

Utah Health Status Update:

Sexual Violence

April 2008

Utah Department of Health

Sexual violence (SV) is defined as sexual activity that involves victims who do not consent, or who are unable to consent. There are different forms of SV¹ and not all consist of physical contact, for example being exposed to unwanted sexual situations. This can include voyeurism, pornography, or taking nude photos of a sexual nature. SV that consists of physical contact include rape, attempted rape, and unwanted sexual touching. Rape is defined as putting anything into the vagina, anus, or mouth. Unwanted sexual touching is defined as intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks.

According to the 2006 Utah Behavioral Risk Factor Surveillance System, 7.3% of adults experienced rape or attempted rape in their lifetime.² There were no significant differences in the lifetime prevalence of rape or attempted rape by race/ethnicity, employment status, locality, and education level. Although anyone can be a victim of SV, the lifetime prevalence of rape or attempted rape was significantly higher among women (1 in 8) than men (1 in 50) and among persons whose annual household income was less than \$15,000. The lifetime prevalence of rape or attempted rape was significantly lower among persons aged 65 years and older as well as persons who were married or widowed (Table 1). However, when age-adjusted, the difference in persons who were married or widowed diminishes. Furthermore, the prevalence of sexual violence victimization in the past 12 months was 3.0%. The prevalence was significantly higher among women (4.4%) and persons aged 18–24 (8.8%).

Perpetrators were usually known to the victim. They were current or former intimate partners (29.3%), friends (26.8%), acquaintances or coworkers (18.5%), relatives (14.2%), complete strangers (8.0%), and first dates or someone known for less than 24 hours (3.1%). Among female victims who experienced rape or attempted rape, 99.3% were victimized by a male. There was no difference in perpetrator gender for male victimization.

Sexual violence is linked to negative health behaviors. National research has shown that sexual violence victims are more likely than non-victims to smoke cigarettes, drink alcohol, and are not likely to use seat belts.³ In Utah, victims (19.4%) had a statistically higher prevalence of being a current smoker than non-victims (6.1%). Conversely, there were no significant differences in binge drinking, chronic drinking, or seat belt use among victims and non-victims (Figure 1).

Sexual violence affects the quality of life and may have lasting consequences for victims. Studies have shown that victims

Victims of Rape or Attempted Rape

Table 1. Percentage of adults with a lifetime history of rape or attempted rape by socioeconomic and demographic factors*, Utah, 2006

Characteristic	%	(95% CI**)
Overall	7.3	(6.2–8.3)
Sex		
Male	2.0	(1.3–2.8)
Female	12.4	(10.6–14.3)
Age Group		
18 to 24	9.5	(5.4–13.7)
25 to 34	7.4	(5.6–9.1)
35 to 44	8.3	(6.4–10.3)
45 to 54	7.7	(5.9–9.4)
55 to 64	6.6	(4.6–8.6)
65 and Over	2.2	(1.3–3.1)
Race/Ethnicity		
White, Non-Hispanic	7.4	(6.3–8.5)
Non-White or Hispanic	6.3	(3.7–8.9)
Annual Household Income		
<\$15,000	14.4	(8.9–19.8)
\$15,000–\$24,999	8.7	(5.4–11.9)
\$25,000–\$34,999	6.2	(3.7–8.7)
\$35,000–\$49,999	6.5	(4.3–8.7)
\$50,000+	6.8	(5.3–8.4)
Education Level		
Did Not Graduate High School	8.3	(3.4–13.1)
High School Graduate	6.8	(4.9–8.7)
Some College	8.6	(6.8–10.5)
College Graduate	5.8	(4.4–7.3)
Marital Status		
Married	5.2	(4.3–6.1)
Divorced/Separated	18.8	(14.3–23.3)
Widowed	4.0	(2.0–5.9)
Never Married	10.6	(6.9–14.3)
Employment Status		
Employed	6.9	(5.6–8.1)
Not Employed	7.9	(6.1–9.7)
Local Health District		
Bear River	8.0	(2.8–13.3)***
Central	6.1	(3.3–9.0)
Davis	7.5	(4.3–10.6)
Salt Lake	7.0	(5.6–8.4)
Southeastern	5.6	(2.2–9.1)***
Southwest	5.5	(2.2–8.7)***
Summit	5.2	(2.0–8.5)***
Tooele	9.6	(5.1–14.2)
TriCounty	7.9	(4.1–11.6)
Utah County	7.4	(4.1–11.6)
Wasatch	5.1	(2.2–7.9)
Weber-Morgan	8.5	(4.9–12.2)

*These socioeconomic and demographic factors are current and are not necessarily the same at the time of the rape or attempted rape.

**Confidence interval

***Use caution when interpreting the results. The estimate has a relative standard error of 30% or more.

may have strained relationships with family, friends, and intimate partners and typically get less emotional support from them.⁴ Victims also face immediate and chronic psychological problems such as withdrawal, distrust of others, alienation, post-traumatic stress disorder, denial, and fear.⁵ Consequently, when victims and non-victims were asked about their quality of life, victims had a significantly higher prevalence in reporting that they were not satisfied with life (11.4% vs. 3.3%), didn't receive the social and emotional support they need (27.2% vs. 12.5%), and were limited in activities because of physical, mental, or emotional problems (37.1% vs. 17.7%). Moreover, the prevalence of major depression was significantly higher among victims (13.7%) compared to non-victims (3.8%) (Figure 2). The prevalence of major depression was estimated using the Patient Health Questionnaire, a validated screening tool used to diagnose clinical depression.⁶

Some risk factors for perpetration include being male, witnessing or experiencing violence as a child, substance abuse, and being exposed to social norms that support sexual violence.⁷ Primary prevention (stopping sexual violence before it begins) that targets males is essential to finding an end to sexual violence. For information on sexual violence or for help, call the Utah 24-hour crisis line at 1-888-421-1100.

References:

¹ Basile KC, Slatzman LE. Sexual violence surveillance: uniform definitions and recommended data elements version 1.0. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2002. Available from URL: www.cdc.gov/ncipc/pubres/sv_surveillance/sv.htm

² Office of Public Health Assessment. Behavioral Risk Factor Surveillance System. Utah Department of Health 2006.

³ Koss MP, Koss PG, Woodruff W. Deleterious Effects of Criminal Victimization on Women's Health and Medical Utilization. Archives of Internal Medicine 1991; 151:342-57.

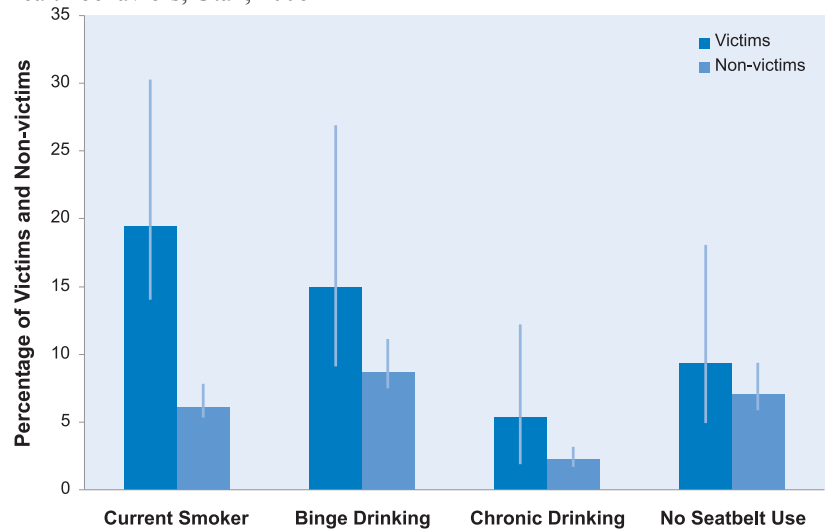
⁴ Golding JM, Wilsnack SC, Cooper ML. Sexual assault history and social support: six general population studies. Journal of Traumatic Stress. 2002;15(3):187-97.

⁵ Faravelli C, Giugni A, Salvatori S, Ricca V. Psychopathology after rape. American Journal of Psychiatry. 2004;161(8):1483-5.

⁶ Office of Public Health Assessment. Utah Health Status Update: Measuring Depression Among Utah Adults. April 2006.

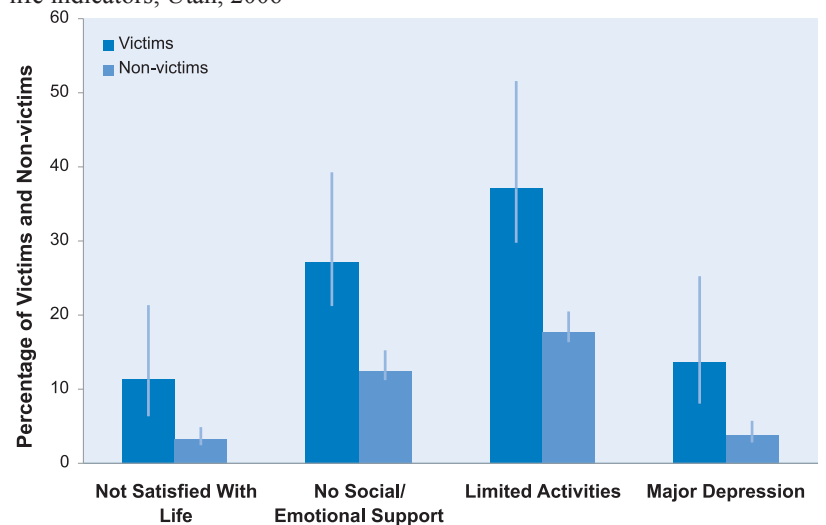
Negative Health Behaviors Among Victims

Figure 1. Percentage of sexual violence victims and non-victims by negative health behaviors, Utah, 2006



Quality of Life Among Victims

Figure 2. Percentage of sexual violence victims and non-victims by quality of life indicators, Utah, 2006



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⁷ Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. Understanding sexual violence fact sheet. 2007.

Breaking News, March 2008

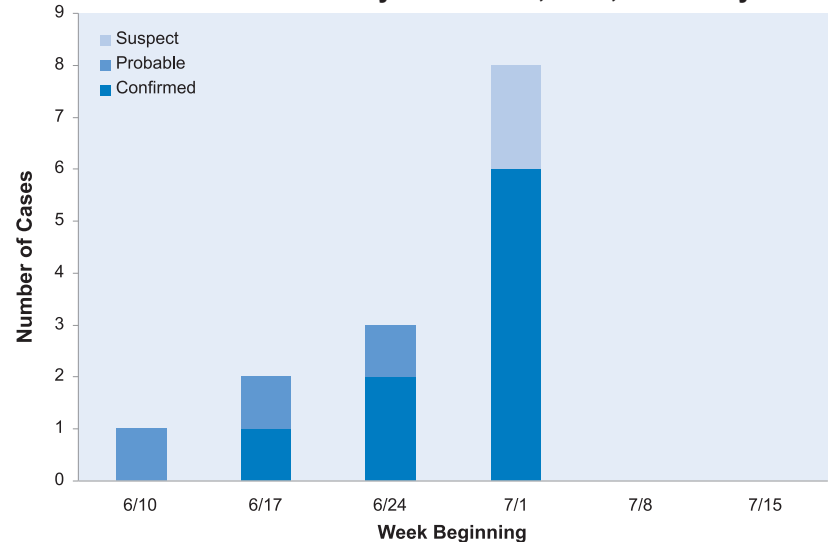
Tularemia Outbreak

Tularemia is a zoonotic disease, that is, a disease that is transmitted from vertebrate animals to humans. It is caused by the bacterium *Francisella tularensis*. Tularemia has been identified as a potential bioterrorism agent, but also occurs naturally in the U.S., including Utah. Animals most often affected include rodents, rabbits, and hares. People usually become infected through direct contact with an infected animal, or from a tick or biting fly that has fed on an infected animal. Tularemia is a serious illness and can be fatal if not treated with appropriate antibiotics.

On July 12, 2007, the Utah Department of Health (UDOH) was notified of a group of people who had become ill and had “bug bites” after attending an outdoor event at a lodge on the west side of Utah Lake. Further investigation by Salt Lake Valley Health Department (SLVHD) investigators led them to suspect tularemia, which was confirmed by testing at the Utah Public Health Laboratory.

Ultimately, 14 human cases of tularemia were identified with illness onset dates from June 15–July 5, 2007. Cases resided in 5 of Utah’s 12 health districts (SLVHD, Utah County, Southwest, Davis County, and Weber-Morgan Districts). An epidemiologic investigation identified insect bites, especially painful insect bites, as a risk factor for infection. Use of insect repellent was not protective against infection. Eleven of 12 rabbit carcasses collected from the area around the lodge tested positive for *F. tularensis*. In this outbreak, delays in diagnosis may have contributed to long-term health effects and substantial health care costs for some cases. The UDOH worked with the involved LHDs to develop educational materials that may be used to prevent human cases of tularemia in the future.

Number of Tularemia Cases by Onset Date, Utah, June–July 2007



Community Health Indicators Spotlight, March 2008

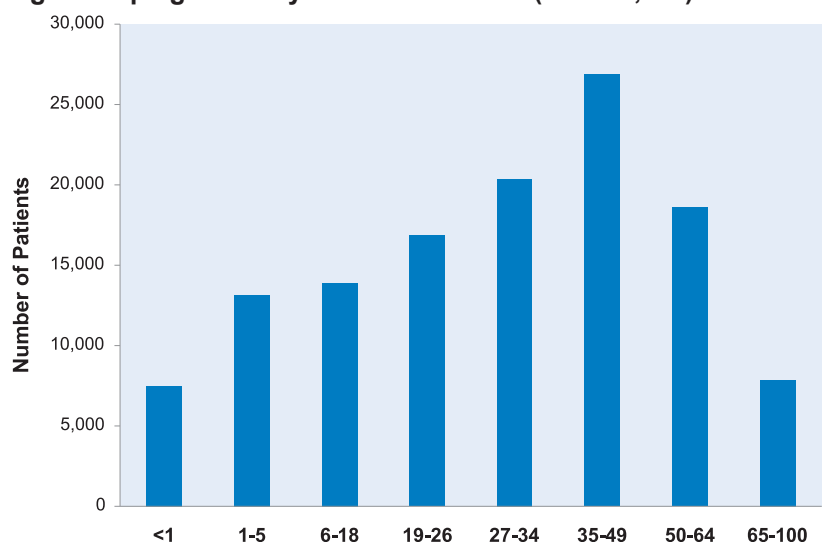
Utah’s Healthcare Safety Net

Utah is recognized as a healthy place to live, work, and raise a family. However, many Utahans are without health insurance coverage, and those on public coverage such as Medicaid and Medicare still have problems accessing healthcare.

UDOH is doing its part to keep our citizens healthy. Providing our citizens with access to appropriate and essential healthcare is one of our top priorities! Utah’s Healthcare Safety Net is just one way that the UDOH promotes healthy living. We believe that when people have good information they will be able to make good choices about their healthcare. UDOH regularly holds Healthcare Safety Net Summits—meetings where the group of statewide providers (medical, dental, and mental health) meet to discuss pertinent issues, get to know each other, educate each other, and work in collaboration. In addition to improving access, healthcare data collection has been a priority.

Please, browse the Healthcare Safety Net Web site at www.health.utah.gov/safetynet/ to find a healthcare provider, healthcare information, educational information, and initiatives. Join us in our goal to achieve a healthy Utah where all can live, grow, and prosper in a clean, safe community.

Age Grouping of Safety Net Patients 2006 (N = 124,973)



Monthly Health Indicators Report

(Data Through February 2008)

Monthly Report of Notifiable Diseases, February 2008	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	16	11	34	27	1.3
Enterotoxigenic Escherichia coli (E. coli)	0	2	3	6	0.5
Hepatitis A (infectious hepatitis)	1	2	2	4	0.5
Hepatitis B (serum hepatitis)	2	1	3	4	0.8
Influenza [†]	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Measles (Rubeola, Hard Measles)	0	0	0	0	--
Meningococcal Diseases	0	2	3	2	1.4
Norovirus	1	1*	8	4*	2.1
Pertussis (Whooping Cough)	37	32	74	53	1.4
Salmonellosis (Salmonella)	22	14	41	28	1.5
Shigellosis (Shigella)	0	5	2	7	0.3
Varicella (Chickenpox)	80	88*	173	175*	1.0
Viral Meningitis	4	4	7	9	0.8

Notifiable Diseases Reported Quarterly, 4th Qtr 2007	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV	26	24	91	86	1.1
AIDS	10	11	39	45	0.9
Chlamydia	1,560	1,241	5,685	4,187	1.4
Gonorrhea	205	186	800	600	1.3
Tuberculosis	11	8	39	34	1.2

Program Enrollment for the Month of February 2008	Current Month	Previous Month	% Change ^s From Previous Month	1 Year Ago	% Change ^s From 1 Year Ago
Medicaid	159,338	159,018	+0.2%	162,456	-1.9%
PCN (Primary Care Network)	19,164	19,015	+0.8%	15,602	+22.8%
CHIP (Children's Health Ins. Plan)	31,760	31,225	+1.7%	29,312	+8.4%

Medicaid Expenditures (in Millions) for the Month of February 2008	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 1.7	\$ 9.0	\$ 59.7	\$ 63.0	(\$ 3.2)
Inpatient Hospital	\$ 18.2	\$ 16.3	\$ 129.1	\$ 127.6	\$ 1.5
Outpatient Hospital	\$ 7.7	\$ 6.7	\$ 52.7	\$ 52.7	(\$ 0.1)
Long Term Care	\$ 16.5	\$ 16.5	\$ 123.3	\$ 129.0	(\$ 5.8)
Pharmacy	\$ 10.7	\$ 10.5	\$ 82.7	\$ 89.1	(\$ 6.4)
Physician/Osteo Services [‡]	\$ 5.1	\$ 5.5	\$ 42.0	\$ 42.8	(\$ 0.7)
TOTAL HCF MEDICAID	\$ 108.4	\$ 121.5	\$ 955.2	\$ 984.9	(\$ 29.7)

Health Care System Measures	Number of Events	Rate per 100 Population	% Change ^s From Previous Year	Total Charges in Millions	% Change ^s From Previous Year
Overall Hospitalizations (2006)	272,404	9.9%	-0.9%	\$ 3,874.8	+10.7%
Non-maternity Hospitalizations (2006)	161,398	5.7%	-2.5%	\$ 3,235.3	+11.0%
Emergency Department Encounters (2006)	670,168	24.7%	-1.3%	\$ 667.2	+20.6%
Outpatient Surgery (2005)	308,300	11.7%	-0.5%	\$ 947.7	+12.1%

Annual Community Health Measures	Current Data Year	Population at Risk	Number Affected	Percent/Rate	% Change ^s From Previous Year
Overweight and Obesity (Adults 18+)	2007	1,861,147	1,077,600	57.9%	+5.5%
Cigarette Smoking (Adults 18+)	2007	1,861,147	217,800	11.7%	+19.4%
Influenza Immunization (Adults 65+)	2007	227,928	173,700	76.2%	+5.7%
Health Insurance Coverage (Uninsured)	2007	2,699,554	287,200	10.6%	-10.4%
Motor Vehicle Crash Injury Deaths	2006	2,582,371	296	11.5 / 100,000	-0.7%
Suicide Deaths	2006	2,582,371	357	13.8 / 100,000	+1.6%
Diabetes Prevalence	2007	2,699,554	127,000	4.7%	+15.0%
Coronary Heart Disease Deaths	2006	2,582,371	1,563	60.5 / 100,000	-2.3%
All Cancer Deaths	2006	2,582,371	2,600	100.7 / 100,000	+1.4%
Births to Adolescents (Ages 15-17)	2006	58,992	981	16.6 / 1,000	+5.9%
Early Prenatal Care	2006	53,475	42,237	79.0%	+0.3%
Infant Mortality	2006	53,475	269	5.0 / 1,000	+12.2%
Childhood Immunization (4:3:1:3:3)	2006	51,016	41,000	80.4%	+8.5%

* Due to limited historical data, the average is based upon 4 years of data for norovirus, varicella, and West Nile virus infections.

† Influenza activity has peaked in Utah for the 2008-09 influenza season. As of March 13, 2008, 323 influenza-associated hospitalizations have been reported to the UDOH. More information can be found at <http://health.utah.gov/epi/diseases/flu>.

§ % Change could be due to random variation.

‡ Medicaid payments reported under Physician/Osteo Services do not include enhanced physician payments.

Note: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile Virus has ended until the 2007 season.