

ӘЛЕУМЕТТІК-ГУМАНИТАРЛЫҚ ҒЫЛЫМДАР /
СОЦИАЛЬНО-ГУМАНИТАРНЫЕ НАУКИ / SOCIAL AND HUMAN SCIENCES

DOI 10.54596/2958-0048-2023-1-34-46

UDC 616.891.7

IRSTI 15.21.41

IMPACT OF SEXUAL VIOLENCE ON MENTAL HEALTH OF WOMEN:
A QUALITATIVE SYSTEMATIC REVIEW

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Abstract

Women who had ever assaulted sexually encounter mental health sequelae and are in a greater risk of developing variety of diagnoses, such as post-traumatic stress disorder and others. Mental health consequences closely related to characteristics of victims and assault, disclosures, help-seeking, and with the sociocultural factors in its broad meaning. Aim was to reveal different aspects in progress of spectrum of mental health disorders by thematic synthesis of qualitative literature on experiences of survivors and to reveal what are barriers to and facilitators of recovery.

The whole process of identifying data encompass two processes. A mapping exercise and an in-depth review. All remaining data was reviewed in two steps: quality assessment and data extraction. Thematic synthesis is reached by investigating descriptive themes emerged before, and answering review questions. After all, all descriptive themes were framed into ecological model to ease explanations.

After reviewing 3 databases and other reliable sources only 6 studies were revealed. All were included into further analysis. 11 subthemes and 2 themes were emerged, which were in causal relationships.

This study has revealed that survivors of sexual violence pass through several branches of understanding the fact of rape, which include characteristics of assault itself, distancing, vulnerability, neglecting problem, reaction of family and society. After appreciation of all these factors comprehension of what happened come to their minds. Whereas it comes with whole set of consequences such as the range of mental health problems, social impairment, development of coping strategies, powerlessness, indecision to disclose and help-seeking.

During analysis barriers and facilitators of recovery, such as different coping strategies, impact of disclosure to either formal or informal sources and influence of society in general were evaluated. This problem can be addressed on multiple levels. Recommendations are given.

Key words: sexual violence against women, mental health, thematic synthesis, acceptance of the fact of being raped, barriers of recovery from sexual violence, facilitators of recovery from sexual violence.

ӘЙЕЛДЕРДІҢ ПСИХИКАЛЫҚ ДЕНСАУЛЫҒЫНА ЖЫНЫСТЫҚ ЗОРЛЫҚ-
ЗОМБЫЛЫҚТЫҢ ӘСЕРІ: САПАЛЫ ЖҮЙЕЛІ ШОЛУ

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Аңдатпа

Бұрын-соңды жыныстық зорлық-зомбылыққа ұшыраған әйелдерде психикалық денсаулыққа тиген зардап салдары кездеседі және жарақаттан кейінгі стресстік ақаулар және басқа да диагноздардың даму қаупі жоғары. Психикалық денсаулықтың зардабының нәтижелері құрбан мен шабуылдың сипаттамаларына, қоғамға ашулуға, көмекке жүгінуге және жалпы әлеуметтік-мәдени факторларға тығыз

байланысты. Мақсатым аман қалған әйелдердің тәжірибесі туралы сапалық зерттеулерді тақырыптық синтездеу арқылы психикалық бұзылулар спектрінің дамуының әртүрлі аспектілерін анықтау және қандай факторлар қалпына келуге кедергі келтіретінін және ықпал ететінін анықтау болды.

Деректерді сәйкестендірудің бүкіл процесі екі процесті қамтиды. Қарталау процесі және терең шолу. Әрі қарай деректер екі кезеңде қарастырылды: сапаны бағалау және деректерді алу. Тақырыптық синтез процесіте анықталған сипаттамалық тақырыптарды зерттеу және зерттеу сұрақтарына жауап беру арқылы қол жеткізіледі. Соңында түсіндіруді жеңілдету үшін барлық сипаттамалық тақырыптар экологиялық үлгіде құрастырылды.

3 дерекқорды және басқа сенімді дереккөздерді қарап шыққаннан кейін тек 6 зерттеу жұмысы анықталды. Олардың барлығы келесі сатыға өтті. Себеп-салдар байланысында болатын 11 тақырыпша және 2 тақырып анықталды.

Бұл зерттеуде сексуалдық зорлық-зомбылықтан аман қалғандар зорлау фактісін қабылдау жолында бірнеше аспекті бар екенін көрсетті. Яғни зорлықтың қалай болғаны, алшақтау, осалдық, мәселені елемей, отбасы мен қоғамның көз-қарасын қамтиды. Осы факторлардың барлығын бағалағаннан кейін олар ең соңында бастарынан не өткенін түсінеді. Бұл психикалық денсаулық мәселелері, әлеуметтік бұзылулар, күресу стратегияларын әзірлеу, дәрменсіздік, ашылудан тартыну және көмек сұрау сияқты бірқатар салдармен бірге жүреді.

Талдау әртүрлі күрес стратегиялары, ресми немесе бейресми дереккөздерге ақпаратты ашудың әсері және тұтастай алғанда қоғамның әсері сияқты қалпына келтіруге ықпал ететін кедергілер мен факторларды бағаладым. Бұл мәселені бірнеше деңгейде шешуге болады. Ұсыныстар берілген.

Түйінді сөздер: әйелдерге қатысты жыныстық зорлық-зомбылық, психикалық денсаулық, тақырыптық синтез, зорлау фактісін қабылдау, зорлық-зомбылықтан айығуға кедергілер, жыныстық зорлық-зомбылықтан айығуға ықпал ететін факторлар.

ВЛИЯНИЕ СЕКСУАЛЬНОГО НАСИЛИЯ НА ПСИХИЧЕСКОЕ ЗДОРОВЬЕ ЖЕНЩИН: КАЧЕСТВЕННЫЙ СИСТЕМАТИЧЕСКИЙ ОБЗОР

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Аннотация

Женщины, которые когда-либо подвергались сексуальному насилию, сталкиваются с последствиями для психического здоровья и подвергаются большему риску развития различных диагнозов, таких как посттравматическое стрессовое расстройство и другие. Последствия для психического здоровья тесно связаны с характеристиками потерпевших и нападения, раскрытием информации, обращением за помощью, а также с социокультурными факторами в широком смысле. Цель состояла в том, чтобы выявить различные аспекты развития спектра психических расстройств путем тематического синтеза качественной литературы об опыте выживших и выявить, какие факторы мешают и способствуют выздоровлению.

Весь процесс идентификации данных включает в себя два процесса. Процесс картирования и углубленный обзор. Далее данные были рассмотрены в два этапа: оценка качества и извлечение данных. Тематический синтез достигается путем изучения описательных тем, выявленных в процессе, и ответов на вопросы исследования. В конце концов, все описательные темы были оформлены в экологическую модель для облегчения объяснений.

После просмотра 3 баз данных и других надежных источников было выявлено только 6 исследований. Все они были включены в дальнейший анализ. Выявлено 11 подтем и 2 темы, которые находились в причинно-следственных отношениях.

Это исследование выявило, что пережившие сексуальное насилие проходят через несколько ветвей понимания факта изнасилования, которые включают характеристики самого нападения, дистанцирование, уязвимость, игнорирование проблемы, реакцию семьи и общества. После оценки всех этих факторов к ним приходит осознание того, что произошло.

В то время как это сопровождается целым рядом последствий, таких как проблемы с психическим здоровьем, социальные нарушения, развитие стратегий преодоления, бессилие, нерешительность раскрыться и обращение за помощью.

В ходе анализа были оценены препятствия и факторы, способствующие выздоровлению, такие как различные стратегии выживания, влияние раскрытия информации на формальные или неформальные источники и влияние общества в целом. Эта проблема может решаться на нескольких уровнях. Даны рекомендации.

Ключевые слова: сексуальное насилие в отношении женщин, психическое здоровье, тематический синтез, принятие факта изнасилования, препятствия на пути к восстановлению после насилия, факторы, способствующие восстановлению после сексуального насилия.

Introduction

Sexual violence is one of the most common crimes against women and it is defined as any sexual act, attempt to have sex through compulsion and abuse, ranging from forcible rape to non-physical forms of pressure (Ellsberg & Heise, 2005; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Referring to WHO Multi-country Study on Women's Health and Domestic Violence against Women, which was provided in 15 countries, prevalence of sexual violence by non-partners ranged from 1% in Bangladesh and Ethiopia to 10-12% in Peru, Samoa, Tanzania, and violence perpetrated by strangers and acquaintances were the most prevalent (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005).

According to Worldwide prevalence of non-partner sexual violence: a systematic review, 7.2% of women aged over than 15 have ever underwent sexual violence by non-partner in their lives.

In this research, I have focused on sexual assault occurred during adulthood and during life, since 13-18 ages are generally accepted as age of consent by laws (Abrahams et al., 2014). 14 years is widely considered as age of consent in many studies. In addition, Burnam et al. (1988) claim that starting from this age the post assault symptoms manifest differently (Burnam et al., 1988; Campbell, Dworkin, & Cabral, 2009).

Women who had ever assaulted sexually encounter mental health sequelae and are in a greater risk of developing variety of diagnoses, such as eating disorder, sexual dysfunction, low self-esteem, mental distress, substance abuse, depression, anxiety phobia, post-traumatic stress disorder (Ellsberg & Heise, 2005).

Campbell found that PTSD occurred in 7%–65% of women after being sexually assaulted (the most were in 33%–45% range). Next, 13%–51% met diagnostic criteria for depression. Fear and/or anxiety and generalized anxiety were developed in 73%–82% and 12%–40% respectively. Alcohol abuse was met among 13%–49% of survivors. While drug abuse accounted for 28%–61%. Suicidal thoughts were appeared to be present in 23%–44% of cases, and 2%–19% might attempt suicide. Usually these symptoms start to decline for the first few months, however some authors argue that they can continue up to two years (Campbell, 2009; Campbell et al., 2009; Jordan, Campbell, & Follingstad, 2010; M.P. Koss & Aurelio, 2004).

Mental health consequences closely related not only with victim characteristics, but moreover with assault itself, disclosures, further help-seeking, and with the sociocultural factors in its broad meaning. If women do not seek for psychological support, effects on mental health can continue more than one year. Nevertheless, 50% of those who turn to psychological support continue to feel symptoms. The history of sexual violence during adolescence can lead to suicidal behavior (Krug et al., 2002).

Thematic analysis

Thematic analysis is widely used method for analyzing qualitative studies and it is focused on identifying themes or patterns among data. It is not constrained into previously fixed theoretical framework, in turn it is convenient to build theory during the coding process. The method used in thesis is a “contextualist” as victims of sexual violence in all papers were explaining their experiences from the perspectives of their own lives and perspectives of society. Following this, the way in which all themes were emerged is inductive, as there were no theoretical interest in the field, therefore it was decided not to try to match themes into predetermined coding frame (Barnett-Page & Thomas, 2009; Braun & Clarke, 2006; Dixon-Woods, Agarwal, Jones, Young, & Sutton, 2005; M. Fisher, Qureshi, Hardyman, & Homewood, 2006; Harden et al., 2004).

There is increasing need of systematically reviewed qualitative research, since qualitative methods are more appropriate for researching such sensitive issues as sexual violence and its mental health implications for women rather than quantitative methods. It is more useful in understanding of whole picture of survivors’ experiences and details of such social phenomena. Following this, as my thesis include studies from different countries of the world, it corresponds to recommendations of World Health Organization agenda of researching violence against women (Ellsberg & Heise, 2005). Previous systematic reviews have looked at quantitative studies, but none, to my own knowledge, has performed research on mental health consequences of sexual violence against women using thematic analysis. My aim was to reveal different aspects in progress of spectrum of mental health disorders by reviewing qualitative literature on experiences of survivors and to reveal what are barriers to and facilitators of recovery.

Methods

The whole process of identifying and analyzing data encompass two processes. The first is mapping exercise and the second is an in-depth review (Thomas et al., 2003). Mapping exercise starts from establishment of inclusion and exclusion criteria. The scope of the mapping exercise was focused on research in areas of 1) experience of sex as an adolescent or at an older age, 2) subsequent mental health state, 3) qualitative and mixed-method studies. In order to be relevant for mapping exercise all studies should examine women’ views and experiences of sexual violence during peaceful time to evaluate how these had an impact on their mental health state, that is, non-intervention studies. Studies of any qualitative methodology were included. Qualitative parts of mixed-method studies were also extracted. Studies operated in conflict zones, and all studies in other languages than English were excluded.

Identification of studies for mapping exercise

Searches were conducted in Pubmed, Medline, PsychNet. Studies were included if participants were at least aged 18, however if women had experienced sex against will during adolescence it also was accepted for mapping. In addition to database searches, reference lists, journals and books were also scanned for relevant studies. All found studies were downloaded into Mendeley reference manager and scanned in order to proceed to next search steps.

From mapping to in-depth interview

Due to mapping exercise many studies with relevant themes of interest were identified. There were all about their struggling with current mental health problems and problems with recovery.

In-depth review methods

Inclusion and exclusion criteria

All studies were examined to exclude those if they: 1) did report on intimate partner violence or history of child sexual abuse; 2) did not report on women' experiences of sexual violence, 3) did not report subsequent mental health state; 3) were published before 2009; 4) did not report information about aims of research, method for analyzing data, recruitment process, quotations.

Data extraction and quality assessment

All remaining data was reviewed in two steps. In this research, data was assessed according to 8 criteria (Spencer, Ritchie, Lewis, & Dillon, 2003) (Table 2). This checklist was modified and additional overall reliability and overall usefulness criteria were added. Overall reliability assessment was based on grading beforementioned 8 criteria by scale from "not at all" to "fully or mostly". F.Bunn et al. who used this checklist in their work supposed that due to the lack of consensus on which factors to exclude papers from data analysis, all papers should be proceed to further processes (Bunn et al., 2012).

Table 2. Checklist assessment of quality of articles

Criteria	Examples
Scope/purpose	Explicitly stated aims/objectives of research Adequate description of research context
Design	Appropriate use of qualitative methods
Sample	Adequate description of sample used, sample identification and recruitment. Appropriate sample size for study objectives. Selection criteria explicit. Inclusions/exclusions explained.
Data collection	Adequate description of data collection methods.
Analysis	Adequate description of methods used to analyze data.
Reliability/validity	Clarity regarding how evidence and conclusions derived. Evidence of assessment of validity.
Generalizability/transferability	Clarity about extent to which evidence can be generalized beyond settings and study participants
Credibility/integrity/plausibility	Evidence is credible and gives meaningful illumination of lives/contexts being researched
Overall reliability	Reliability related to the quality of the study
Overall usefulness	Usefulness related to the relevancy of a paper in the context of our review.

The second step is data extraction. All data was synthesized by hand. Secondly, in this review I used methods described by J. Thomas and A. Harden which are straightforward for the synthesis. In two first stages, the focus was on coding and retrieval of descriptive themes (Thomas & Harden, 2008). As initially I didn't want to narrow potential themes that can rise during analysis, I chose to do general codes, not with pre-determined framework. Starting with line-by-line coding, I created 'free' codes – without a hierarchical structure. Afterwards, not all sentences were exposed to coding, only those with meaningful information. In parallel, translation process was utilized by adding new codes to yet existed ones. This process was done two times in order to achieve saturation and check for additional emerging codes, or revision of old ones. After a creation a 'thematic map' and 'a coherent pattern' was revealed, the third

stage must begin. As was noted before, the stage of generating analytical themes is inextricably linked with ‘going beyond’ (Britten et al., 2002; Thorne, Jensen, Kearney, Noblit, & Sandelowski, 2004). This is the main purpose of thematic synthesis. It is reached by investigating descriptive themes emerged before, and answering review questions. This step was operated couple times so as new themes were appeared.

Ecological model

I am aimed to use the ecological model offered by R. Campbell and colleagues to structure findings of this study. This model was based on Bronfenbrenner’s theory about development of a human in the context of interconnected environment (Bronfenbrenner, 1979, 1986). In turn, it was upgraded by Neville and Heppner adding new understandings about recovery of women after sexual assault (Neville & Heppner, 1999). All in all, it consists of several levels such as individual, assault, microsystem, mezo/exosystem, macrosystem, chronosystem. One of the innovations in their work is that self-blame was detached and its contribution to each of the levels was proved by authors (Campbell et al., 2009).

Results

All in all, 6 studies were included into final analysis. Amongst these studies 76 participants from three different countries are interviewed.

Table 1. Inclusion of articles into final analysis

Study	Study design	Age range	Source of participation	Country	n	Data collection	Methodology
Rahill 2014	Qualitative	19-52	From one specific neighborhood	Haiti	16	Focus groups	Phenomenology
Sebaeng 2016	Qualitative	18-55	Provincial hospital	South Africa	18	In-depth interviews	Phenomenology
Padmanabhanunni 2015	Qualitative	18--	Participants of “Silent Protest”	South Africa	9	Semi-structured interviews	IPA**
Hahm 2016	Mixed-method	18-35	AWSHIP*	USA	9	Semi-structured interviews	Thematic analysis
DeLoveh 2017	Qualitative	19-25	College students	USA	13	In-depth interviews	Grounded theory
Reis 2016	Qualitative	18--	Specialized outpatient clinic at a university hospital	Brazil	11	Semi-structured interviews	Thematic analysis

*Asian American Women’s Sexual Health Initiative Project

**Interpretive phenomenological analysis

Study quality

Overall, out of 6 studies, 2 were appraised low for reliability, 2 medium and 2 high. For usefulness 3 studies were appraised medium and 3 high. None of them were high both for two criteria (Table 3).

Table 3. Assessment of quality of chosen articles

	Rahill 2014 (Rahill, Joshi, Lescano, & Holbert, 2014)	Sebaeng 2016 (Sebaeng, Davhana- Maselesele, & Manyedi, 2016)	Padmana- bhanunni 2015 (Padmana- bhanunni & Edwards, 2015)	Hahm 2016 (Hahm, Augsberger, Feranil, Jang, & Tagerman, 2016)	DeLoveh 2017 (DeLoveh & Cattaneo, 2017)	Reis 2016 (José dos Reis, Lopes, & Osis, 2016)	
Scope/purpose	F	F	F	F	F	F	
Design	N	P	F	F	F	F	
Sample	N	F	P	N	F	F	
Data collection	F	F	F	F	F	F	
Analysis	N	F	F	?	F	F	
Reliability/ validity	N	P	F	F	F	P	
Generalizability/ transferability	F	N	F	F	F	F	
Credibility/ integrity/ plausibility	N	N	F	F	F	?	
Overall reliability	Low	Medium	Medium	Low	High	High	
Overall usefulness	*	F	F	F	P	P	F
	**	F	F	F	P	P	P
	***	F	F	F	F	F	F
		High	High	High	Medium	Medium	Medium

F – fully or mostly; N – not at all; P – partly; ? – not clear

*to what extent does the study help us to understand one or more of the topics covered in the review?

**how rich are the findings?

***has the study successfully enhanced our understanding of a new area/sample or enriched an old one?

Synthesis

Two main themes were identified across studies and thirteen subthemes within them. All of them were divided between themselves so as causative relationship can be clearly seen (Table 4). Selected quotations to enforce explanations are illustrated in Table 5.

Table 4. Identification of two main themes

Category:		→	Category:	
To come to understand that you were raped			To live with this understanding	
Subcategories	Characteristics of assault itself		Subcategories	Mental health problems
	Distancing			Social impairment
	Vulnerability			Coping strategies
	Neglect problem			Powerlessness
	Family issue			Help-seeking
	Society issue			

Table 5. Quotations for each subtheme

Themes and subthemes	Participants quotations from primary studies
<p>To come to understand that you were raped: Characteristics of assault itself Distancing</p> <p>Neglect problem Family issue</p> <p>Society issue</p> <p>Vulnerability</p>	<p>“...I think it’s much worse than I what I experienced” “...I stop and think what is wrong with me? On what planet does it happen and you walk out and say (that) you`re friends?” “I don`t want to be defined as that person who was raped” “My aunt and her husband are always sitting together and at times I feel like I am disturbing them when I talk about this issue.” “My neighbors here you know...has spread this thing [sexual assault] around the whole village. They are talking about it everywhere.” “It’s every time I turn around, I am losing my temper!” “For a long time after [the rape] it was like it never happened to me but now I know I was there, it happened to me and I have to deal with it.”</p>
<p>To live with this understanding: Mental health problems</p> <p>Coping strategies</p> <p>Powerlessness</p> <p>Social impairment</p> <p>Help-seeking</p>	<p>“I decided that I wanted to kill myself because I just...I saw no hope...Yeah, it was just like dark. It was kind of like being in this small little cave hole...number one, you didn`t want to find a way out and number two, even if you thought about finding a way out, there was no possibility.” “...just cutting myself off from people except, you know, going to parties, and drinking and <pause> just <pause> getting through each day and <pause> hoping the next would be better somehow even though I wasn`t changing at all.” “...so that the conditions of life, the way things were no longer the same, to see myself having undergone such an act, I asked who-what-where do I go?” “...for example, I have a judge who was speaking to me – as I was telling him about myself, he said “There are a lot of things I know of you... you don`t have to talk.” I became afraid and then the problem he presented was that problem (the rape). Where he works, I never pass by there anymore...” “I always feel like if I tell someone that I was raped or something along those terms there’s that feeling of, you know, alarm and “We need to do this, this, and this” and... at the time I didn`t want to feel any more anxious than I already was so if saw came with a very calm attitude about it and I didn`t use any, I want to say trigger words in that aspect to really click in that doctor’s mind, what’s going on.”</p>

To come to understand that you were raped
Characteristics of assault itself

Studies showed that women were forced to have sex against their will due to incapacitation with alcohol. This fact was associated with unwillingness to disclosure, as in opinion of women, it could incriminate them. Therefore, the fact of alcohol use led to self-blame and it is not rare account among them. Besides, young women exposed to violent behavior through usage of knives, death threats or degrading expressions gave up under the fear of disobedience and then were likely to ask for help. Those who were not abused, neither verbally, neither physically, neither by incapacitation, were of opinion that they were not raped. However, at the same time they could not label it at all.

Distancing

Women reported feelings of alienation which is not the same as coping strategy. It was occurred when women immediately after sexual assault started to pull away from what was happened.

For example, one woman's alienation led to continuation of her friendship with perpetrator. Frequently, victims claim that they lost their true selves. Feeling alienated results in endless powerlessness and fear.

Neglect problem

When woman after rape were in the stage of evaluating whether it was rape, usually they undervalued what happened. Moreover, some of them think in that way due to absence of support from surroundings. They did not associate themselves as victims of such crime and moreover did not want that label to be linked to them for all their lives. In addition, there were point of view that responsibility for occurrence of multiple rapes laid on woman herself.

Family issue

Some pointed that as family did not pay sufficient attention to their problem, girls and young women tried to cope with consequences by themselves. Usually they felt lonely and had a desire to talk to someone. Frequently after ignorance they "shut it (memories) out", what was devastating in respect to subsequent life.

Society issue

Women after rape need to have enough support to tackle with case, however a lot of participants noted that surroundings, for example, neighborhoods, tried to offend and shame them for what happened. In turn, it affects victims unfavorably. They started to blame themselves and feel ashamed. However, someone might feel anger because they did believe that they were claimed unreasonably. In addition, participants expect negative reaction from society, as well as from formal authorities, and explained it by the presence of stigma and stereotypes amongst them.

Vulnerability

Participants of all studies noted that triggers can result in intrusive memories. Sometimes it play positive role, as starting from this point woman can realize that she had issues and she need to do something with it. Frequently triggers were appeared to be disclosures of other women. Rarely, some women preferred to "block out memories" to keep away from the fact of rape.

To live with this understanding

Mental health problems

Studies were examined to find out psychological effects of sexual abuse starting from eroded self-esteem to post traumatic stress. Eating disorders led to weight loss.

Many participants underwent feeling insecurity saying that they expect to meet their offender even if it is not possible. Reports on mistrust were not uncommon since for many survivors of rape was too difficult to locate in places where male representatives were too. In addition, participants suffered from distressing memories which might appear after being exposed to cues or triggers. After such intrusive recalls they started to avoid them instead of having recourse to special agencies. Next, these were followed by anger, over-vigilance, increased reactivity to external irritating factors, problems with sleeping, suicidal ideas.

Coping strategies

Coping strategies were widely used amongst all females. Widely used strategy was to isolate oneself from environment which can remind her experience. Those who were raped in their homes, tried to spend less time there. Those who were initially ignored by family were used to release stress by overworking. On the one hand, there were those victims who recurred to social activities, such as volunteering in police departments given that they contributed to detection of similar crimes. On the other hand, those who were not aimed to act in such optimistic way, fell back on substance use to ease symptoms or risky sexual activities.

Powerlessness

Women frequently reported accounts that there is no positive attitude toward their own future. They did not have power to fight back against condemnations and ridicules. It led to avoidance of help-seeking in order to protect oneself from emotional distress inflicted by policy and other formal and informal responses. They described rape as deprivation of human dignity and didn't know how to live further. However, others suffered from endless thought of "why me?".

Social impairment

Primarily survivors of sexual violence tried to insulate themselves from society either after being publicly judged or being afraid of judgements. However, some expressed feeling that they could not be with people because they expect danger from everything surrounding them. Some who were alienated from what happened avoided men instinctively. Others avoided places where people already knew that they were raped.

Help-seeking

It is not rare case that women in these studies did not have desire to seek help was it from family or care centers, they were even disinclined to disclose. All mental stress symptoms were developed in light of absence of care. There were very few cases when women agreed on professional help thanks to family and close friends. Those who passed through psychological counselling, were more or less able to get rid of the symptoms. Nevertheless, others didn't see motives to seek help from crisis centers, explaining that they respond to victims negatively or that it would be better to cope on one's own.

Discussion

This study has revealed that survivors of sexual violence pass through several branches of understanding the fact of rape, which include characteristics of assault itself, distancing, vulnerability, neglecting problem, reaction of family and society. After appreciation of all these factors comprehension of what happened come to their minds. Whereas it comes with whole set of consequences such as the range of mental health problems, social impairment, development of coping strategies, powerlessness, indecision to disclose and help-seeking (Figure 1).

In this thematic analysis three themes were found to be determinants of individual level: distancing, vulnerability, coping strategies. Characteristics of assault relates to level of assault, family issue microsystem, society issue and help-seeking to mezo/exosystem, social impairment to macrosystem. Whereas neglecting problem and powerlessness are linked with each of levels. First of all, individual level considers personal characteristics of victim as well as coping strategies as it is stems from victim's character initially and also affects recovery of mental health in a certain way. Moreover, in a study of Ullman et al., maladaptive strategies (substance use, risky sexual behavior) relates to increased posttraumatic stress symptoms and depression (Ullman, Peter-Hagene, & Relyea, 2014). Vulnerability and distancing are consistent with Koss's research on mental disorders of sexual violence female victims which

reveal flashbacks and emotional detachment as predictors of PTSD (M. Koss, Bailey, Yuan, Herrera, & Lichter, 2003).

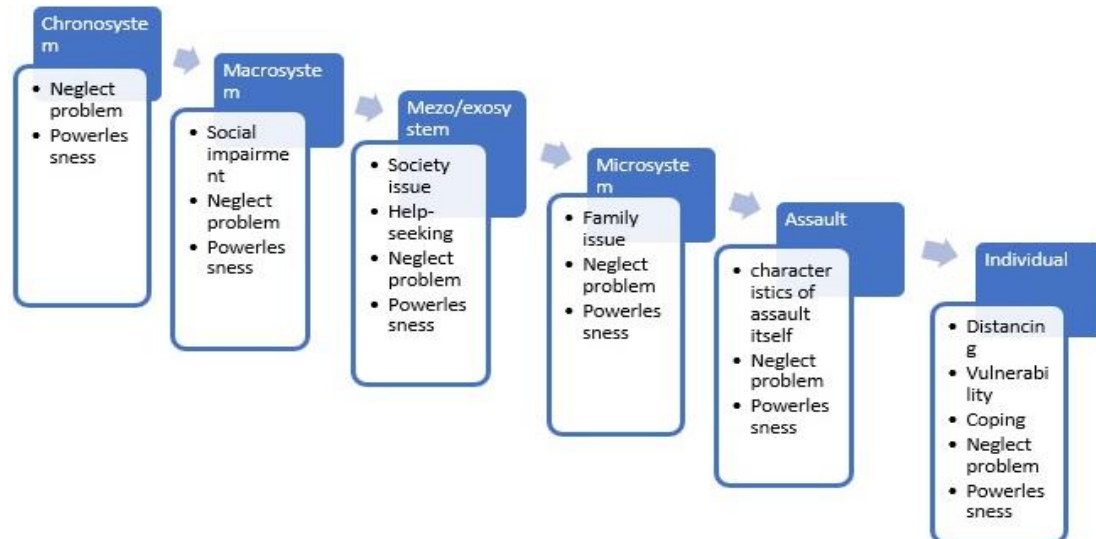


Figure 1. Ecological model

Concerning the level of assault which include neglecting problem and powerlessness. Although they are considered by me to relate to all levels, initially assault characteristics influence these two categories. The term “classic rape” is widely used by many authors and explain why many women do not understand whether happened was rape or not (Ahrens, Stansell, & Jennings, 2010; Clements & Ogle, 2009; D. Donde, K. A. Ragsdale, Koss, & N. Zucker, 2018; B. Fisher, Daigle, T. Cullen, & Turner, 2003; Kahn, Mathie, & Torgler, 1994; Layman, Gidycz, & Lynn, 1996; RENEE A. BOTTA SUZANNE PINGREE, 1997). It is widely appeared to be that sex against will without physical violence is not acknowledged as rape. Consequently, not acknowledgement of experience as rape results in poorer psychological adjustment (Clements & Ogle, 2009). Furthermore, in a qualitative study provided by Hlavka, it becomes clear that women perceive rape as a normal phenomenon sequential of men’s aggressiveness and women’s agreement to be sexual gatekeepers (HLAVKA, 2014).

Next subcategory powerlessness is consistent with findings of Wasco who supposed that there should be other manifestations of mental distress and offered the term “chronic shock” meaning that women under the threat during sexual attack, internalization of low self-worth, shame and “alienation” they come to the sense of insecurity in all aspects of their lives starting from living arrangements ending with relationships (Wasco, 2003).

In my opinion, this two subcategories stems from all levels, considering 1 - individual characteristics such as ability to emotionally suppress to neglect problem and emotional instability to feel oneself powerless; 2 - family and friends diminishing significance of happened resulting in neglecting problem and ignorance resulting in powerlessness; 3 - mezo/exosystem includes indifference of help-seeking agencies leading to underestimation of problem and further powerlessness to cope with perpetrator; 4 - macrosystem include rape myth acceptance resulting in blaming of victim and theories about “stereotypical rape” which in turn further loss of strength and misjudgment about assault; 5 - at chronosystem I can consider revictimization as one of the main origins of neglecting problem and powerlessness as results of mortification for repeated violence.

The role of family is significant in the pathway through acknowledging one's experience of rape. It is evident from Orchowski and Gidycz's study that less than 15% women who experienced sexual abuse during adolescent disclosed their experience to parents (Orchowski & Gidycz, 2012). The role of surroundings and help-seeking agencies is not lesser than role of the family. Emily R. Dworkin investigated college women in cross-sectional study and revealed that perceived social support is more influential for recovery from PTSD in case if it comes from friends rather than family (Dworkin, Ojalehto, Bedard-Gilligan, Cadigan, & Kaysen, 2018). Many authors argue that those who disclosed to anyone, had better psychological health than those who kept it secret (Burgess & Holmstrom, 1979a, 1979b; BURT & KATZ, 1988; Cohen & Roth, 1987). Social impairment is related to macrosystem as its root is in general normalizing of sexual act against will with the help of promoting rape myth acceptance by society. It is evidenced by many authors that women blame themselves for rape, do not acknowledge their experience sexual assault, and therefore do not disclose to sources. It occurs in the sequel of exoneration of rapists, belief that only certain type of women gets rapid, doubt and disbelief when women report their experience, search causes in woman itself (Horvath & Brown, 2009).

In general, findings of my thesis project are consistent with Duma's study which also was focused on identifying mental health sequelae amongst female survivors of sexual assault (Duma, 2019). This study's findings encompass 8 steps which explain the full pathway of recovery starting from assault itself, awakening, pragmatic acceptance, turning point, reclaiming what was lost, defining own landmarks for healing, readiness for closure and ending up with returning to self.

Strengths and limitations

One of the strengths of this study is being first study directed to identify mental health outcomes after sexual violence among women throughout systematic review, especially with thematic synthesis of qualitative studies. Thematic synthesis is convenient thanks to its absence of pre-determined theoretical framework. Qualitative studies are more appropriate to look for root issues in investigating such sensitive topics. Therefore, all found codes were appeared to be thoughts of abused women at first-hand. Secondly, all studies were provided in different countries. Concluding whole coding process, I have not disclosed patterns or polarity in specificity and magnitude of mental health outcomes and have not revealed the differences in a pathway through being raped and recovery among women in a context of different cultures and geographical location. Thirdly, ecological approach ease understanding of sexual assault survivors' post assault psychological experiences from the perspectives of individual, assault, micro-, mezo/exo-, macro- and chronosystem levels. Furthermore, it shows how variables at the multiple ecological levels interact to impact mental health outcomes. It shows how interventions are need to be modified to victim's benefit. One limitation is in that I have included all studies after assessing their quality. It was decided on the basis of Thomas and Harden's assumption that there is no accepted method for excluding studies from synthesis (Thomas & Harden, 2008).

Conclusion

The different spectrum of mental health outcomes of sexual violence against women were identified in this study. Moreover, during analysis of pathways of these women' experience barriers and facilitators of recovery, such as different coping strategies, impact of disclosure to either formal or informal sources and influence of society in general were evaluated. Afterall, it is evident that sexual violence has devastating impact on future life of a woman affecting her starting from individual characteristics such as self-esteem finishing up with inability

to be a full person in her surrounding society and overwhelmingly this fact is highly influenced by social beliefs about rape. Relying on ecological model constructed in the discussion part, I can propose that this problem can be addressed on multiple levels. To say exactly, at individual level – to create care centers where women can be conducted by professionals on questions about what is rape and are measures to prevent subsequent issues of disclosure to others; at microlevel – programs aimed to increase empathy of family and friends to victim of sexual violence; at mezo/exolevel – campaigns aimed to educate communities to react adequately to rape victims and to educate police, health and crisis centers to work effectively with them; at macrolevel – efforts to change rape-prone cultures, that is decrease rape myth acceptance; at chronolevel – to create laws against sexual violence and facilitate policy changes.

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