Sexual Assault Survival of Adult Women

Researcher Ann Hellman recently undertook an extensive search of the literature about adult women’s recovery from sexual assault. Her primary purpose was to identify gaps to guide future studies, but she was able to summarize what we do know from peer-reviewed research published between 2003 and 2014 that focused specifically on adult women survivors.

Responses and Long-Term Effects
There were only a handful of articles that looked at the long-term effects of adult sexual assault. Most of these looked at what Hellman calls “avoidance coping,” such as social withdrawal, denial, and failing to seek help. These articles reinforce what advocates know: avoidance coping and negative reactions from others after sexual assault were related to more distress and posttraumatic stress disorder (PTSD).

Survivors in these studies experienced anxiety, depression, PTSD, avoidance coping, lower self-esteem, substance use, and suicidal ideation and attempts. Younger, minority survivors; bisexuals; people who experienced greater trauma from the assault or additional trauma; and individuals with drug use histories were more likely to have suicidal thoughts. Not surprisingly, self-blame was associated with poorer adjustment in several studies.

What Helps Survivors to Recover?
A larger number of articles looked at factors that affected recovery. Increased positive support led to better outcomes, whether that was informal support or structured therapy. In addition, survivors did better when they felt like they had more control during the recovery period, and when they used a greater number of coping strategies. Positive religious support was also associated with recovery, but this was identified as an area needing more study. The response to disclosure was important as well: “As survivors divulged their attack, how listeners responded determined future incidence sharing, affected relationships, and guided survivors’ feelings of self-blame (p. 182).” These conclusions suggest that both supportive individual advocacy and community work to decrease stigma and negative responses are critical to survivors’ recovery.

Reference