6	13.2	16.1	586	16.0	14.5	17.5	652
Age:								
18 - 24	8.0	5.5	11.6	32	12.5	9.3	16.6	53
25 - 34	10.3	8.1	13.1	84	10.3	8.0	13.1	82
35 - 44	10.4	8.2	13.1	94	13.1	10.6	16.1	114
45 - 54	9.9	8.2	11.9	158	11.6	9.7	13.8	179
55 - 64	8.5	7.1	10.2	168	10.1	8.5	11.9	198
65+	3.8	3.0	4.8	104	4.9	4.0	6.0	147
Education:								
<High School	11.0	7.8	15.2	53	9.2	6.4	13.0	49
High School	6.9	5.8	8.3	174	8.8	7.4	10.4	204
Some College	9.4	8.0	11.1	225	11.4	9.8	13.2	247
College Degree+	7.5	6.2	8.9	189	10.1	8.7	11.7	273
Income:								
<\$15,000	18.0	14.8	21.7	167	16.3	13.1	20.0	153
\$15,000 - \$24,999	9.3	7.4	11.7	129	10.8	8.8	13.3	149
\$25,000 - \$49,999	8.1	6.7	9.8	163	9.5	8.0	11.2	213
\$50,000 - \$74,999	5.5	4.0	7.6	57	8.1	6.3	10.5	87
\$75,000+	5.1	3.9	6.7	76	8.8	7.1	10.9	118
Race/Ethnicity:								
White, non-Hispanic	8.0	7.2	8.9	540	9.8	8.9	10.8	655
AI/AN*	9.8	6.4	14.5	55	12.8	8.8	18.1	69
Other or Hispanic**	11.6	7.7	17.1	41	11.3	7.6	16.6	44
Disability:								
Disability	15.2	13.2	17.3	312	15.4	13.4	17.6	319
No Disability	6.0	5.2	6.8	328	8.3	7.4	9.3	453
Region:								
1- Eastern MT	5.8	4.0	8.3	47	6.9	4.9	9.5	61
2- N Central MT	8.8	7.0	11.1	139	9.2	7.4	11.4	166
3- S Central MT	7.9	6.2	10.1	86	9.5	7.6	11.7	111
4- Southwest MT	8.4	6.9	10.1	125	10.1	8.4	12.0	145
5- Northwest MT	8.9	7.6	10.5	240	11.6	10.0	13.5	285

† Total Sample Size: 7,779 Weighted Prevalence Estimate: 57,500.

‡ Total Sample Size: 7,787 Weighted Prevalence Estimate: 69,839.

* American Indian or Alaska Native only.

** All other non-White (included multi-racial) or Hispanic.

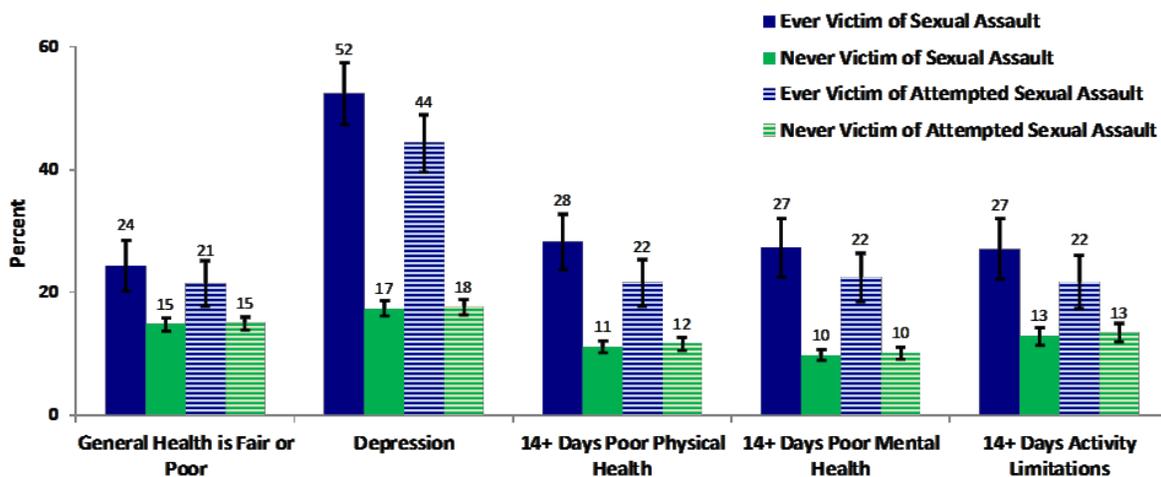
Prevalence of Attempted Sexual Assault

- One in ten Montana adults, approximately 69,800 residents, have ever been the victim of attempted sexual assault.
- Females reported being victims of attempted sexual assault five times more often than males. (Figure 1)
- The prevalence of attempted sexual assault was significantly higher for adults with lower household incomes than adults with higher household incomes.
- Almost twice as many adults with a reported disability were victims of attempted sexual assault than adults without a reported disability.
- Residents of the Northwest Region of Montana reported being victims of attempted sexual assault significantly more often than residents of the Eastern Region of Montana.

Sexual Assault by Health Status

- One in four victims of sexual assault reported their general health as being fair or poor compared to almost one in seven respondents who did not report experiencing sexual assault. One in five victims of attempted sexual assault reported their general health as being fair or poor compared to almost one in seven respondents who did not report experiencing attempted sexual assault. (Figure 2)
- Sexual assault victims reported being depressed three times more often than respondents who did not report experiencing sexual assault. Victims of attempted sexual assault reported being depressed two times more often than respondents who did not report experiencing attempted sexual assault.
- Victims of sexual assault or attempted sexual assault reported having poor physical health, poor mental health, and activity limitations for 14 or more of the past 30 days approximately twice as often as respondents who had not experienced sexual assault or attempted sexual assault.

Figure 2. Self-Reported Victimization of Sexual Assault and Attempted Sexual Assault Compared to Non-Victims by Health Status, Montana Adults, BRFSS 2012

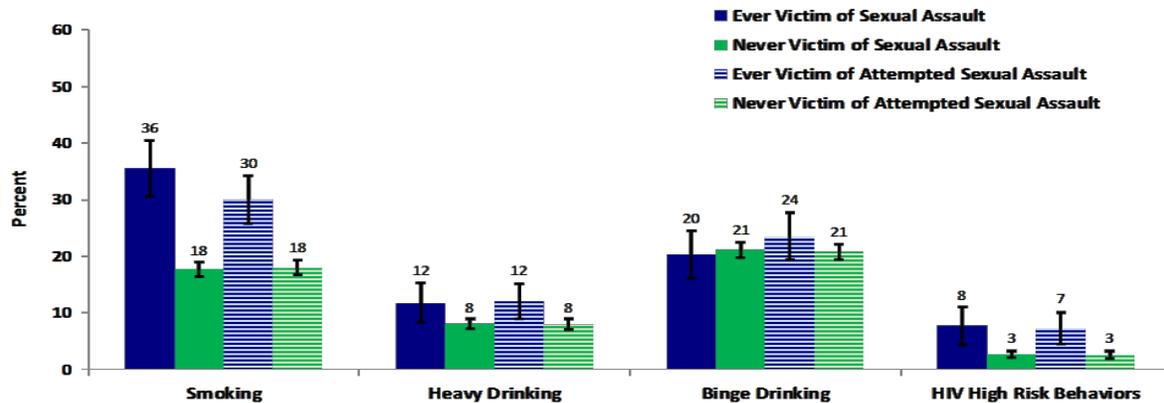


Sexual Assault by Risk Behaviors

- Current smoking was reported almost twice as often among victims of sexual assault and victims of attempted sexual assault than among respondents who did not report experiencing sexual assault or attempted sexual assault. (Figure 3)
- The prevalence of heavy drinking (2+ drinks per day for men and 1+ drink per day for women) was significantly higher among victims of sexual assault and attempted sexual assault than among respondents who did not report experiencing sexual assault or attempted sexual assault.
- There was no significant difference in the prevalence of binge drinking (males having 5+ drinks or females having 4+ drinks on one occasion) between non-victims and victims of both sexual assault or attempted sexual assault.

- The prevalence of HIV high risk behaviors were significantly higher among victims of sexual assault and attempted sexual assault than among respondents who did not report experiencing either victimizations. HIV high risk behaviors include intravenous drug use, receiving treatment for a sexually transmitted disease or venereal disease, giving or receiving money in exchange for sex, or having anal sex without a condom.

Figure 3. Self-Reported Victimization of Sexual Assault and Attempted Sexual Assault Compared to Non-Victims by Risk Behaviors, Montana Adults, BRFSS 2012



Public Health Implications

Being a victim of sexual assault or attempted sexual assault is associated with poorer health status outcomes and greater engagement in health risk behaviors suggesting that experiencing sexual violence has lifelong ill effects for many adults, particularly women. Health care providers should be aware that sexual assault victims often engage in risky behaviors and report poor mental and physical health at least twice as often as those who have not been sexually assaulted. Within our health care systems, strategies to provide resources for victims of sexual assault and mental health evaluations or counseling may help to ameliorate the long-term effects of sexual violence and improve the health of our population.

Suggested citation: Ehrlich E. and Oreskovich J. Victims of Sexual Assault in Montana: 2012 Behavioral Risk Factor Surveillance System (BRFSS), DPHHS: Helena, MT. *Montana Fact[or]s*, No.3: 2013.

Background: The Montana Behavioral Risk Factor Surveillance System (BRFSS) has been collecting and reporting state-specific, population-based estimates of health-related data since 1984. The purpose of this statewide telephone survey of Montana residents aged 18 and older is to gather information regarding personal health risk behaviors, selected medical conditions, and the prevalence of preventive health care practices among Montana adults. A full set of Montana yearly questionnaires and health indicators can be found at the Department of Public Health and Human Services (DPHHS) BRFSS database query system at: www.brfss.mt.gov. The CDC website also provides national, state, and some local area prevalence estimates of health indicators, as well as access to downloadable datasets for further analyses at: www.cdc.gov/brfss.

Survey Limitations: The BRFSS relies on self-reported data. This type of survey has certain limitations: many times, respondents have the tendency to underreport some behaviors that may be considered socially unacceptable (e.g., smoking, heavy alcohol use); conversely, respondents may over report behaviors that are desirable (e.g., physical activity, nutrition). Cross-sectional design makes causal conclusions impossible. In addition, the sample sizes used to calculate the estimates in this report vary as respondents who indicated, "don't know," "not sure," or "refused" were excluded from most of the calculation of prevalence estimates. BRFSS data collected through 2008 excludes households without landline telephones.

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References:

- ¹ See Uniform Crime Reports at <http://www.fbi.gov> and the National Incident Based Reporting system at: www.jrsa.org/ibrcc/.
- ² National Crime Victimization Survey at <http://www.ojp.usdoj.gov/bjs/cvict.htm>.
- ³ See Oreskovich J. Sexual Violence in Montana, *Montana Fact[or]s*, Spring 2009, found at: http://www.brfss.mt.gov/pdf/mtfactors/BRFSS_SexualAssault_2_6.09.pdf.
- ⁴ See Montana BRFSS website at www.brfss.mt.gov for the complete questionnaire by survey year.

⁵See Montana Board of Crime Control, "Talking Helps: Information for Victims of Sexual Assault" and also the web address: www.doj.mt.gov/victims/victimcompensation.asp.

Resources:

In Montana, there is help for victims to find answers to questions that they may have about medical, legal, or emotional concerns resulting from sexual assault. Sexual assault and domestic violence programs are located in communities across the state of Montana. For information about a victim assistance program in your area, call your local law enforcement agency or the Crime Victim Compensation program at (406)444-3653 or 1-800-498-6455.⁵

On an individual level, if you are a victim of sexual assault and you would like to talk to a trained counselor, please call the **National Sexual Assault Hotline at 1-800-656-HOPE (4673)**. This hotline is part of the Rape, Abuse and Incest National Network (RAINN) and provides free and confidential counseling 24 hours a day, 7 days a week. In addition, the www.rainn.org website provides listings of local sexual assault crisis centers and hotlines by zip code and state.

Also see the **National Sexual Violence Resource Center**, www.nsvrc.org, the **National Women's Health Information Center**, www.womenshealth.gov or the **CDC Resources on Sexual Violence**, <http://www.cdc.gov/ViolencePrevention/sexualviolence/index.html>.