

Sexual Violence in KY: A Public Health Concern



Agenda

- Introduction to KASAP
- Sexual violence in KY
- Health implications
- When SV is disclosed
- Resources and Referrals
- Q & A



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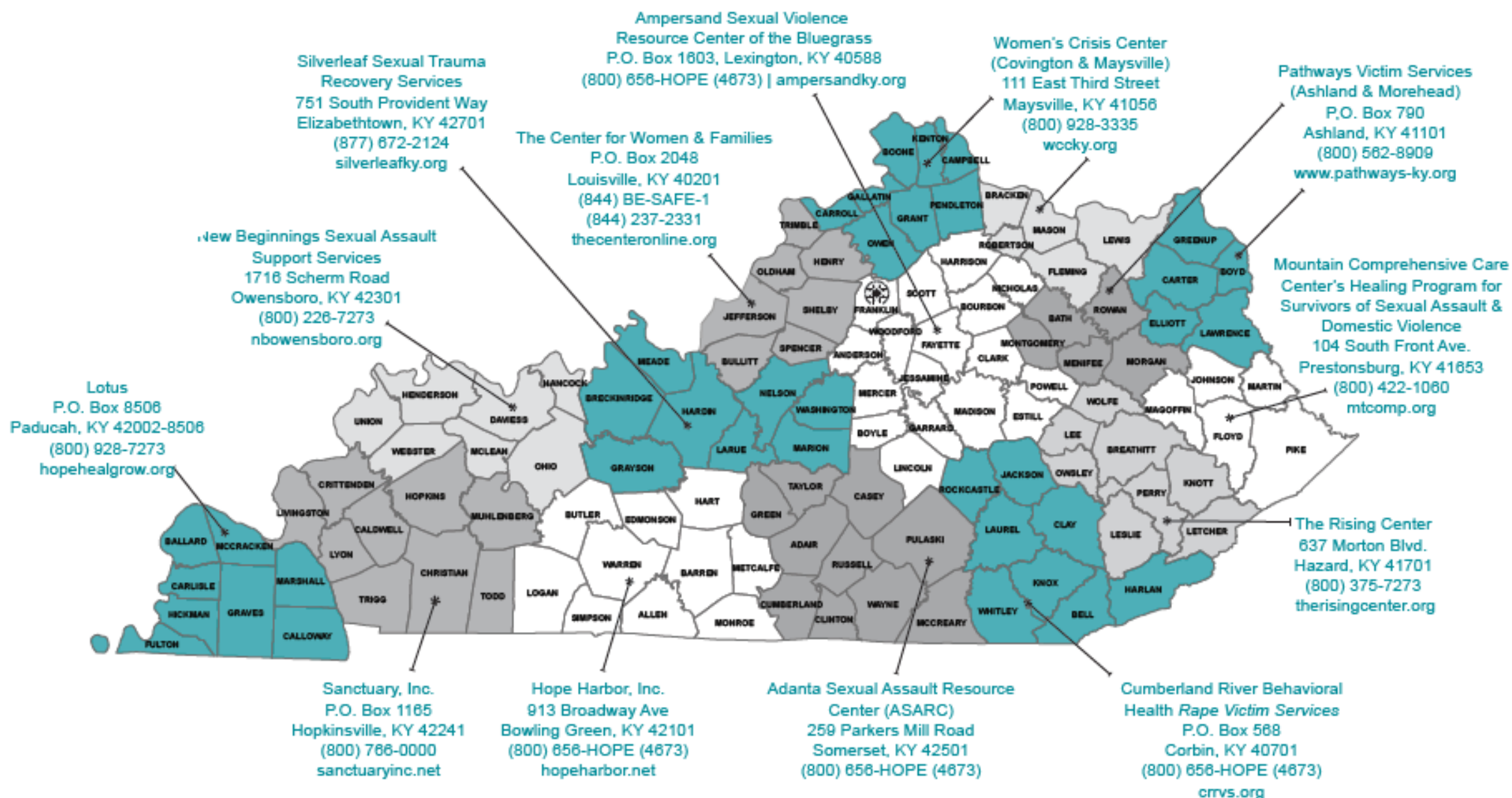
KENTUCKY ASSOCIATION
OF SEXUAL ASSAULT
PROGRAMS

KASAP

The Kentucky Association of Sexual Assault Programs, Inc. (KASAP) is the statewide coalition of the 13 sexual assault resource centers in the Commonwealth.

The mission of KASAP is to speak with a unified voice against sexual victimization.





Sexual Assault Resource Centers: Core Services

- **Crisis line – 24/7**
- **Crisis Intervention / Crisis Counseling**
- **Advocacy including Accompaniment -24/7**
- **Mental Health & Related Support including Therapy, Information, & Referral**
- **Consultation – 24/7**
- **Public Education/Professional Training**



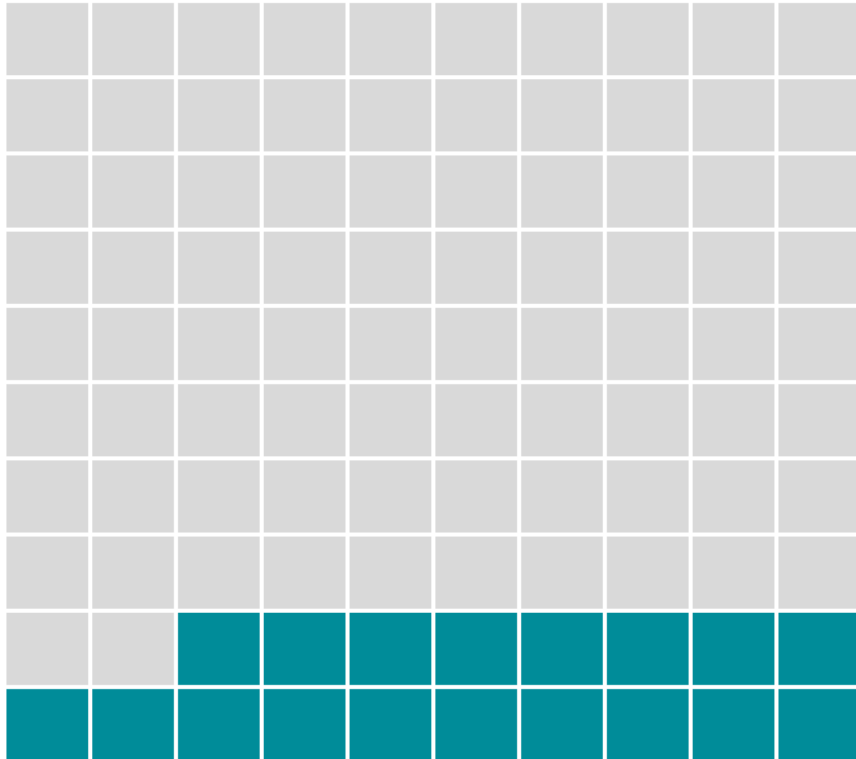
What is Sexual Violence?

- Unwanted, non-consensual sexual contact of any kind
 - Physical, verbal, or virtual
- Rape, molestation, fondling, penetration, voyeurism, stalking, harassment, coercion, threats, and more
- Sexual violence is a public health issue and should be treated as such by the healthcare system
 - KY mandatory reporting laws apply, but otherwise, victim makes the choice to report

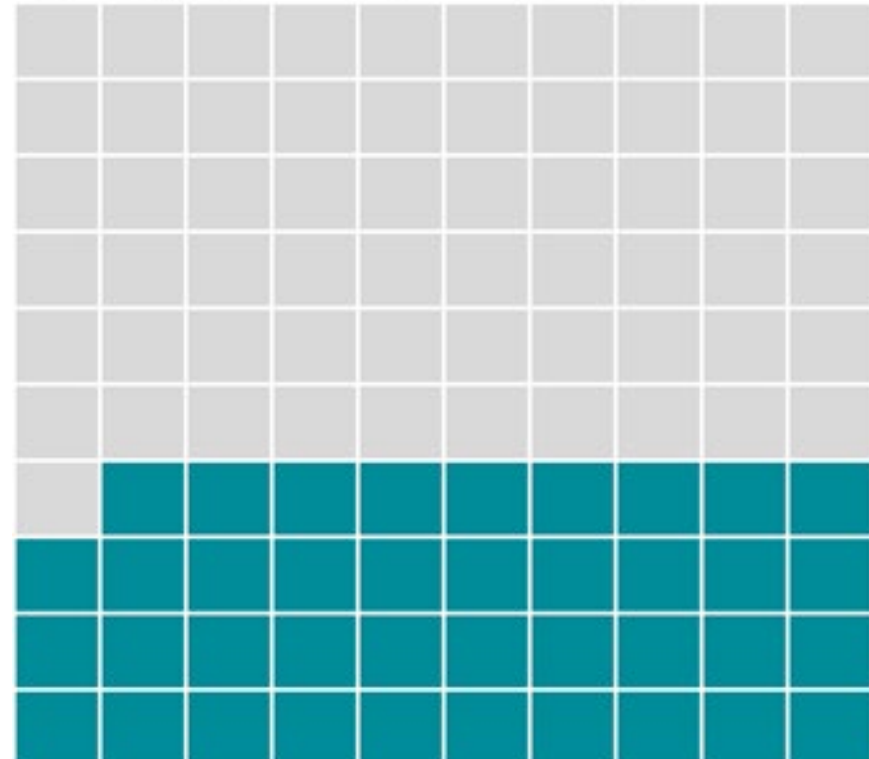


Sexual Assault in Kentucky

18.3% of KY men will experience
contact SV in their lifetimes

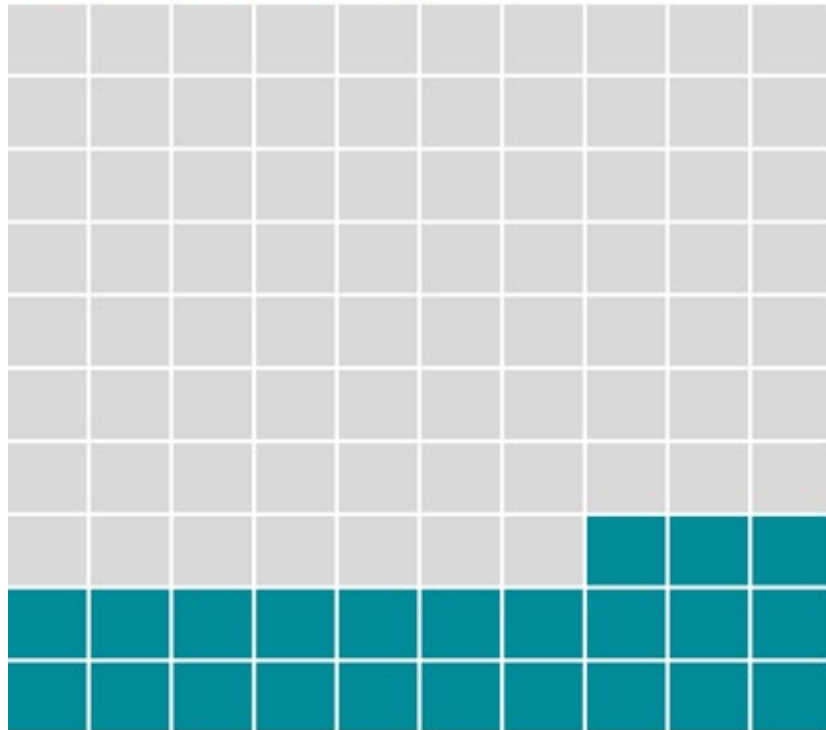


39.1% of KY women will experience
contact SV in their lifetimes

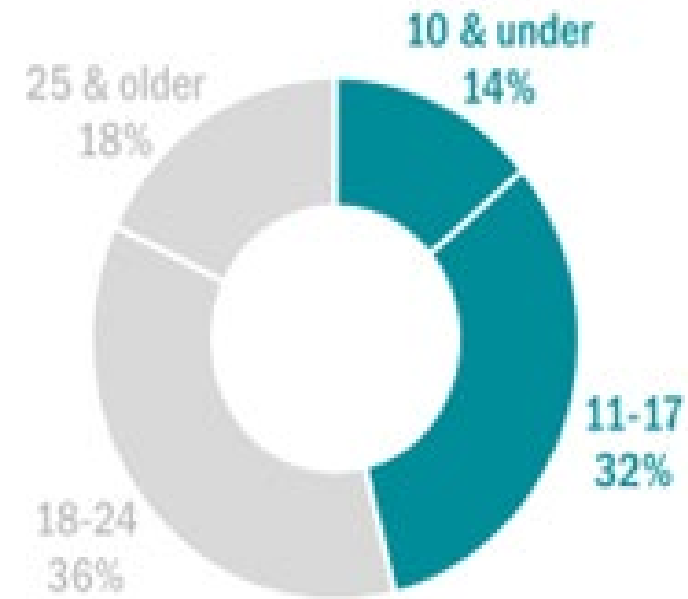


Sexual Assault in Kentucky

23.3% of Kentucky women will experience completed or attempted rape in their lifetimes



Almost half of KY female survivors were first raped **before the age of 18**.



Health Implications

Immediate impacts of rape among female victims	Immediate impacts of made to penetrate among male victims
1 in 7 contracted STI	1 in 25 contracted STI
1 in 3 were injured	1 in 18 were injured
2 in 3 were concerned for safety	1 in 5 were concerned for safety
2 in 3 were fearful	1 in 5 were fearful
1 in 7 became pregnant	

Health Implications

- **Negative mental health outcomes**
 - **80% of teenage girls suffer serious mental illness after sexual assault**
 - **Suicidal ideation and attempts**
- **Short and long-term mental health conditions such as avoidance, depression and PTSD**
- **Chronic health conditions – diabetes, high blood pressure, irritable bowel syndrome, panic disorder, chronic migraines, insomnia**
- **Risky health behavior – substance use and abuse**
- **Harmful coping mechanisms – substance use and abuse, self-harm**

How Sexual Violence & Substance Use Intersect

- **Trauma! 80% of people who use substances report having experienced trauma***
- **SVRC advocates are trained on TIC practices, primary prevention strategies, and support harm reduction**
- **We realize that SV does not occur in a vacuum, and victims have often experienced compounded trauma – as have those who cause harm**
- **ACEs – trauma across the lifespan**



How Sexual Violence & Substance Use Intersect

- Substances may be used during the facilitation of the assault
- Victims can become dependent on substances in cases of trafficking
- Substances may be used to cope after SV. We all cope – healthy or unhealthy choices?
- Ongoing use can be a trauma response - pain/withdrawal may compound trauma symptoms
- Survivors in KY with prior sexual trauma and PTSD have an increased risk to misuse opioids



How Sexual Violence & Substance Use Intersect

- **KY has a remarkably high rate of incarceration (negative health effect)**
- **At least one-third of KY's incarcerated population self-reported experiencing sexual trauma at some point in their life (high concentration of affected population)**
- **The majority of non-violent offenders in KY are incarcerated on drug-related charges (high rate of substance use)**
- **Only 5% of people currently incarcerated in KY are serving life sentences – that means the other 95% release back into our communities**
- **Don't we want a healthy KY?**



In KY...

- 39% of women & 28% of men entering SUD treatment reported SA in last 12 months
- 28% of women & 13% of men entering treatment reported SA in their lifetime

(From 2022 UK study)



Supporting Patients Disclosing SV

- 'One size fits all' cases and responses do not exist. This is often one of the primary complaints patients report when engaging with the healthcare system
- The act of SV takes away power from the victim. **Empowerment** is key! Ensure patients are given **choices**
- Check with/inform patient before calling anyone else to assist with their care. This includes other colleagues, departments, consultations, referrals, etc.
- Check to see if your facility/network has a Peer Support Specialist on staff prepared to speak with SA patients
- Avoid language that suggests the sexual abuse was due to substance use/abuse



Efficient Screening in Primary/Urgent Care

- SV is one of the most underreported crimes. Disclosures often come late for adults & children
- SV victims can have a difficult time trusting they will be believed or supported. We should not assume they have an inherent trust or understanding of the healthcare or criminal justice systems.
 - What are next steps if they disclose to you? Will it be in their medical records? Will you call law enforcement?
- It doesn't always matter how long you've known your patient and/or their families. If screening isn't taken seriously and sensitively, you won't see disclosures
 - "Sometimes difficult experiences affect health. Is it ok if I ask a few questions?"
 - "I see that you didn't express any concerns about not feeling safe at home/work during your check-in, but I just wanted you to know we can discuss any concerns verbally as well"
 - "Would you be comfortable talking to anyone else besides me about any concerns you have?"



Resources & Referrals

- Your local Sexual Violence Resource Center is an invaluable resource!
- Use interactive map on KASAP's website to locate name, location, website, and contact info
- Have brochures on hand and on display in office
- Add posters/signage in waiting areas, behind doors, in restrooms, elevators, and other areas so patients don't have to ask – they can write down or take a photo
- Consult with your local SVRC staff for materials, tips, language suggestions, and trainings
- SVRCs have a confidential 24/7 support hotline patients can call
- SVRCs are knowledgeable on wrap-around services available to SV victims in their community
- In addition to substance use, SVRCs also work with victims with a history of sex trafficking and incarceration



Resources

- KASAP's interactive map of the 13 centers www.kasap.org
- KASAP's Pro Guide:
 - [Responding to Sexual Violence: A Guide for Professionals in the Commonwealth](#)
- [KHA's Sexual Assault Response website](#)
- [CACKY's Child Sexual Abuse Medical Protocol & Resources](#)





Thank you!

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