

Health, Recovery & the impact of Social Support after Sexual Assault

A Norwegian Perspective

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Topic

- What are the potential health consequences of sexual assault?
- What role does social support play in the healing process?
- How to recover from the trauma of sexual assault?

Sexual assault in Norway

- It is estimated that 9,4% of women and 1,1% of men are victims of rape, and 1 in 3 women and 1 in 10 men will experience some form of sexual abuse during their lifetime.
- Nearly half of the women (49%) who report being raped experienced the assault before the age of 18.
- Only 11% of rape victims seek medical help immediately after the assault.
- Nearly one third (29%) never tell anyone about the assault.

Thoresen & Hjemdal (2014)

Mental health consequences

- Victims of violence and rape report a poorer state of mental health compared to non-victims.
- There is a clear link between the amount of violence categories victims were exposed to and level of mental health problems.
- Victims report higher levels of mental health problems such as depression, anxiety and post traumatic stress reactions .

Thoresen & Hjemdal (2014)

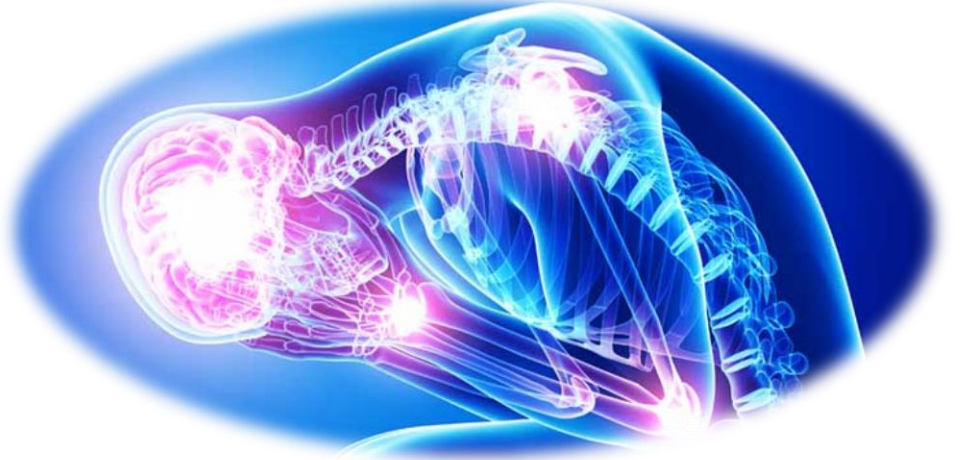
Studies show

Approximately half of rape victims meet the criteria for post traumatic stress disorder (PTSD) or depression six months after the assault

Tiihonen, 2015

Physical health problems

- Physical injuries
- Headache
- Nausea
- Back and neck pains
- Pelvic pains
- Digestion problems
- Sexually transmittable diseases



*Stein et.al. 2004;
Garcia-Moreno et.al.
2013*

Potential long term consequences

- Depression and anxiety
- PTSD
- Substance abuse
- Self harm
- Suicidal thoughts
- Eating disorders
- Drop out of school or absence from work
- Isolation and trust issues
- Violent or aggressive behavior
- Increased risk of revictimization



*Dyregov, 2008; Resnick et.al.
2012*

Prior research on health consequences

- Studies following victims over time have had a low response rate and high drop-out
- Although we know much about potential health consequences, we still know little about the occurrence of conditions other than PTSD.
- Little knowledge about whether help services actually meet the victims needs

Campbell, Sprauge & Sullivan (2011)

Friends & Family



Therapy



Local doctor

Help services and systems in Norway

HELP



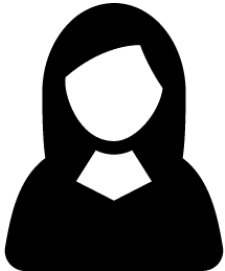
Sexual Assault Center
(ER/Hospital)



Crisis Center



Support Center for Rape Victims



Police



Lawyer



Dismissal



Court



Restorative Justice



State Compensation

Social support

- Social support is one of the key factors in retrieving good health after sexual assault (*Brewin, Andrews og Valentine, 2000*)
- Victims receive mixed reactions from their social network (*Ullmann et.al.2010*)
- Lack of support can lead to isolation (*Aakvaag og Strøm, 2019*)
- Lack of support can create barriers to seeking professional help or reporting to police (*Aakvaag og Strøm, 2019; Østby og Stefansen, 2017*)
- Receiving negative reactions can be more harmful than not receiving any support at all (*Campbell, Ahrens, Sefl, Wasco og Barnes, 2001*)

In a recent study

Rape victims said:

- 1) They did not receive sufficient information about how and where to get help
- 2) That professional caregivers lacked knowledge about rape trauma reactions and effective therapeutic interventions
- 3) That their social network (friends and family) did not get any advice on how to support the victim

Arntzen (2019)

Recovery

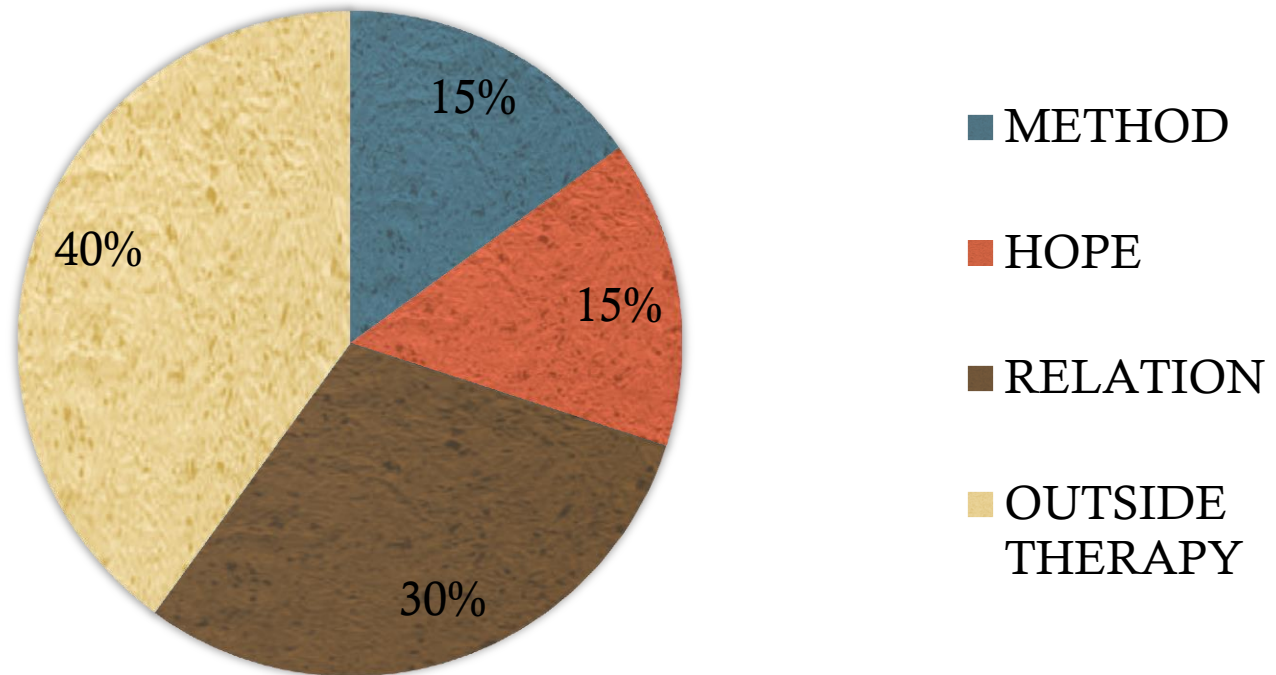


Therapeutic interventions

- Previous studies indicate that cognitive behavioral interventions, exposure interventions and eye movement desensitization (EMDR) are effective at improving mental health
- BUT statistical tests of comparative effectiveness did not demonstrate that one intervention was significantly more effective than another.
- "All treatment is better than no treatment"?
- More research is needed

Parcesepe et.al. 2015

Improvement? Factors in therapy



Lambert, 1992

How can helpers increase health prognosis?

- Create safe environments to increase chances that victims expose their experiences
- Let them know we believe and support them
- Educate ourselves on common reactions and latest research on therapeutic interventions
- Develop institutions so that they meet victims needs for help and support
- Increase public knowledge about help services
- Offer support and advice to the victims social network

Thank you for listening!

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Resources

- Aakvaag, H. F. og Strøm, I. F. (Red.). (2019) Vold i oppveksten: Varige spor? En longitudinell undersøkelse av reviktimisering, helse, rus og sosiale relasjoner hos unge utsatt for vold i barndommen (Nasjonalt kunnskapssenter om vold og traumatisk stress nr. 1/2019) Oslo: Nasjonalt kunnskapssenter om vold og traumatisk stress
- Ahrens C. E., Cabral G. Og Abeling S. (2009) Healing or Hurtful: Sexual Assault Survivors' Interpretations of Social Reactions from Support Providers. *Psychology of Women Quarterly*, 33 (1), 81–94. <https://doi-org.ezproxy.hioa.no/10.1111/j.1471-6402.2008.01476.x>
- Ahrens, C. E., Stansell, J. og Jennings, A. (2010) To tell or not to tell: The impact of disclosure on sexual assault survivors' recovery. *Violence and Victims*, 25 (5), 631-648.
- Andrews, B., Brewin, C. R. og Rose, S. (2003) Gender, Social Support and PTSD in Victims of Violent Crime. *Journal of Traumatic Stress*, 16 (4), 421 – 427.
- Arntzen, L. (2019) Sosial støtte etter voldtekt: Buffer eller byrde? En kvalitativ studie om opplevd sosial støtte for kvinner som har vært utsatt for voldtekt. Masteroppgave. Oslo: Oslo Metropolitan University
- Campbell, R., Sprauge, H. B. & Sullivan, C. M. (2011) Longitudinal Research With Sexual Assault Survivors: A Methodological Review. *Journal of Interpersonal Violence*

Resources

- Campbell R, Ahrens CE, Sefl T, Wasco SM, Barnes HE. (2001). Social reactions to rape victims: healing and hurtful effects on psychological and physical health outcomes. *Violence and Victims*, 16 (3), 287-302.
- Dahl, S. (1993). Rape – A hazard to health. Oslo: Universitetsforlaget
- Dyregrov, A. (2008) *Voldtekt – vanlige reaksjoner*. Bergen: Senter for krisepsykologi.
- Garcia-Moreno, C., Pallitto, C., Devries, K., Stockl, H., Watts, C., & Abrahams, N. (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: Department of Reproductive Health and Research, World Health Organization
- Lambert, M.J. (1992). Implications of Outcome Research for Psychotherapy Integration. I: Norcross J.C. & Goldfried, M.R. (red.). *Handbook of Psychotherapy Integration*. New York: Basic
- Parcesepe, A. M., Martin, S., Pollock M. D. & Garcia-Moreno, C. (2015) The effectiveness of mental health interventions for adult female survivors of sexual assault: A systematic review. *Aggression and violent behavior*.
- Resnick, H. S. et.al. (2012) Assault related substance use as a predictor of substance use over time within a sample of recent victims of sexual assault. *Addictive Behaviors* 2012;37:914-92

Resources

- Smith, C. P. & Freyd, J. J. (2014) Institutional Betrayal. *American Psychologist*, 69(6), 575-587
- Stein, M. B. Et.al. (2004) Relationship of sexual assault history to somatic symptoms and health anxiety in women. *General Hospital Psychiatry*. 2004;26:178-183
- Tiihonen. A. M. (2015) Consequences of rape: injuries, posttraumatic stress, and neuroendocrinological changes. Avhandling. Stockholm: Karolinska Institutet
- Trickett, P. K., Noll, J. G., & Putnam, F. W. (2011). The impact of sexual abuse on female development: lessons from a multigenerational, longitudinal research study. *Dev Psychopathol*, 23(2), 453-476. doi:10.1017/S0954579411000174
- Thoresen, S. og Hjemdal, O. K. (Red.). (2014). *Vold og voldtekt i Norge. En nasjonal forekomststudie av vold i et livsløpsperspektiv* (Nasjonalt kunnskapssenter om vold og traumatisk stress nr. 1/2014) Oslo: Nasjonalt kunnskapssenter om vold og traumatisk stress
- Ullman, S. E., & Brecklin, L. R. (2003). Sexual assault history and health-related outcomes in a national sample of women. *Psychology of Women Quarterly*, 27(1), 46-57.
- Ullman, S. E., Foynes, M. M. og Tang, S. S. S. (2010). Benefits and Barriers to Disclosing Sexual Trauma: A Contextual Approach. *Journal of Trauma and Dissociation*, 11 (2), 127 – 133.
- Østby, L. og Stefansen, K. (2017) Nettverkets betydning etter seksuelle overgrep. *Tidsskrift for psykisk helsearbeid*, 14 (3), 210 – 220.