

NR 602 Week5 Sexual Assault Paper

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Abstract

Sexual- and gender-minority (e.g., lesbian, gay, bisexual, and transgender) undergraduate students are at greater risk for sexual assault victimization than their cisgender (i.e., nontransgender) heterosexual peers. However, few studies have examined how social environments affect sexual assault victimization among sexual- and gender-minority undergraduate students. Nevertheless, this research area was identified as a priority by the Institute of Medicine as well as President Barack Obama's White House Task Force to Protect Students From Sexual Assault. Therefore, we tested the association between college campuses' inclusion of [sexual- and gender-minority people and experiences of sexual assault](#) victimization.

Cross-sectional surveys were completed by sexual- and gender-minority undergraduate students (N = 1,925) from higher education institutions in all 50 U.S. states in 2010. Our dependent variable was experiencing sexual assault victimization at college. Our primary independent variable was campus climate, measured with items assessing perceived inclusion of sexual- and gender-minority people and witnessing sexual- or

gender-minority harassment. We used multivariable logistic regression with generalized estimating equations (accounting for the clustering of students within schools) to estimate the association between campus climate and experiencing sexual assault victimization.

Overall, 5.2% of the sample reported ever being victims of sexual assault at college. Controlling for [sexual orientation](#), gender identity, race/ethnicity, and year in school, greater perceived inclusion of sexual- and gender-minority people on campus was associated with significantly lower odds of experiencing sexual assault victimization. Our study suggests that improving campus climate for sexual- and gender-minority individuals may reduce their prevalence of college sexual assault, which has potential implications for college practitioners and administrators as well as sexual assault prevention programs and policies.

Victims With Past Sexual Assault

Every day hundreds of people in the United States are affected by sexual assault. What is sexual assault? Sexual assault is defined as when a person is forced to engage in sexual act, or a person is touched, unwantedly kissed, or raped by another person (The American College of Obstetricians and Gynecologists, 2014). Sexual assault has overwhelming effect on women. Victims of sexual assault are at risk of mental health conditions such as posttraumatic stress disorder, anxiety, and depression.

Reproductive aged women may suffer in unintended pregnancy, and/or sexually transmitted infections. Victims tend to involve themselves in high risk behaviors such as substance abuse. Victims may use alcohol or drugs to dull their emotional suffering and

pain. Healthcare providers play a key role in treating victims of sexual assault, however, they can also take part in educating, preventing and helping decrease the after effects of sexual assault for the victims.

Background & Statistics

According to RAINN (2019), 1.3 million rapes against women occur annually. Only 230 out of every 1,000 sexual assaults are reported to police (UCR publications, 2018). That means about 3 out of 4 go unreported. In Pennsylvania, in 2016, there were 4,444 rape offenses reported (Pennsylvania Uniform Crime Reporting System, 2016). On an average of 12 rapes each day, or one rape every 1 hour and 58 minutes (Pennsylvania Uniform Crime Reporting System, 2016).

This is an increase of 7.6 percent from the 4,132 offenses reported in the year of 2015. The rape rate is 34.8 per 100,000 population. Sexual assault against women can cause adverse mental and physical health problems. Any kind of abuse or violence not only affects women involved but also their families, children and community as a whole (U.S. Department of Health and Human Services, 2019). The effects of rape or sexual assault can harm individual health, ability to function in their daily life affecting lost work and homelessness (U.S. Department of Health and Human Services, 2019).

Socio-Economic Aspects

In United States, the cost of rape is \$122,461 per victims (Peterson, DeGue, Florence and Lokey, 2017). There is a medical cost of \$1.2 trillion; work productivity loss of \$1.6 trillion which is divided among the victims and perpetrators in the United States alone (Peterson, et al., 2017).

The total cost of rape took into account “attributable impaired health, lost productivity, and criminal justice costs from a societal perspective” (Peterson et al., 2017, 1), but did not include a “monetized version of victim’s pain and suffering” (Peterson et al., 2017, 8). The above-mentioned costs only include the expenses for rape victims, doesn’t include any other forms of sexual assault. The expenses acquired for other sexual assault is assumed to be lower than cost acquired for rape victims in most cases.

In the United States, financial burden comes along with emotional burden for women suffering a sexual assault. Victims are billed to pay part of their medical cost. Private insurance companies pay only 86% of medical costs for the victims. Victims are billed on average \$950 to pay towards medical bills (Tennessee, Bradham, White, & Simpson, 2017).

The Violence Against Women Act passed in 1994 under the umbrella of HR 3355, reauthorized in 2000, 2005, and 2013 was amended to prevent the victims of sexual assault from being billed for forensic collection costs which is known as rape kits and hospital copays (Tennessee, et al., 2017). [Hospital billing procedure for privately insured rape victims](#) is same as privately non-rape victim patients. Rape victims may be billed for the medical services that aren’t part of the forensic tests under specific state law.

Social Justice

It is beyond question that sexual assault victims may suffer from financial stress as devastating as their emotional and physical trauma. There is a crime victim compensation program across the country which offers financial help to victims of violent crime. In Pennsylvania State, Pennsylvania Commission on Crime and

Delinquency offers the victims a compensation assistance program (Pennsylvania Commission on Crime and Delinquency, n.d.).

Pennsylvania law, 18 Pa. C.S. § 11.707, helps victims financially by not charging them with any cost of medical services provided to sexually assaulted women (Pennsylvania Commission on Crime and Delinquency, n.d.). The victim of a sexual offense can take advantage of the Victims Compensation Assistance Program (VCAP) without filling a report or talking to any law enforcement officers (Pennsylvania Commission on Crime and Delinquency, n.d.). VCAP will help pay any medical cost or medication cost acquired due to sexual assault (Pennsylvania Commission on Crime and Delinquency, n.d.).

The trauma to victims' effects whole community in general. The community loses a workable member for the period of time which can be as little as a month to lifetime. As sexually assaulted victims are emotionally broken and traumatized, can be helped through the compensation program to ease the financial stress. In return, hoping that it would reduce the extent of emotional burden, economic and social loss to the community.

In other aspects, the use of available resources varies from different ethnic groups, races, and beliefs. Research indicated that there are the highest number of reported cases of White women sexually assaulted and there is a very small number of cases of Asians women reported (Robinson, 2015).

Ethnicity, cultural beliefs and race plays important role in seeking help, and reporting sexual assault. [Ethnic minority](#) victims report more undesired social reactions from

others than do White victims. Therefore, there is possibility of ethnic minority women to less likely report sexual assault, and seek medical care, support, and different intervention which are available to prevent adverse health outcomes.

There is inconsistency for [minority women in the healthcare](#) field and law enforcement field. Inconsistency is created due to lack of awareness, lack of understanding of the legal system, and not knowing the availability of resources in minority women. Therefore, minority women are more reluctant to report being sexually assaulted (Robinson, 2015).

Ethical Issues

Healthcare providers have to overcome many legal and ethical dilemmas when providing care to sexually assaulted victims. There are many ethical considerations that should be taken into consideration when caring for sexually assaulted victims. The World Health Organization indicated ethical guidelines and practices when dealing with sexually assaulted victims. Key element of the WHO guideline and practice is providing a safe environment and maintaining confidentiality of victims (World Health Organization, 2016). Other most important considerations should be that the dignity of the victim is maintained by ensuring minimal exposure and distress.

Person working with sexual assault victims such as healthcare providers, law enforcement officers, researchers, or social workers need to have special education or training in providing care/service to sexually assaulted victims. Healthcare workers need to set aside their personal beliefs, they should be free from bias or prejudices and

maintain high ethical standards when working with victims of sexual assault (World Health Organization, 2016).

The autonomy, beneficence, non-maleficence, and justice or fairness are the four-fundamental pillars of [medical ethics code](#) which needs to be in place when dealing with these victims. Being compassionate, sensitive to victims' wishes, and needs would make victims feel safe. Providing support in this difficult time should be a priority.

Plan

Most primary care nurse practitioners would see sexually assaulted women for follow-up care and routine care. Family nurse practitioners are not one which will provide immediate care to females as it would be provided in an acute care setting. However, family nurse practitioners would be the first one to see the children and young adults who may become a victim of sexual assault or may one day commit rape.

Therefore, as family nurse practitioner, who is going to be primary care providers and interacts with patients in multiple stages of life should provide education and guidance towards sexual assault. As primary practitioners, dealing with both ends of spectrum – victims and perpetrators, we hold a unique position to influence the rape culture. One of the first steps we can take as family nurse practitioners is that we can provide education.

Educating the patient especially children and young adults as to what consent is. In Pennsylvania, statutory definition of sexual assault is “a person commits a felony of the second degree when that person engages in sexual intercourse or deviate sexual

intercourse with a complainant without the complainant's consent 18 Pa.C.S.A. § 3121 (RAINN, 2016).” It is important to educate them that it is okay to say “NO” or refuse or fight against them when a person feels forced into any kind of sexual act.

The primary care providers can assess or screen for patient who has suffered sexual assault. Primary care providers can screen women and young girls, and provide education, give information towards resources available to help them to cope with sexual trauma. Trust and confidentiality it is vital for the family nurse practitioner when caring for sexual assault victims or survivor. It is important to follow a fundamental [code of ethics](#).

By building strong rapport and trust, nurse practitioners can provide victim emotional help, medical help, and psychosocial help and also provide aid in legal aspects. The crucial aspect is to never blame the victim or allow the personal experiences or biases influence the care provided to the victims.

Conclusion

Sexual assault of women is a global problem. Sexually assaulted victims are affected emotionally, and physically. They are traumatized by the incident. Caring for sexually assaulted women required compassion, sensitivity, and patience. There are multiple factors which affects women to not seek help or medical care after sexual assault. Personal, cultural, environmental factors play key role in victims seeking help or reporting sexual assault to law enforcement.

As a family nurse practitioner, it is our role to educate women on the available resources and recommend medical care after a sexual assault. As a primary care provider, we can

shape the community, influence the members of community, and we can help build an environment which can lower the occurrence of sexual assault. Nurse practitioners can inform the community in whole about the resources/care available for the victims. Provide support to process the [trauma and help survivors](#) to heal

References

Pennsylvania Commission on Crime and Delinquency (n.d.) Victims Compensation Assistance

Program. Retrieved from [https://www.pccd.pa.gov/Victim-Services/Pages/Victims-Compensation-Assistance-Program-\(VCAP\).aspx](https://www.pccd.pa.gov/Victim-Services/Pages/Victims-Compensation-Assistance-Program-(VCAP).aspx)

Pennsylvania Uniform Crime Reporting System (2016). Annual report. Retrieved from <http://www.paucrs.pa.gov/UCR/Reporting/Annual/AnnualFrames.asp?year=2016>

Peterson, C., DeGue, S., Florence, C., & Lokey, C. N. (2017). Research Article: Lifetime Economic Burden of Rape Among U.S. Adults. American Journal of Preventive Medicine, 52, 691–701. Retrieved from <https://doi-org.chamberlainuniversity.idm.oclc.org/10.1016/j.amepre.2016.11.014>

RAINN. (2019). Scope of the problem: Statistics. Retrieved from <https://www.rainn.org/statistics/scope-problem>

RAINN. (2018). Criminal Justice System: Statistics. Retrieved from <https://www.rainn.org/statistics/criminal-justice-system>

RAINN. (2016). Consent laws. Retrieved from <https://apps.rainn.org/policy/compare/consent-laws.cfm>

Robinson, D. (2015). Ethnic differences in the experiences of sexual assault victims. Applied

Psychology OPUS. Retrieved from

<https://steinhardt.nyu.edu/appsyh/opus/issues/2015/spring/robinson>

Tennessee, A. M., Bradham, T. S., White, B. M., & Simpson, K. N. (2017, Jun). The monetary

cost of sexual assault to privately insured US women in 2013. American Journal of Public Health, 107(6), 983-988. doi:10.2105/AJPH.2017.303742

The American College of Obstetricians and Gynecologists. (2014). Committee opinion no. 592.

Obstet Gynecol, 123, 905-909. Retrieved from

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Sexual-Assault>

UCR Publications. (2018). Crime in the United States. Retrieved from

<https://www.fbi.gov/services/cjis/ucr/publications>

U.S. Department of Health and Human Services (2019). Health effects of Violence.

Retrieved

from

<https://www.womenshealth.gov/relationships-and-safety/effects-violence-against-women>

World Health Organization. (2016). Ethical and safety recommendations for intervention research on violence against women. Geneva: WHO Press. Retrieved from

<http://apps.who.int/iris/bitstream/10665/251759/1/9789241510189-eng.pdf?ua=1>

World Health Organization. (2017). Violence against women. Retrieved from

<http://www.who.int/mediacentre/factsheets/fs239/en/>