MDH Minnesota Department of Health

SEXUAL VIOLENCE PREVENTION PROGRAM

Sexual Violence Data Brief

HOSPITAL-TREATED SEXUAL VIOLENCE IN MINNESOTA 2010 TO 2014

Sexual violence and assault remains an underreported problem in Minnesota. With no complete data source, the Minnesota Department of Health (MDH) utilizes hospital discharge data to understand the burden of sexual violence across the state. Historically, only about a quarter of sexual violence victims and survivors report receiving hospital care, suggesting an incomplete picture of the problem.

When victims and survivors need help, they often look to other trusted sources like clinics or a family health care provider. Children are often referred to Children's Advocacy Centers. Many others do not or cannot seek help in health care settings because of barriers like transportation or language.

Hospital discharge data

The hospital discharge data show that sexual violence is still happening in steady numbers statewide. In hospital-treated cases, patients ages 15 to 24 account for nearly half of those hospitalized for sexual violence and assault. However, between 2010 and 2014, the only age group to show a significant change were patients aged 15 to 19. The rate of hospital-treated sexual violence patients decreased significantly over time, from 92.4 per 100,000 (339 patient visits) in 2010 to 76.96 per 100,000 (276 patient visits) in 2014.

While this is only a snapshot of sexual violence in Minnesota, it does underline the importance of filling those gaps in data collection around sexual assault victims and survivors. Preventing sexual violence and assault, means first understanding its impact, and sound data collection and reporting help define that problem.

Data informs prevention

A United States Government Accountability Office report released this summer (July 2016) stresses the importance of better data collection – Sexual Violence Data: Actions Needed to Improve Clarity and Address Differences Across Federal Data Collection Efforts. The report summary states that "data on the occurrence of sexual violence are critical to preventing, addressing, and understanding the consequences of these types of crimes" – highlighting the need for comprehensive, complete and comparable data on sexual violence.

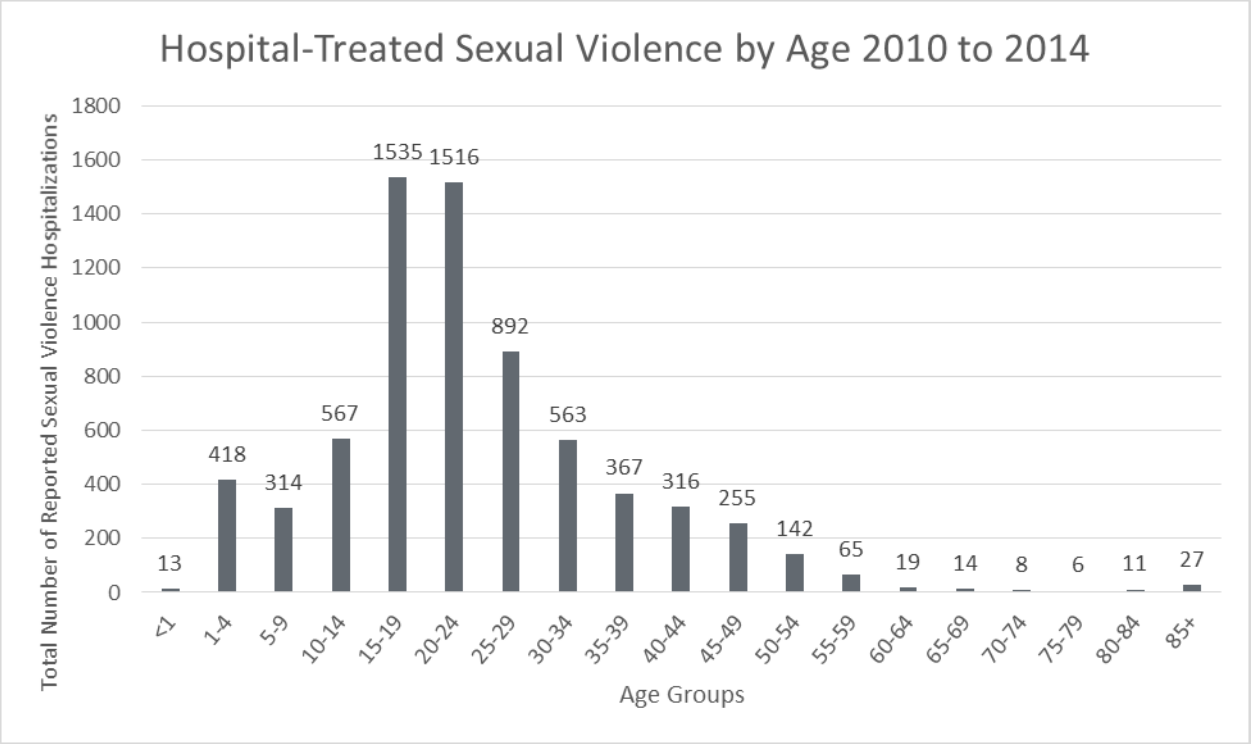
Beginning to complete the data picture in Minnesota means allocating resources to increase data collection through tools like the Minnesota Crime Issues (formerly Victim) Survey, and from alternate sources like sexual assault programs, clinics and advocacy centers.

Table 1: Hospital-Treated Sexual Violence in MN by Year

Year	2010	2011	2012	2013	2014
Cases	1,442	1,412	1,385	1,398	1,411
Age-adjusted rate per 100,000 population	28.18	27.63	27.06	27.16	27.58

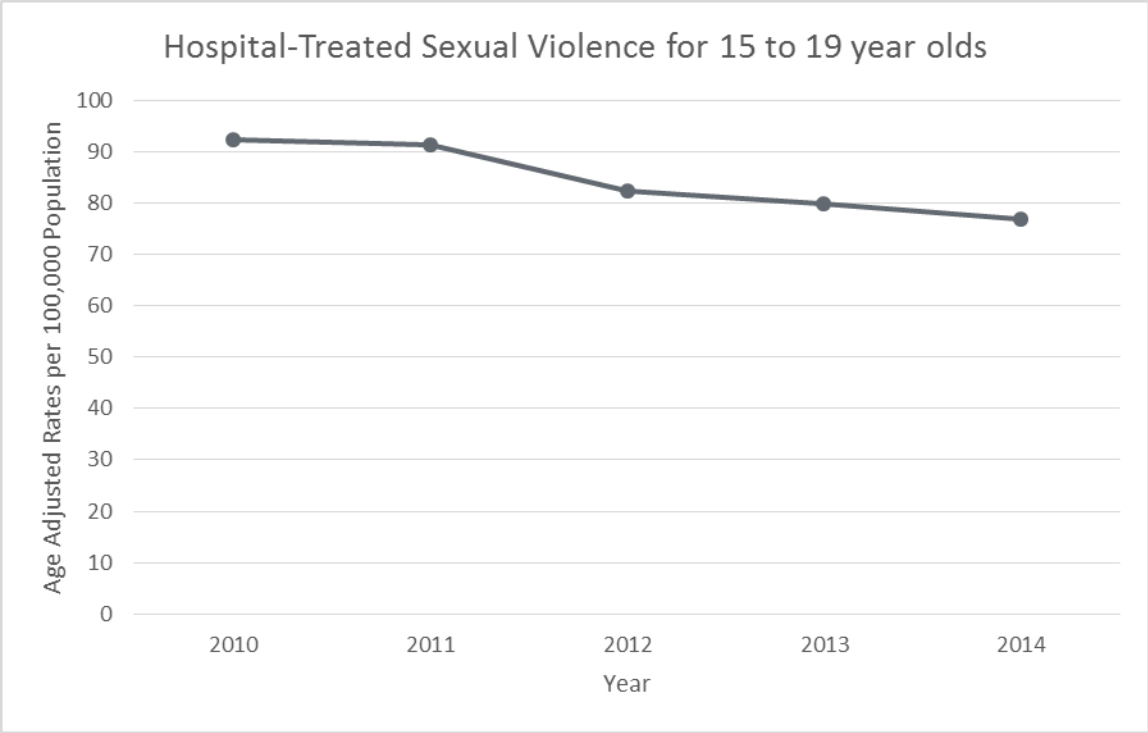
In 2014 there were 1,411 patient visits for hospital-treated sexual violence in Minnesota. The number of patient visits decreased between 2010 and 2012, and then increased between 2013 and 2014.

Chart 1: Age



From 2010 to 2014, the age group most seen for hospital-treated sexual violence was ages 15 to 24. Hospital treatment was provided to every age group, ranging from less than one year of age to over 85. Looking at the five-year total, patients in the age range of birth to 24 compromised 62% of patient visits (4,363 patient visits). Patients in the age range of 15 to 24 made up 43% of patient visits (3,051 patient visits).

Chart 2: Significant Age Trend



Between 2010 and 2014, the rate of hospital-treated sexual violence decreased significantly over time for 15 to 19 year olds, from 92.4 per 100,000 (339 patient visits) in 2010 to 76.96 per 100,000 (276 patient visits) in 2014 (p value 0.0143[1]). There were no other significant trends in any other age group.

The MN Student Survey also provides evidence of a decline in rates of sexual violence for this age group: Between 1992 and 2013, the percentage of students experiencing sexual abuse, defined in the survey as 'been touched or forced to touch sexually against wishes', declined across grade levels.

The greatest decline was seen for 9th graders, who experienced a 53% decrease in non-family contact sexual abuse between 1992 and 2013, and a 40% decrease in family contact sexual abuse. For 12th graders, those percent decreases were 47% and 33%, respectively, between 1992 and 2010. For 6th graders, those percent decreases were 14% and 17%, respectively, between 1992 and 2010 (MN Department of Health, MSS 2013 Trend File).

[1] P value calculated using the Kendall Rank Correlation Coefficient test for significance.

Chart 3: Geography

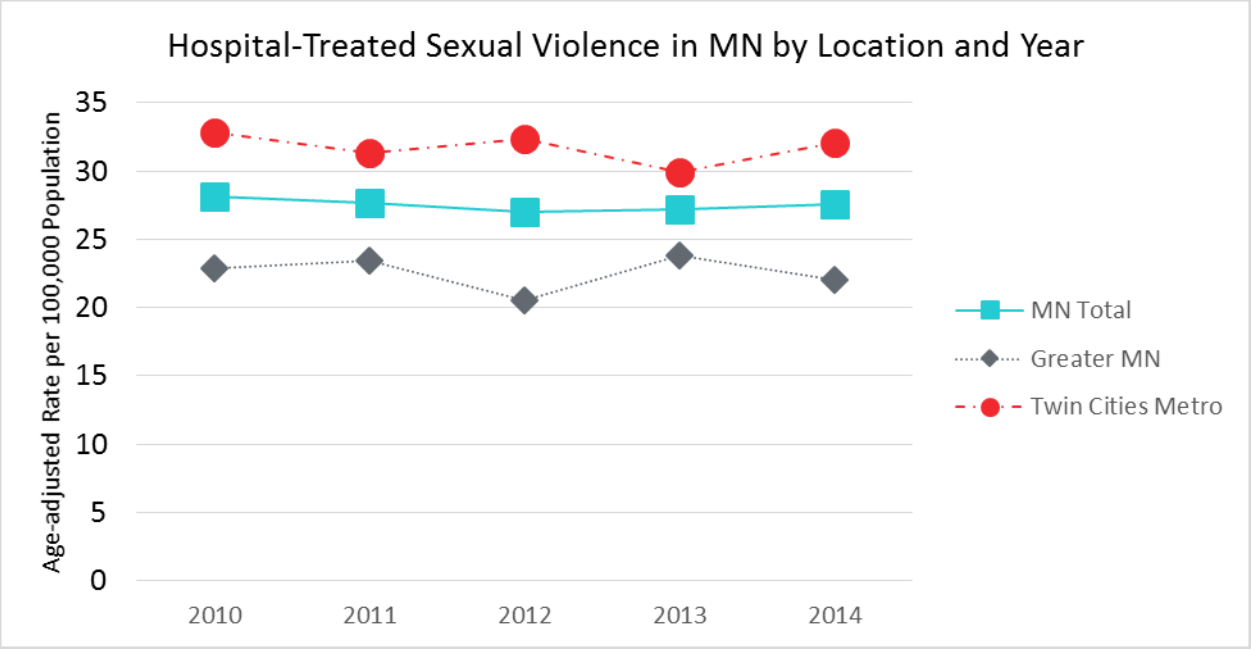
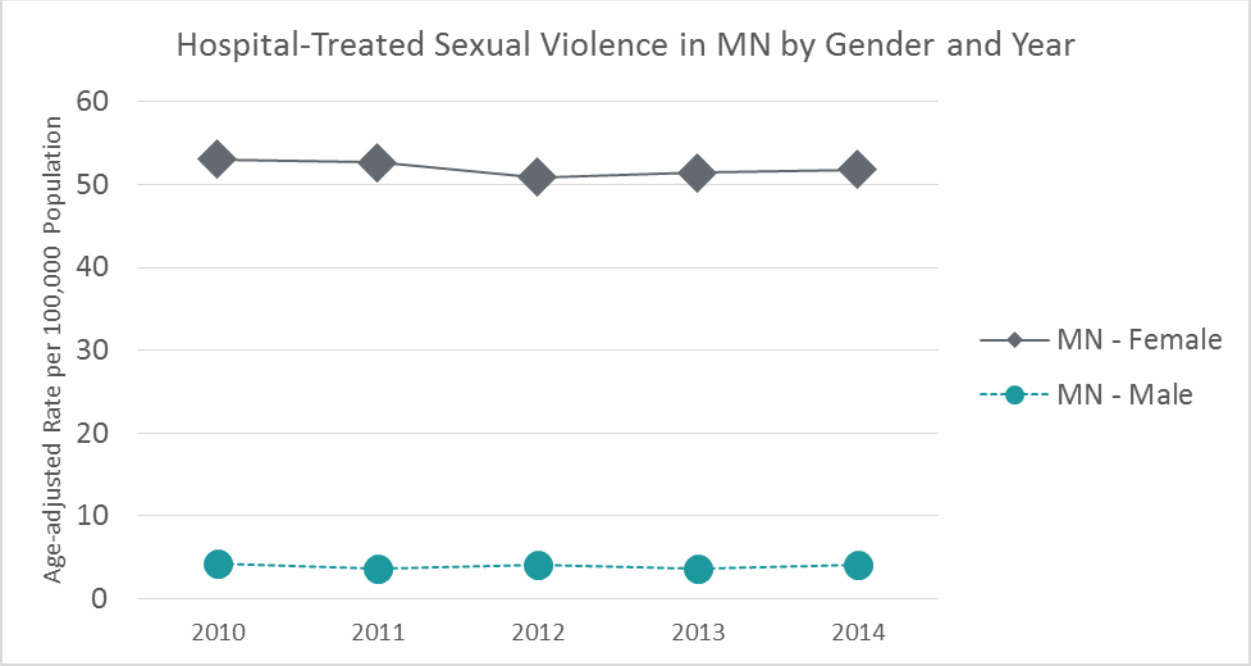


Chart 3 shows a consistent statewide five-year trend. The five-year average, age-adjusted rate of hospital-treated sexual violence was 31.8 per 100,000 for the seven-county Twin Cities Metro area, whereas the 80-county Greater Minnesota area had a lower rate of 22.5 per 100,000. In 2014, 63% of patient visits for hospital-treated sexual violence were Twin Cities Metro area residents and 37% of patient visits were Greater Minnesota residents.

Chart 4: Gender



Females represented a larger number than males of the total patient visits treated at hospitals (Chart 4). The age-adjusted rate for females and males did not vary greatly between 2010 and 2014. The five-year average age-adjusted rate of hospital-treated sexual violence was 52.0 per 100,000 for females and 3.9 per 100,000 for males. This data represents hospital-identified gender which is limited by uniform billing to male and female.

Sexual violence prevention

The goal of the Minnesota Department of Health Sexual Violence Prevention Program is to stop sexual violence before it happens.

Preventing sexual violence requires a public health approach because the health consequences of sexual assault can be severe. In addition to the injuries that result from the physical abuse that may accompany the sexual assault, forced sexual contact can also result in genital injuries and gynecological complications, such as bleeding, infection, chronic pelvic pain, pelvic inflammatory disease and urinary tract infections.

Women who are assaulted are also at risk of unwanted pregnancy and sexually transmitted infections, including HIV/AIDS. An unwanted pregnancy may lead to an unsafe abortion or to injuries sustained during an abortion.

Victims and survivors can also experience emotional impacts and are often fearful and anxious. They may replay the attack over and over in their minds. They may have problems with trust and be wary of becoming involved with others. The anger and stress that victims feel may lead to eating disorders and depression. Some even think about or attempt suicide.

Because of the range of possible injuries, possible long term health consequences, and potential emotional disorders or concerns, MDH encourages victims seek treatment in the event of a sexual assault. This is important for the physical and mental health of the victim. Hospitals can make referrals to advocates who can provide resources for on-going support.

Coordinate statewide strategies

For sexual violence to end Minnesotans must work together to address its root causes. MDH partners with organizations and communities across Minnesota to better understand the impact of sexual violence and learn what can be done to prevent it. Prevention starts with helping people build healthy relationships and strengthening community and family support.

Other strategies include encouraging schools to use healthy relationships curriculums; engaging youth and adults as positive bystanders to speak up and out against sexism and violent behaviors and intervening when someone is at risk; creating and enforcing policies at schools and workplaces that address sexual harassment and create safer spaces for everyone; and implementing evidence-based prevention strategies in schools and communities.

In order to coordinate multiple statewide strategies to reduce and prevent sexual violence, the MDH Sexual Violence Prevention Program brings together stakeholders like nonprofit organizations, health care, law enforcement, and government agencies to be a part of the Sexual Violence Prevention Network – www.health.state.mn.us/svp/implement/network/ and the Minnesota Human Trafficking Task Force – www.mnhttf.org/our-role-purpose/about/.

General Resources

- Minnesota Department of Health Sexual Violence Prevention Program www.health.state.mn.us/svp/
- Minnesota Coalition Against Sexual Assault www.mncasa.org
- Minnesota Coalition for Battered Women www.mcbw.org
- Minnesota Indian Women's Sexual Assault Coalition www.miwsac.org
- Mending the Sacred Hoop www.mshoop.org/
- Minnesota Children's Alliance: www.minnesotachildrensalliance.org/
- Minnesota Elder Justice Center: www.elderjusticemn.org/
- Rape Help Minnesota www.rapehelpmn.org
- Not Alone: Together Against Sexual Assault www.whitehouse.gov/1is2many/notalone
- Centers for Disease Control and Prevention Rape Prevention and Education Program www.cdc.gov/violenceprevention/rpe
- National Sexual Violence Resource Center www.nsvrc.org
- Prevention Institute www.preventioninstitute.org

About the data

- Minnesota Department of Health. Minnesota Injury Data Access System (MIDAS). http://www. health.state.mn.us/injury/midas/violence/index.cfm

Statewide hospital discharge and emergency uniform billing data (837I/CMS1450/UB-04) from the Minnesota Hospital Association were used to calculate rates of hospital-treated sexual violence in Minnesota. The data were retrieved using the Minnesota Injury Data Access System (MIDAS). The uniform billing dataset includes about 95% of all hospital patients discharged in the state. Patients who received hospital care due to sexual violence were classified using specific codes from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). The ICD codes used to classify patients who received hospital care due to sexual violence were: "rape" (E960.1), "observation following alleged rape or seduction" (V71.5), "adult sexual abuse" (995.83), and "child sexual abuse" (995.53). Age-adjusted rates were calculated using the U.S. population as reported by the U.S Census Bureau. Geography data are based on location of the patient's self-identified residence.

Sexual violence is a serious issue and a heavy public health burden. There is no single data source for sexual violence. Information regarding sexual violence is collected from Uniform Crime Reporting (UCR), arrest records, ambulatory All Payers Claim Database (APCD), and self-report surveys. Victims of sexual violence may report to a hospital emergency department for a

forensic medical exam and a sexual assault evidence kit as well as other hospital services. Therefore, hospital discharge data are a useful, but incomplete, resource for sexual violence information.

Hospital discharge data does not provide a full picture for sexual violence in the state of Minnesota. From previous research, it is known that many victims do not present to a hospital following sexual violence (Adeniyi A, Seifert SJ, Holmes RM, Hagel DR, Roesler JR. Self-Reported Intimate Partner Violence and Sexual Violence in Minnesota. Saint Paul, MN: Minnesota Department of Health, January 2005). Specifically, rural victims are less likely than urban victims to go to the hospital. There are many other barriers to accessing hospital services. These barriers may include: insurance, transportation, language, immigration status, and fear of criminal justice or child protection services.

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