

The Needs of Women Survivors of Rape: A Narrative Review

Abstract

Background: Rape is a serious global problem linked to long-term physical health complications in women. Women survivors of rape have different needs, the identification of which ensures optimal services and improves their health conditions. This study aimed to explore the needs of women survivors of rape through a narrative review. **Materials and Methods:** This review was conducted by searching databases of ISI Web of Science, Scopus, Science Direct, Cochrane, PubMed, Scientific Information Database (SID), the Iranian Magazine Database (Magiran), Iranian Research Institute for Information Science and Technology (IranDoc), Iranian Medical Articles Database (IranMedex), and the Google Scholar engine. All English and Persian articles published from January 2000 to August 2022 were searched using the keywords rape, sexual assault, sexual violence, victim, survivor, demands, and needs. Two independent researchers conducted all steps of article extraction and review to avoid possible bias, and a third person reviewed the articles in the case of disagreement between the two researchers. The final related articles were selected and evaluated using a pre-prepared checklist. **Results:** Out of 112 articles, 26 articles were selected for final evaluation. The needs of women survivors of rape were divided into six categories, including sociocultural, educational, legal and judicial, psychological, spiritual and religious, and healthcare. **Conclusions:** Women survivors of rape need survivor-centered, culturally appropriate services, necessitating careful planning and policymaking to address health and judicial issues from different dimensions considering their real-world needs.

Keywords: Rape, sexual harassment, survivor, women

Introduction

Rape is an unpleasant experience in women's life, recognized as a serious human rights problem and a form of violence against women. Rape takes various forms by different people across societies. According to the World Health Organization (WHO), rape includes oral, vaginal, or anal penetration without consent or with the coercion of the survivors. This coercion can consist of different degrees of force, psychological intimidation, abuse, and threats.^[1] The exact rate of rape is not reported in many countries for various reasons, such as fear of reprisal, sociocultural issues, stigma, and inadequate support services. A ten-year systematic review of the global prevalence of sexual assault found that across 22 studies, the past-year prevalence of female sexual assaults ranged from 0% to 59%.^[2] An estimated 1.3 million women experience rape in the United States annually, and there are currently around 22 million women

survivors of rape in this country.^[3] Rape is a pervasive public health issue with numerous consequences, including short- and long-term physical and psychological health consequences such as physical injuries, sexually transmitted infections (STIs), unwanted pregnancy, and psychological health issues, including Post-Traumatic Stress Disorder (PTSD).^[4-7] Research suggests victims/survivors may experience a range of impacts days to months later. Some survivors have high resilience and endure the damage imposed on them without meeting their needs, but others seek to satisfy their needs, consequently experiencing less harm.^[8-10] However, these women are limited in addressing their requirements. Only 18.7% of rape survivors received medical attention after the rape, and 17.8% sought help or advice from an agency that assisted victims of crime. Women survivors of rape mainly hesitate to ask for services due to deficiencies in meeting their needs, such as negative or unhelpful reactions, judgment, and

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stigma.^[11] These women have numerous unmet physical and psychological needs, making them dependent on the healthcare and judicial systems and necessitating the identification of rape history and its current impact on the survivors within cultural contexts.^[12]

Many researchers have investigated the health of survivors of rape worldwide, introducing numerous care protocols and services.^[13-16] Given the global prevalence and scope of rape and its multiple effects on women's health, WHO recommends more research to highlight the hidden dimensions of this phenomenon. Such studies will subsequently facilitate careful planning and the design of healthcare protocols according to the real-world needs of this population.^[16-20] Women survivors of rape have different needs, the identification of which ensures optimal services and improves their health conditions.^[12] The present study aims to identify the needs of women survivors of rape through a narrative review.

Materials and Methods

This narrative review was conducted by searching ISI Web of Science, Scopus, Science Direct, Cochrane, PubMed, Scientific Information Database (SID), the Iranian Magazine Database (Magiran), Iranian Research Institute for Information Science and Technology (IranDoc), Iranian Medical Articles Database (IranMedex), and the Google Scholar engine databases in 2022. Keywords rape, sexual assault, sexual violence, victim, survivor, demands, and needs were searched in abstracts, titles, and keywords of the articles alone and all possible combinations using And/Or operators.

A list of all articles in the mentioned databases was initially prepared based on the search strategy and keywords. The main inclusion criterion was articles published in Persian and English from January 2000 to August 2022, examining the needs of adult women survivors of rape. Transparency of research objectives, methodology (qualitative or quantitative), sample size, analysis, and conclusion were other inclusion criteria. Irrelevant content, conference presentations, case reports, letters to the editor, insufficient data, and inaccessibility of the full text were exclusion criteria. In the initial search, 112 articles were found, of which 60 irrelevant or duplicate articles were excluded after a review of the titles and abstracts, resulting in 52 suitable candidates for full text review. According to the inclusion and exclusion criteria, another 26 articles were removed, leading to the inclusion of 26 articles in the study (12 quantitative and 14 qualitative studies) [Figure 1]. Two independent researchers conducted all steps of article extraction and review to avoid possible bias, and a third person reviewed the articles in the case of disagreement between the two. All the final articles were entered into the study process by a pre-prepared checklist, which included the name(s) of the author(s), year, design, sample size, setting, data collection tools, and results. The studies with

the best contributions were synthesized. The literature was organized after reading full texts and synthesizing relevant evidence.

Ethical considerations

Research ethics confirmation (ethical approval code: IR.MUI.NUREMA.REC.1400.133) was received from the Ethics Committee of Isfahan University of Medical Sciences. In the present review study, the gathered information was only used with a mere focus on scientific goals and commitment to protecting intellectual property in reporting and publication of the results.

Results

A review of related articles highlighted the needs of women survivors of rape in six categories, as listed below.

The need for sociocultural changes

Sociocultural needs are different in modern and traditional societies to some extent. However, there are some similar needs, including sociocultural support, changing patriarchal cultural stereotypes, support with no gender discrimination, and social support, along with sympathy and away from stigma.^[21,22]

A study in Iran showed that the principles of sexual relations in this patriarchal culture normalize men's control and dominance over women. In such conditions, women survivors are in dire need of sociocultural support and change of existing cultural stereotypes. These principles have become so natural, acceptable, and even fit into sexual interactions that men are often characterized as aggressive and women as unwilling and passive. From this perspective (women are inferior to men and blamed as crime victims), making violence such as rape against women possible.^[21] Akbari *et al.*^[22] referred to irritating reactions from others in society as the main reason for self-blame and guilt among survivors. Stigma can affect survivors' lives significantly as it is psychologically and socially debilitating, reflecting both social and gender inequality and contributing as a means of social control.^[21,23] Stigma after rape has been a considerable problem, and many women survivors of rape are rejected by their husbands, families, or communities.^[21] Honor killings are a strong manifestation of external stigma in regions that consider women's bodies the repositories of family honor, such as Afghanistan or Palestine.^[21,24] Bach *et al.*^[24] emphasized improving the cultural structure of societies through education, research, planning, and proper performance in dealing with survivors.

Educational needs

The information needs of women survivors of rape include access to legal information, information about reporting to the police, physical, psychological, and emotional health information, self-care and well-being information, seeking

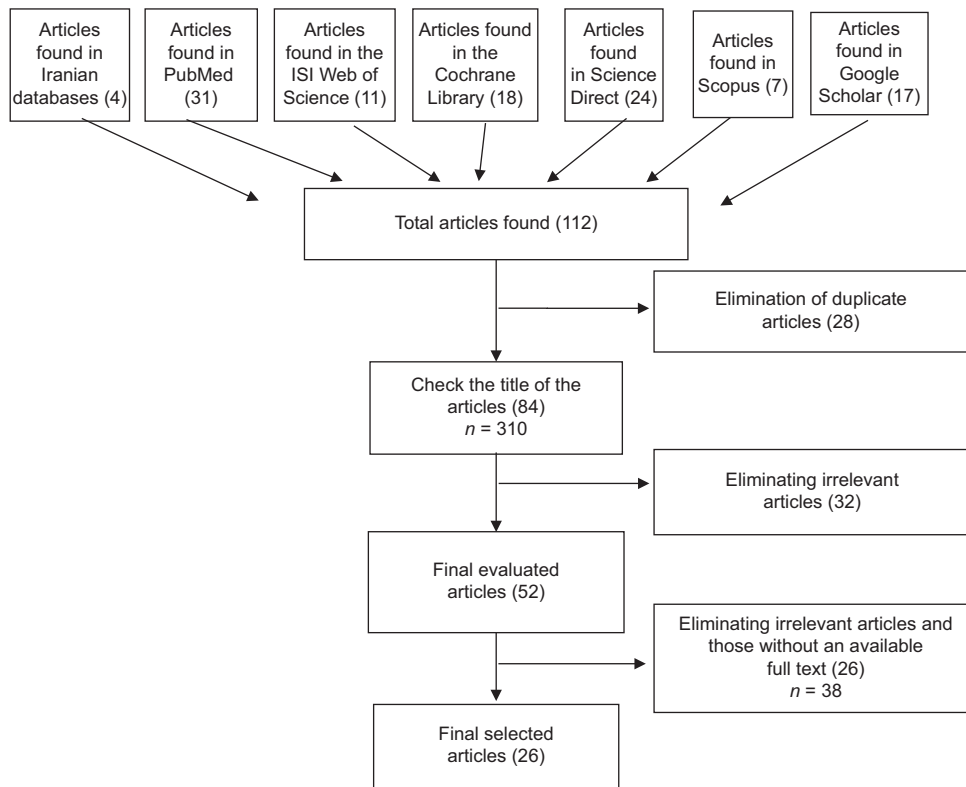


Figure 1: The flowchart for the selection process of the articles

to know about available social and psychological health resources (rape centers, supportive groups, and counseling/treatment services).^[22,25] According to Brown *et al.*,^[26] the basic represented psychological content areas are police information, legal options, and community resources. Brown introduced social, health, psychological, and judicial sources of services as the main needs of women survivors of rape, most of whom had concerns about preventing of STIs and pregnancy. Many survivors seek information to understand the reasons behind the rape to shape and integrate their experiences into their identity.^[23,26] Education and knowledge can empower women survivors of rape to take better care of themselves and recover faster. Kirkner *et al.*^[23] emphasized post-rape self-care training, and Basile *et al.*^[27] drew attention to the need to empower survivors by healthcare providers and reduce post-trauma complications.

The need for legal and judicial protection

Research suggests the current justice system for survivors of rape is inadequate and neglects their criminal needs,^[28-30] although they need legal and judicial protection regardless of gender or ethnic issues.^[28] The alleged rape victim is perceived primarily as a source of information to progress inquiries, with her welfare needs taking second place. Most survivors are stigmatized and regarded as victims in the justice process, leading to inappropriate interaction and communication with them,^[31,32] which consequently necessitates respectful treatment while taking into account individual independence.^[29] Patterson and Tringali

examined how advocates could affect sexual assault victim engagement in the criminal justice process and emphasized the need for sympathetic criminal protection with no blame and stigma.^[33] The severe trauma experienced by women survivors of rape necessitates criminal support according to their needs at different stages and by various actors in the judicial system, including assistant prosecutors, magistrates, lawyers, and judges in the office of the public prosecutor, forensics, and the court.^[29] Consistent laws should also be passed to deal with rape because the rights of survivors and justice-oriented judgment are critical judicial needs. In the meantime, access to a lawyer and advocacy services is of particular importance.^[28,29] Survivors who benefited from competent advocacy services are more hopeful and confident in the judicial process of their case.^[33]

The needs related to psychological support

Women survivors of rape need to talk with and be heard by friends, freely speak out about negative feelings and emotions, disclose the incident of rape to their friends, and receive positive sympathy.^[23,25,31,34] Campbell *et al.*^[31] suggested that the overwhelming majority of survivors found the interview to be a helpful, supportive, and insightful experience and an opportunity to express their negative feelings, subsequently facilitating their healing process. Ahrens and Campbell showed that friends of survivors of rape, who were familiar with psychological models and followed communication principles, could trigger positive changes and experiences

in survivors.^[35] Also, a study showed that women survivors of rape needed sympathy, understanding, and support with no judgment when talking with friends.^[25] These women experience a lack of self-confidence, stress, anxiety, and negative emotions, making them prone to depression and PTSD, necessitating accessibility to psychological services.^[22,34,35] Huemmer *et al.* stated that survivors did not disclose sexual assault due to negative emotions, such as self-blame, accountability, anxiety, and stress.^[36] Most women survivors of rape are worried or unable to disclose sexual assault to their husbands and family members, experiencing an overwhelming communication and behavioral challenge in expressing the incident and attracting support from the family.^[34] Akbari *et al.*^[22] highlighted the negative and deterrent consequences in the daily lives of survivors, emphasizing their need to establish effective relationships with their husbands and families through behavioral skills.

Spiritual and religious needs

Paying attention to women's beliefs and values, including an emphasis on spirituality, worldview, ethics, and cultural values, is one of the coping strategies for stress and tension.^[37,38] Survivors of rape have various religious needs, such as religious support and counseling, prayer, worship, and charity according to the value framework and religious beliefs.^[37] Van Wyk concluded that prayer and scripture reading in collaboration with counseling promoted the healing of survivors.^[38] Ahrens *et al.*^[37] suggested that women survivors of rape require support from religious counselors and clergies. However, in another study, survivors believed that their healing was promoted when they received religious counseling from female counselors.^[38] Waters stated that religion and spirituality could contribute both as a valuable resource and an obstacle to healing. Both prayer and meditation embrace spirituality, silence, and solitude, which lead to peace of mind and improve the mental state of some survivors. However, extreme beliefs are an obstacle to self-forgiveness in some survivors, resulting in their constant self-blame and interfering with their recovery. Thus, counselors should provide advocacy services based on the religious status of survivors and the religious and spiritual beliefs of counselors.^[39] More religious counseling was associated with higher levels of psychological well-being and lower levels of depression.^[37]

Healthcare needs

Women survivors of rape have physical, psychological, reproductive, and sexual needs, along with the requirements of service delivery structure.^[27,40,41] Different studies have suggested access to reproductive and sexual health services, including prompt contraceptive methods and treatment of STIs, as the basic needs of these women.^[27,41] Women survivors of rape need integrated and simultaneous sexual and reproductive health services,

which should be provided promptly after the assault.^[27] Fehler-Cabral *et al.*^[42] found that most survivors of rape reported positive experiences with the services provided; however, receiving services with care and compassion, understanding human needs, and no judgment or blame were among the expectations of survivors from healthcare providers. Barros *et al.*^[43] stated that the assistance received in healthcare services leans toward a revictimization process of women who already carry trauma from the rape. Thus, the most critical needs of women survivors of rape are confidentiality, prompt provision of health services, empowerment of health professionals, and respect and sympathy when receiving services.^[43,44] Munro-Kramer *et al.*^[40] suggested that survivors needed a place to receive complete and comprehensive services, requiring the least possible commuting and preferably technology-based. Munro *et al.*^[12] also emphasized that survivors needed comprehensive services, including physical, psychological, and legal care. Thus, countries must establish integrated centers for women survivors of sexual violence with support and advocacy approaches.^[45] [Table 1].

Discussion

This study aimed to explore the needs of women survivors of rape through a narrative review. These needs were divided into six categories, including sociocultural, educational, legal and judicial, psychological, spiritual and religious, and healthcare. Studies suggest that culture defines the position of women in every society, determines and stabilizes their rights and responsibilities through gender roles, and can change the status of women in communities by recognizing the inequality between men and women or challenging the inferiority of women using the powerful tools it has.^[21,46,47] It is noteworthy that different societies have various levels of gender behaviors and sociocultural stereotypes, reflecting the needs of women survivors of rape in the form of gender discrimination-free behaviors, social acceptance, and no blame or stigma through sociocultural support.^[21] Thus, it is necessary to change the cultural stereotypes that govern societies, focusing on gender socialization and establishing a culture in which women survivors of rape are considered guilty.^[48]

Previous studies suggest survivors need information about healthcare, self-defense skills, reproductive health, judicial services, and advocacy resources in line with educational needs.^[22,23,40] Khakbazan *et al.*^[49] showed that more than half of the women survivors of rape who were referred to the forensics office had no information about the nature and method of transmission and prevention of STIs. These results highlight the necessity to provide education in all service centers through comprehensive educational packages that cover all dimensions required by women survivors of rape.

Based on the available literature, women survivors of rape experience chronic depression, eating disorders, aggression,

Table 1: Studies in the field of the needs of women survivors of rape from 2000 to 2022

Authors and publication year	Type and location of the study	Sample size and data collection tool	Results
Ahrens and Campbell ^[35] 2000	Descriptive Chicago	60 friends of rape survivors, Questionnaire	Three distinct patterns of friends' experiences in assisting survivors were highlighted: (a) relatively positive experiences and changes in relationships; (b) neutral and unchanged experiences; and (c) negative experiences, along with adverse changes in relationships. Thus, it is necessary to use psychological theoretical models to support women, survivors of rape, as a friend.
Koss ^[28] 2006	Review United States of America (USA)	Not mentioned, Researches	Current justice is insufficient for rape survivors, necessitating a comprehensive approach to satisfy the needs of this population through extensive justice. Accordingly, comprehensive restorative packages are required to promote justice in addressing the complaints of rape survivors.
Banyard ^[25] 2010	Descriptive USA	1241 friends of rape survivors, Questionnaire	The need to promote coping strategies and effective responses to the disclosure of unwanted sexual experiences was highlighted.
Campbell et al. ^[31] 2010	Qualitative USA	92 rape survivors, Interview	According to most survivors, in-depth interviews with a feminist approach were helpful, supportive, and insightful. The participants appreciated the principles of feminist interviews, which contributed to their overall positive participation in the healing process.
Ahrens et al. ^[37] 2010	Descriptive USA	100 rape survivors, Questionnaire	African-American rape survivors use religious acceptance more than survivors of other ethnicities. More religious acceptance is associated with higher levels of psychological well-being and less depression. According to the results, survivors need religious strategies, such as worship, prayers, etc., to accept rape.
Fehler-Cabral et al. ^[42] 2011	Qualitative USA	20 rape survivors, Interview	The survivors require appropriate, sympathetic, and respectful behavior, along with adequate explanations and training of nurses.
Farajiha and Azari ^[29] 2011	Descriptive Iran	Not mentioned, Interviewing and observing judicial processes and judges' attitudes	This study emphasized the judicial requirements of survivors, including judicial review and approval of laws, the support of judges and prosecutors for survivors, and criminal justice throughout investigation and sentencing.
Ahrens and Aldana ^[34] 2012	Qualitative USA	76 rape survivors, Interview	The relationships of many rape survivors with their friends, family members, and romantic partners were strengthened or remained close after disclosure, while a significant number of them reported worsened or weak relationships after disclosure. These outcomes were associated with relationship quality before disclosure and survivors' perceptions of the reactions they received during disclosure. Hence, the survivors and people around them have to know about the process of disclosure and dealing with the incident of rape.
Munro et al. ^[12] 2012	Prospective cohort USA	947 pregnant women, Questionnaire	The unmet needs of pregnant women with a history of rape were associated with all five post-rape comprehensive care components, including ^[1] physical care, (2) pregnancy prevention, (3) STIs screening, (4) psychological care, and (5) legal care.
Barrett and Hamilton-Giachritsis ^[32] 2013	Descriptive United Kingdom (UK)	22 detectives, Questionnaire	This study emphasized the balance between the needs of the survivors and police investigations to reduce the outcomes for rape survivors.
Barros et al. ^[43] 2015	Qualitative Brazil	11 rape survivors, Interview	Women have to receive health services according to their actual needs.
Patterson and Tringali ^[33] 2015	Qualitative USA	10 nurses and 13 advocates, Interview	Providing no blame and empowering services by advocates will reduce negative interactions between rape survivors and law enforcement personnel while giving these survivors more hope and confidence in future interactions with the criminal justice system.
Munro-Kramer et al. ^[40] 2017	Qualitative USA	Three groups: survivors (n=8), healthcare providers (n=6), and advocates (n=19), Interview	The essential needs and components of sexual assault interventions were divided into 5 categories: (a) culture of care, (b) comprehensive services, (c) validation, (d) survivor control and agency, and (e) confidentiality.

Contd...

Table 1: Contd...

Authors and publication year	Type and location of the study	Sample size and data collection tool	Results
Van Wyk ^[38] 2018	Qualitative South Africa	6 ministers, Interview	Throughout religious consoling with survivors, female counselors were emotionally involved in the sufferings of rape survivors and experienced, as ministers, that prayer and scripture reading in collaboration with counseling promoted healing. Besides, rape survivors perceived female counselors as more approachable because of their gender.
Hester and Lilley ^[45] 2018	Qualitative UK	15 rape survivors and 14 practitioners from sexual violence, Interview	Flexible, empowering, and corrective approaches should be at the center of sexual violence specialized services to meet the needs of survivors. Countries must establish consolidated sexual and criminal violence centers focusing on such approaches.
Basile et al. ^[27] 2018	Longitudinal USA	41,174 women, Questionnaire	Women survivors of rape who reported rape-related pregnancy were significantly more likely to have experienced reproductive coercion by an intimate partner compared with women who had the same experience but did not become pregnant.
Gagnon et al. ^[41] 2018	Descriptive USA	224 rape survivors, Questionnaire and interview	Rape survivors recommended care providers to ensure the accessibility of a female service provider, improve communication with survivors, help survivors access resources, believe not blame, demonstrate a greater understanding of trauma-related responses, and approach survivors with more compassion. The study also emphasized better training of service providers to ensure more effective services to survivors and alleviate rape-related consequences.
Huemmer et al. ^[36] 2019	Qualitative USA	5 rape survivors, Interview	Choosing not to report sexual assault allows survivors to reclaim a sense of agency and control and restore themselves more positively and optimistically. Survivors need legal justice at the time of disclosure to regain a sense of agency and recover successfully.
Akbari et al. ^[22] 2020	Qualitative Iran	12 rape survivors, Interview	The lived experiences of sexual assault survivors included 8 main categories (low mood, post-traumatic stress, violence, lack of self-confidence, dysfunctional compensatory mechanisms, receiving annoying reactions from others, negative and deterrent consequences in daily life, and constructive compensation), highlighting the necessity of psychological interventions.
Aroussi ^[44] 2020	Qualitative UK	76 rape survivors, Interview	This study provided some key ethical recommendations concerning the participation of survivors in research, including sympathy during interviews, avoiding blameworthy behaviors, and preparedness to go beyond their academic role when interacting with survivors
Zeraat Pische et al. ^[21]	Review Iran	Not mentioned, Researches	Women need cultural support without any gender discrimination and misogynistic cultural stereotypes.
Brooks-Hay ^[30] 2020	Qualitative UK	24 rape survivors, Interview	The main reason for the involvement of rape survivors with the police lies in the significant differences between their goals of legal complaints and the responses of the existing criminal justice system, leading to a deep gap between their demands and reality.
Kirkner et al. ^[23] 2021	Qualitative Chicago	45 rape survivors, Interview	Main recommendations included paying attention to the survivor's needs, including disclosure of the incident to receive help, access to care along with the establishment of independence, and active listening with no judgment, blame, or stigma.
Bach et al. ^[24] 2021	Systematic review Denmark	41 studies, Researches	Survivors faced several barriers, including limited access to formal support and insufficient training and knowledge of service providers on providing the best support to survivors.
Brown ^[26] 2022	Review Canada	Not mentioned, Researches	Librarians are recommended to adopt an informed approach to provide better services to rape survivors in libraries, highlighting the importance of safety, sympathy, and empowerment of survivors.
Waters ^[39] 2022	Qualitative USA	11 counselors and psychotherapists, Interview	The lived experiences of religiously and spiritually diverse counselors and psychotherapists working with rape and sexual violence survivors were divided into five main categories: adverse psychological consequences, faith changes, religion as a barrier, intersecting identities, and growth and resilience.

PTSD, and even suicide.^[6,50] Although survivors may seek to meet their healthcare and information needs due to apparent challenges, some may fail because of potential emotional problems.^[26] Thus, all survivors of rape, whether they perceive the need or not, should be continuously provided with psychological services and support, along with other services, at the lowest cost.

Previous studies suggest that although there are numerous support and care systems to address the high rate of rape and its health consequences, it is often not reported or adequately addressed. In other words, many survivors often choose not to receive post-rape healthcare.^[40,51] As shown by relevant evidence, the leading healthcare needs of rape survivors included physical, psychological, reproductive, and sexual health. Therefore, it is necessary to modify and promote the service delivery structure while also meeting the healthcare needs of the survivors to establish independent centers providing comprehensive and integrated judicial and healthcare services.^[27,46,51,52]

Research highlights various religious needs of survivors based on the value and religious backgrounds of different countries; however, most survivors emphasize the need for prayer and worship to achieve peace of mind.^[37-39] On the contrary, some survivors refer to the deterrent effects of spirituality as a factor associated with a sense of guilt and inability to forgive themselves. Hence, survivors may deal with the impacts of trauma through a range of predetermined responses as a form of religious coping, which reveals the complexity of religious coping as a facilitating or debilitating factor.^[53] Thus, religious counseling, in which competent religious counselors respect the religious and belief status of survivors, can improve the psychological health status of rape survivors.

Studies have highlighted the need for criminal protection to realize the rights of survivors as their main judicial requirement.^[28,30,33] Criminal protection is essential for women survivors because most cannot report crimes or complain due to various limitations such as concerns about honor, stigma, culture, etc., Thus, criminal protection, implemented in the first place by the approval and revision of the existing laws, is the best and most effective step in supporting women survivors of rape.^[54] In the next step, women need survivor-oriented judicial services according to their conditions, strengthened by understanding and sympathy without blaming or judgment. Confidentiality is important due to the concerns of many survivors about the disclosure of information and their identities.

This narrative review sought to highlight the primary real-world needs of women survivors of rape in different dimensions as the key to providing them with appropriate and adequate health and judicial services. Hence, the gap between the current state of providing services to these women and the desired services in the future can be eliminated and steps taken to improve their sexual

health. Also, the results of this study can be the basis for conducting more comprehensive studies about the needs of women survivors of rape. The main limitations of the current study were associated with various sociocultural, value, and religious structures of different countries, necessitating further research into the needs of women survivors of rape in different contexts and cultures using qualitative approaches. Lack of access to the full text of some articles was another limitation of the study.

Conclusion

Women survivors of rape need survivor-centered, culturally appropriate services, including sociocultural, educational, legal and judicial, psychological, spiritual and religious, and healthcare, necessitating careful planning and policymaking to address health and judicial issues from different dimensions considering their real-world needs.

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Conflicts of interest

Nothing to declare.

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