Perceived social support and self-esteem in sexual violence victims

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Abstract

Background: Sexual violence can lead to serious consequences. Few studies have simultaneously evaluated Perceived Social Support and Self-Esteem of sexual violence victims. This study aims to investigate the relationship between self-esteem and perceived social support among sexual violence victims.

Methods: This study was a cross-sectional study which was conducted in forensic medical centers and all health centers affiliated to Shahid Beheshti University of Medical Sciences of Tehran. This study included 66 women in the sexual violence group (Women were considered sexual violence victims if vaginal or anal penetration had occurred) and 147 subjects in the non- sexual violence group (Women with no experience of sexual violence). Rosenberg Self-esteem Scale and Social support Multidimensional Scale of Perceived Social Support were used. Data were analyzed using IBM SPSS statistical software version 22. The significance level for all tests was considered as $p<0.05$.

Results: There were significant differences in the levels of perceived social support in all subscales between the two groups and it was higher in non-sexual violence group ($p<0.001$). There was no statistically significant difference in the self-esteem level between the two groups. There was a minor significant positive correlation between self-esteem level of the sexually abused victims and perceived social support level ($r=0.274$, $p=0.026$). Others relationships were not found to be statistically significant.

Conclusion: Our results indicate that the female victims of sexual violence had low social support from their family, friends in their life, However friend's support had a minor positive effect on their self-esteem.

Keywords: Sexual violence, Social support, Self esteem

Introduction

The consequences of sexual violence are important universal health problems and challenges and are common in all countries, cultures and societies (1). It affects one in five women in the U.S According to the Centers for Disease Control and Prevention (CDC) (2) and one third of all women globally, according to a report released by World Health Organization (WHO) (3). Based on Hajnasiri and colleagues, the rate of sexual violence against women in Iran is 32 % (4).

Sexual violence is defined by WHO as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work"(5).

Sexual violence can lead to serious consequences including physical, mental health, and chronic physical health problems. Various studies have reported that social

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↑What is "already known" in this topic:
Social support plays an important role on physical and psychological health of sexual violence victims. Social support levels have also been observed to be associated with self-esteem.

→What this article adds:
Majority of female victims of sexual violence reported lower social support in their life but only friend's support had positive effect on their self-esteem.

support plays an important role in physical and psychological health of sexual violence victims (6) Social support has been described as "a network of family, friends, neighbors, and other significant individuals in one's life that is available in times of need to give psychological, physical, and financial help" (7). Social support can be explained as any type of communication and relationship that support and help individuals during times of a felt need for managing a situation (8).

High levels of social support have been linked to better well-being, more hopefulness, and better adjustment, as well as lower levels of stress and depression (9). Ozer found that psychological adjustment and family history of psychopathology were less prescient of adjustment following trauma than social support. Such findings show that one technique for recognizing individuals liable to encounter enduring psychological distress following violence is to assess the victim's experience of social support (10). Social support levels have also been observed to be associated with self-esteem (11). Freshbach and Weiner (1991) described self-esteem as how an individual feels about himself or herself (12). Some researches show that sexual violence has the greatest effect on self-esteem (13) and victims experience lower self-esteem, lower assertiveness, and higher social anxiety (14). Budd (2009) and Teoh (2010) found a strong relationship between self-esteem and social support in young adults (11, 15). Similar to social support, having an adequate level of self-esteem is associated with advantageous outcomes. For example, those with high self-esteem have lower levels of anxiety, depression, and substance abuse (16).

As described above, social support and self-esteem are two psychosocial concepts that can make a difference in the psychological well-being of sexual violence victims. However, few research have simultaneously evaluated Perceived Social Support and Self-Esteem of sexual violence victims (10, 11) and the relationship between social support and self-esteem has not been clearly documented in the available literature and as our best knowledge, it is the first study in Iran.

According to all of the above, the aim of this study was to investigate the relationship between self-esteem and perceived social support among the sexual violence victims compared with non- sexual violence women in Tehran, Iran.

Methods
Design and data collection
It was a descriptive, cross-sectional, correlational survey, which was conducted in 2015 at forensic medical centers and all health centers affiliated to Shahid Beheshti University of Medical Sciences of Tehran.

This study was done on 66 women in the group of sexual violence and 147 subjects in the group of women with no experience of sexual violence, which considered sufficient in order to obtain a power of 90% ($\alpha=0.05$, $\beta=0.085$) with a significance level of 5% and effect size 0.43 (14).

Inclusion criteria in this study were Iranian not pregnant women, between 15-45 years of age that can read and write.

Women were considered as sexual violence victims if vaginal or anal penetration had occurred. Women with no experience of sexual violence were those who referred to family planning units of health centers (They are completely healthy women, which referred to family planning units of health centers for receiving contraceptive methods). Women in the victim group were selected from Tehran Forensic Medical Center, and the subjects were selected from three health centers. The subjects were selected from all these centers through convenient sampling method, and based on the study inclusion criteria.

Written informed consent was obtained from all participants, and the study was approved by the ethics committee of Shahid Beheshti University of Medical Sciences and the ethical code was IR.SBMU2.REC. 1394.93

Measurement Instruments
Rosenberg Self-esteem Scale and Social support Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) were used for the purpose of this study and participants were asked to complete the questionnaires. Each respondent filled the questionnaire and returned the questionnaire to the researcher.

Rosenberg Self-Esteem Scale (RSES) is a standard questionnaire. It contains 10 general phrases which are answered in a four-point Likert scale format, ranging from strongly agree to strongly disagree, scored 0-3. Total score range is from 10 to 30. A higher score means a higher level of self-esteem. A normal range of self-esteem was identified as a score of 15-25 in this study. Validity and reliability of the Persian version of this questionnaire evaluated by Rajabi and Bohlool (2008) by Cronbach's Alpha that is 0.84 (17).

Social support Multidimensional Scale of Perceived Social Support (MSPSS) is a 12-item instrument designed to measure perceived social support from three sources (subscales): family, friends, and significant others. The score of MSPSS is the total of the individual item scores divided by the number of items. Higher scores reflect higher perceived social support. The MSPSS has a high level of consistency as well as good test-retest reliability. The MSPSS has good factorial validity, concurrent validity, and good construct validity and alpha was 0.84 for this scale (18).

Data analysis
Data analysis was performed by descriptive statistics (standard deviation, mean, percent, and frequency), Pearson's correlation coefficient (quantitative variables analysis). Data were analyzed using IBM SPSS statistical software version 22. The significance level for all tests was $p<0.05$.

Results
In this study, 213 women filled the questionnaires and returned it to the researcher. The average age was 27.47 ± 7.65 (Min: 15, max: 45) in all samples. The average age for the group that experienced violence was 24.58 ± 7.69, and 21.21% (14) were married; and for the

group that did not experience sexual violence it was 28.84±7.28 and 56.47% (83) of them were married. The characteristics of samples are presented in Table 1.

The perceived social support levels and self-esteem levels of the two groups were investigated by t-test and results are given on Table 2.

As seen in Table 2, there is a statistically significant difference in the levels of perceived social support in all subscales between the two groups that means perceived social support of women in non-sexual violence group from friends, family, and others are higher than the sexual violence group. There is no statistically significant difference in the self-esteem levels of the two groups.

The relation between the perceived social support levels and the self-esteem levels is analyzed by Pearson Correlation in two groups; results are given in Tables 3 and 4.

According to Tables 3 and 4, there is only a statistically significant positive relation(low degree correlation) between self-esteem levels of the sexually abused victims with perceived social support levels from friends (r=0.274, p=0.026) and others relationships were not found to be statistically significant.

Discussion

Psychosocial factors in sexual violence have become major concerns for health care providers and increasing attention to the complexity of the post-violence period shows the importance of this issue. In this study, findings indicate that perceived social support of women in non-sexual violence group is higher than the sexual violence group women.

According to Ribeiro low social support was related to more experiences of general, psychological and physical/sexual violence (p<0.001) (19). Seemingly counterintuitive findings were shown that most of the victims of sexual assault get a blend of positive and negative social responses in light of their sexual assault disclosure. (20-21).

In the present study, self-esteem levels of the two groups did not show any significant difference; the self-esteem scores in both groups were in the normal range. (A normal range of self-esteem was identified as a score of 15-25). In line with our research, Banuelos (2014) reported that all groups of sexual coercion victims are in the normal range of self-esteem, with a mean of 21.26 (SD=7.25) (22). Bankole and Arowosegbe, found no significant influence of the child sexual abuse (under the age

Table 1. The characteristics of the women in the two groups

Characteristics	Sexual violence group N= 66	Non-sexual violence group N= 147	p
Age (year) M (SD)	24.58(7.69)	28.84(7.28)	< 0.001
Marital status n (%)			
Married	14 (21.21%)	83 (56.47%)	< 0.001
Single	52(78.79%)	64(43.53%)	
Level of education n (%)			
Illiterate	2(3%)	4(2.7%)	0.035
Primary school	4(6.1%)	12(8.2%)	
Secondary school	20(30.3%)	27(17.8%)	
High school	19(28.8%)	55(37.7%)	
University	21(31.8)	49(33.6)	

Table 2. MSPSS and RSES scores and the difference between the two groups

	Sexual violence group N= 66 Mean (SD)	Non-sexual violence group N= 147 Mean (SD)	p
Perceived Social Support score			
family	4.57(1.75)	5.20(1.64)	0.013
friends	3.63(1.96)	4.85(1.78)	<0.001
significant other	3.77(1.89)	5.05(1.64)	<0.001
total	3.99(1.49)	5.03(1.56)	<0.001
Self-esteem score	21.89(4.83)	21.48(4.77)	0.230

Table 3. Correlation between subscales of social support and self-esteem in sexually abused group

	Self-esteem	
	Pearson Correlation	p
Social Support (Total)	.064	.608
Friend Subscale	.274	.026
Family Subscale	.011	.930
Significant Others Subscale	-.142	.255

Table 4. Correlation between subscales of social support and self-esteem non-sexually abused group

	Self-esteem	
	Pearson Correlation	p
Social Support (Total)	0.103	0.217
Friend Subscale	0.136	0.101
Family Subscale	0.054	0.516
Significant Others Subscale	0.092	0.270

18) on self-esteem (23). But in contrast, some studies show that individual's sexually abused group has lower self-esteem than those who have not been sexually abused (24-27).

In spite of the finding which indicates that the levels of perceived support and self-esteem don't differ according to age, marital status, and education level, Baheiraei study found that Sociodemographic factors were significantly related to the perceived social support (28).

In spite of our finding that revealed only low degree correlation but a significant positive relation between self-esteem levels of the sexually abused victims with perceived social support levels from friends, Birgisdóttir study found that low family support in sexual abused led to lower self-esteem in girls (24) and Priebe (2010) showed that penetrating abuse were related to lower self-esteem when compared to non-abused, but family-support decrease the degree of the association (27).

The current study had some limitations. The sample consisted of female victims of sexual violence and results are therefore only applicable to this gender; however, more studies are necessary to evaluate and compare the levels of self-esteem and perceived social support in both genders. This study was limited to the women who referred to a forensic medical center in Tehran; thereby the results may not be representative of all female victims of sexual violence, so researches that investigate all victims of sexual violence are needed. Despite these limitations, our findings have implication for health care providers who work with these victims. As we found in our manuscript, greater self-esteem of the victims was related to stronger social support from friends, so health care providers should support them and lead them to greater self-esteem by counseling and encouraging them to integrate into a social network, and they can help peers to be more effective supporters by providing suggestions.

Conclusion

Our results indicated that the majority of female victims of sexual violence reported lower social support from their family, friends and individuals in their life but only friend's support has a positive effect on their self-esteem. It is concluded that for a higher self-esteem which is essential for victim's better health, social support from friends is necessary that may because of the cultural aspect and judgmental behaviors in Iranian families.

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Conflict of Interests

No conflict of interest was reported by the authors.

References

1. Nasrabadi AN, Abbasi NH, Mehrdad N. The Prevalence of Violence Against Iranian Women and Its Related Factors. Global J Health Sci. 2015;7(3):37-45.
2. Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization — National Intimate Partner and Sexual Violence Survey, United States, 2011." MMWR 2014;63(No. SS-8). Available at http://www.cdc.gov/mmwr/pdf/ss/ss6308.pdf.
3. Garcia-Moreno C, Pallitto C, Devries K, Stockl H, Watts C, Abrahams N. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva, Switzerland: World Health Organization [WHO], 2013. Available at: http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf
4. Hajnasiri H, Ghanei Gheshlagh R, Karami M, Taherpour M, Khatooni M, SayehMiri K. Physical, sexual and emotional violence among Iranian women: a systematic review and meta-analysis study. SJKU 2017;21(6):110-121.
5. Global Status Report On Violence Prevention 2014, World Health Organization, 2014. Available at: file:///C:/Documents%20and%20Settings/doctor/My%20Documents/Downloads/9789241564793_eng%20(1).pdf
6. Yap MB, Devilly GJ. The role of perceived social support in crime victimization. Clin Psychol Rev. 2004 Mar;24(1):1-14.
7. Ozbay F, Johnson DC, Dimoulas E, Morgan CA, Charney D, Southwick S.Social Support and Resilience to Stress. Psychiatry (Edgmont). 2007 May; 4(5): 35–40.
8. Umberson D, Montez JK. Social Relationships and Health: A Flashpoint for Health Policy. J Health Soc Behav. 2010;51(Suppl):S54-S66.
9. Demaray MK, Malecki CK. The relationship between perceived social support and maladjustment for students at risk. Psychol Schools. 2002;39(3):305-316.
10. Borja SE, Callahan JL, Long PJ. Positive and negative adjustment and social support of sexual assault survivors. J Trauma Stress. 2006 Dec;19(6):905-14.
11. Teoh HJ, Nur Afiqah R. Self esteem amongst young adults: the effect of gender social support and personality. mjpsychiatry. 2010; 19(2). Available at: file:///C:/Documents%20and%20Settings/doctor/My%20Documents/Downloads/96-347-1-PB.pdf
12. Tam C, Lee T, Har W, Pook. Perceived social support and self-esteem towards gender roles: contributing factors in adolescents. Asia Soc Sci. 2011;7(8):49-58.
13. Brown AL, Testa M, Messman-Moore TL. Psychological Consequences of Sexual Victimization Resulting From Force, Incapacitation, or Verbal Coercion. Violence Against Women. 2009;15(8):898-919
14. Littleton HL. The impact of social support and negative disclosure reactions on sexual assault victims: a cross-sectional and longitudinal investigation. J Trauma Dissoc. 2010;11(2):210-27.
15. Budd A, Buschman C, Esch L. The correlation of self-esteem and perceived social support. URJH, 2009:8(1). Available at: http://www.kon.org/urc/v8/budd.html
16. Lauren DeLong W. The social support and self-esteem of victims of relational bullying. Westermann, Lauren DeLong .Northern Illinois University, 2007. Available at: https://commons.lib.niu.edu/bitstream/handle/10843/17303/Westermann%2c%20Lauren%20DeLong.pdf?sequence=1&isAllowed=y
17. Rajabi Gh, Bohlool N. The Reliability and Validity of Rosenberg Self-Esteem Scale in freshman Students of Shahid Chamran University of Ahvaz. Isfahan Search Psychol J. 2008;2(8):33-48 [in Persian]
18. Bagherian-Sararoudi R, Hajian A, Ehsan HB, Sarafraz MR, Zimet GD. Psychometric Properties of the Persian Version of the Multidimensional Scale of Perceived Social Support in Iran. Int J Prev Med 2013;4(11):1277-1281.
19. Ribeiro MRC, da Silva AAM, Alves MTSS de Be, Batista RFL, Ribeiro CCC, Schraiber LB, Bettiol H, Barbieri MA. Effects of Socioeconomic Status and Social Support on Violence against Pregnant Women: A Structural Equation Modeling Analysis. Fischer G, ed. PLoS ONE. 2017;12(1):e0170469.
20. Filipas HH, Ullman SE. Social reactions to victims of sexual assault from social network members. Violence Vict. 2001;16:673-692.
21. Starzynski LL, Ullman SE, Filipas HH, Townsend SM. Correlates of women's sexual assault disclosure to informal and formal support sources. Violence Vict. 2005;20:415-431.

22. Banuelos S. The Relationship of Sexual Coercion on the Self-Esteem of Latina College Students. CPP McNair Scholars Journal, Cohort 16 2014-2015. November 2015. Available at: https://broncoscholar.library.cpp.edu/bitstream/handle/10211.3/14992 4/BanuelosStephanie_McNair2015.pdf?sequence=1

23. Bankole, Emmanuel T, Arowosegbe, Christianah K. Effect of Child Abuse on Self-Esteem among Secondary Schools Students in Ekiti State (Case Study of Iworoko Community High School). IJHSSE. 2014;1(12):133-140

24. Birgisdóttir ÍH. The Effect of Sexual Abuse on Self-esteem among Adolescents: The Impact of Gender, Parental Support and Type of Perpetrator. Iceland. Reykjavík University, 2015. Available at: https://skemman.is/bitstream/1946/23796/1/BSc.thesis.iris.hildur.birgi sdottir.pdf

25. Cortés Arboleda MR, Cantón Duarte J, Cantón-Cortés D. Characteristics of sexual abuse of minors and its consequences on victims' mental health. Gac Sanit. 2011 Mar-Apr;25(2):157-65.

26. Pérez-Fuentes G, Olfson M, Villegas L, Morcillo C, Wang S, Blanco C. Prevalence and correlates of child sexual abuse: a national study. Compr Psychiatry. 2013 Jan;54(1):16-27

27. Priebe G, Hansson K, Svedin CG. Sexual abuse and associations with psychosocial aspects of health. A population-based study with Swedish adolescents. Nord J Psychiatry. 2010;64(1):40-8.

28. Baheiraei A, Mirghafourvand M, Mohammadi E, Charandabi SM-A, Nedjat S. Social support for women of reproductive age and its predictors: a population-based study. BMC Women Health. 2012;12:30.