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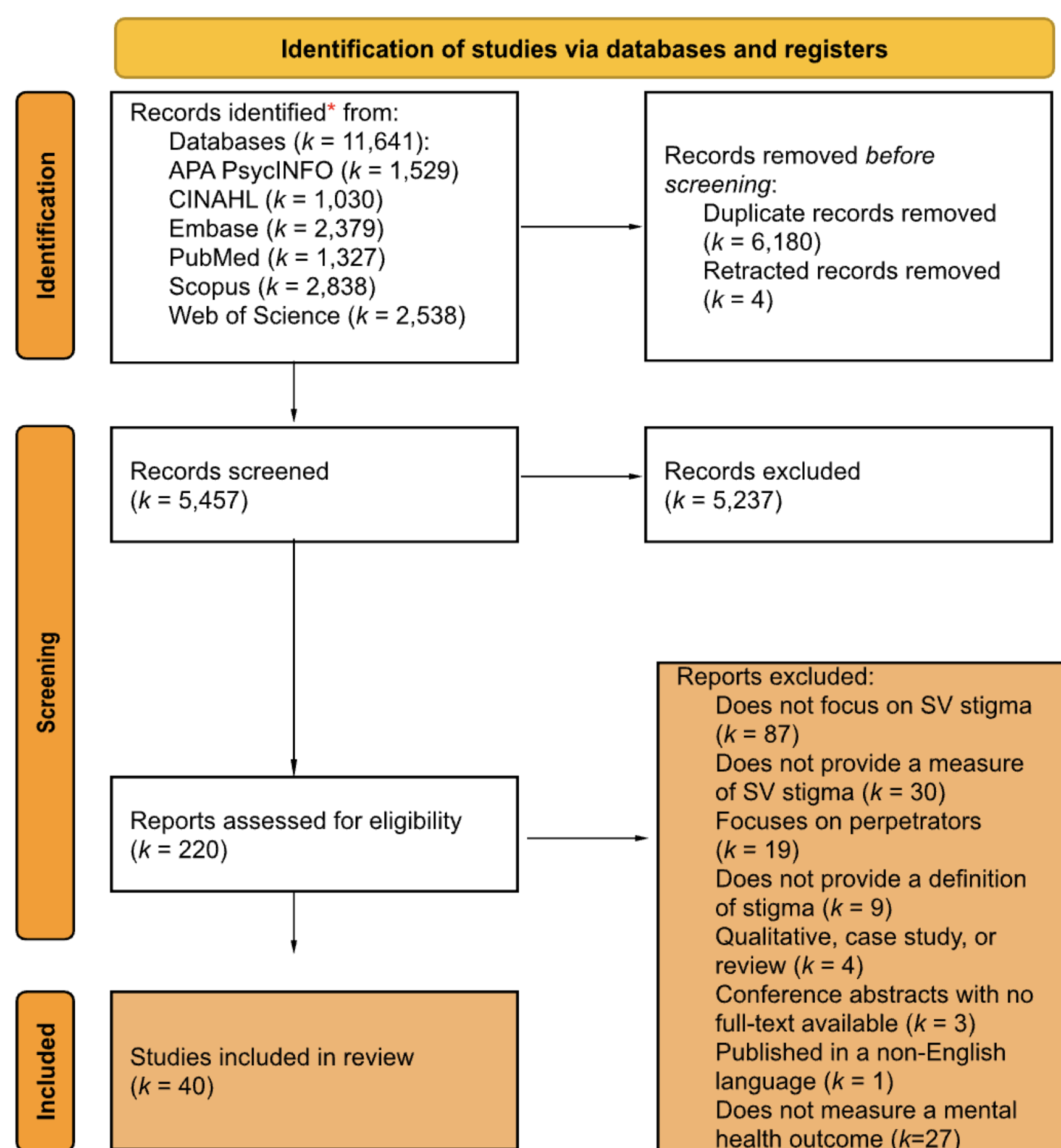
Background

Sexual violence is associated with a range of negative psychopathological outcomes, including posttraumatic stress, depression, anxiety, suicidality, and eating disorders.¹ Stigma related to sexual violence may also be linked to elevated risk for these conditions.^{2, 3, 4}

Research Aim

Examine the frequency with which different psychopathological outcomes are measured in studies of sexual violence stigma.

Method

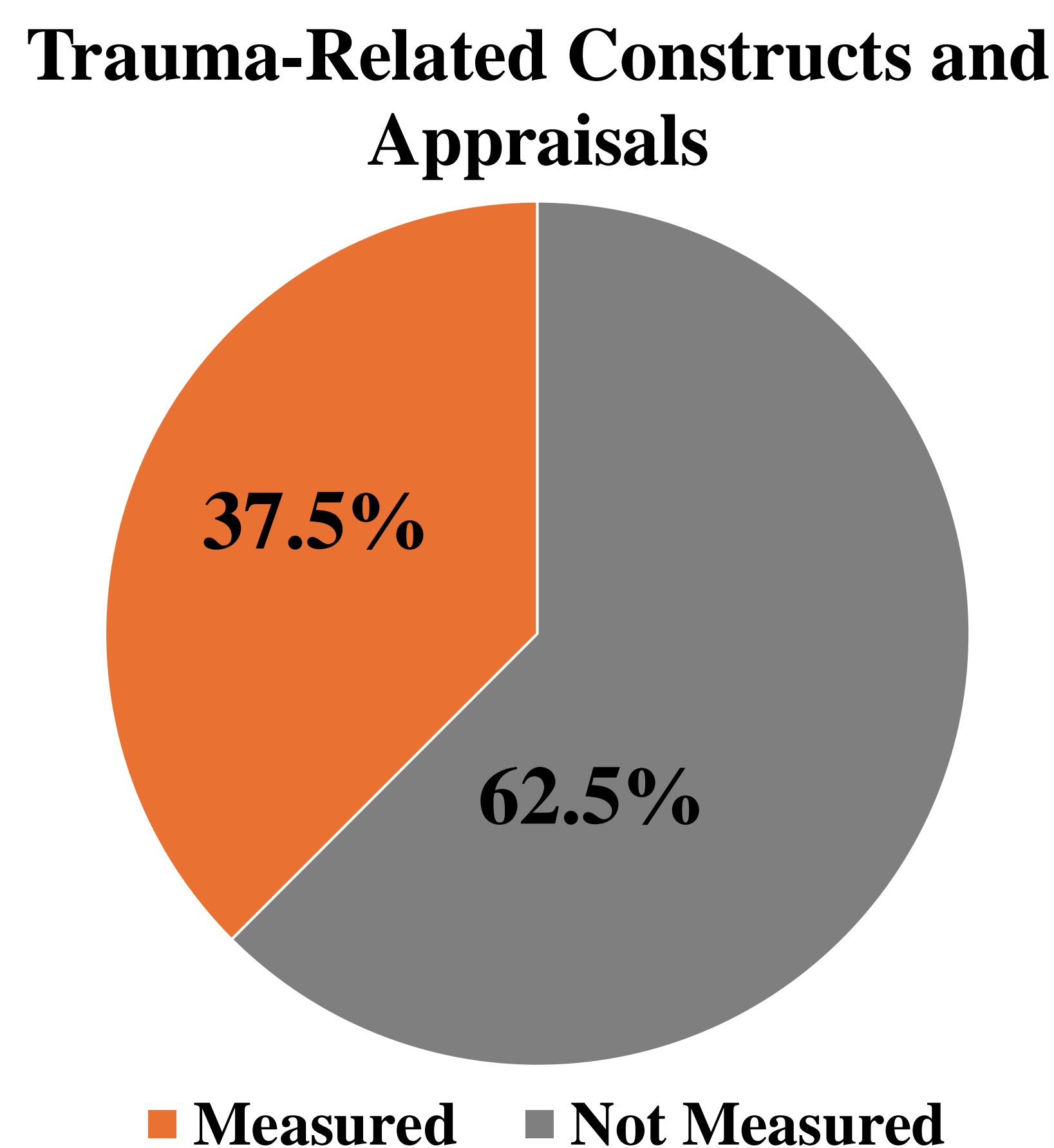
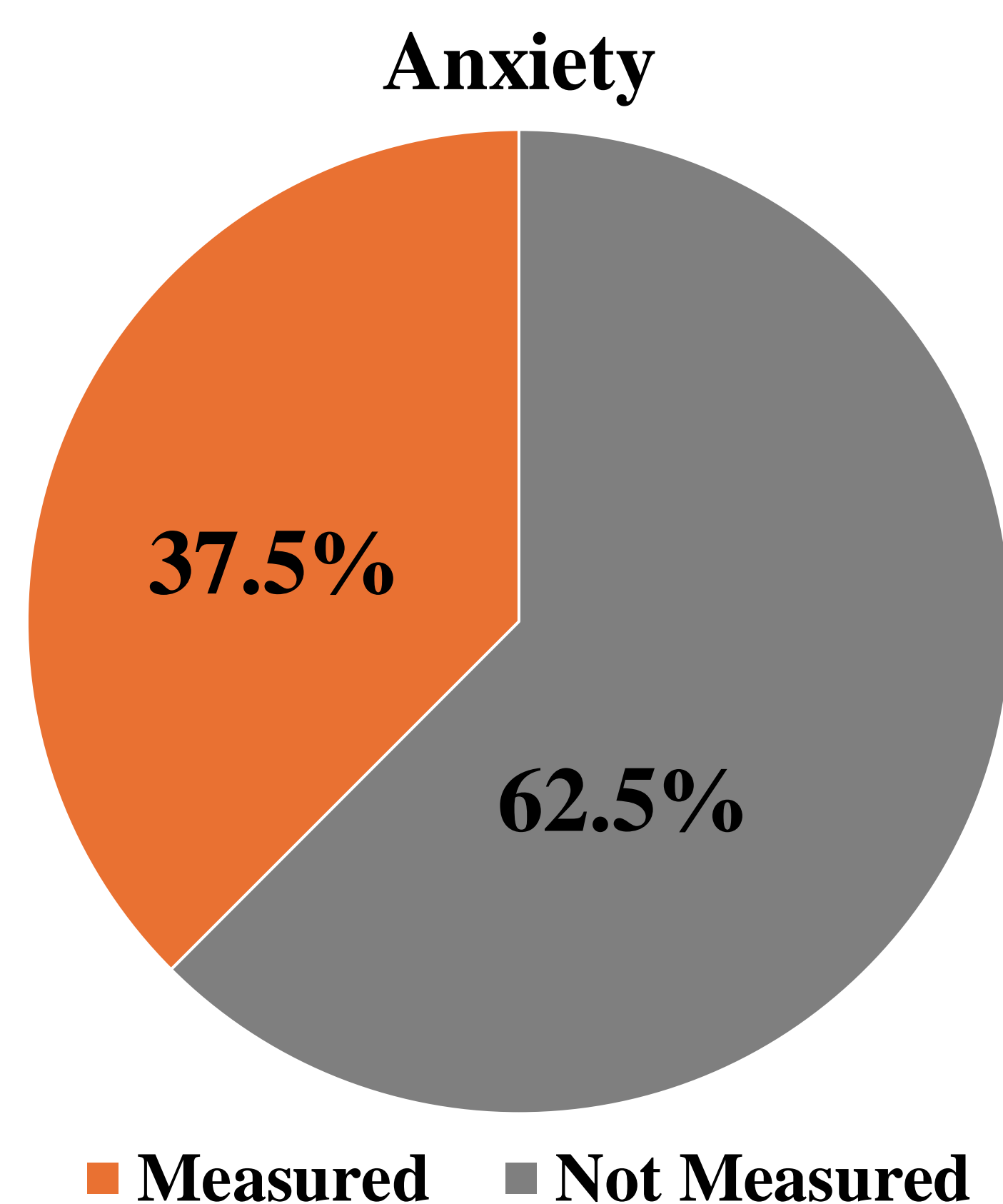
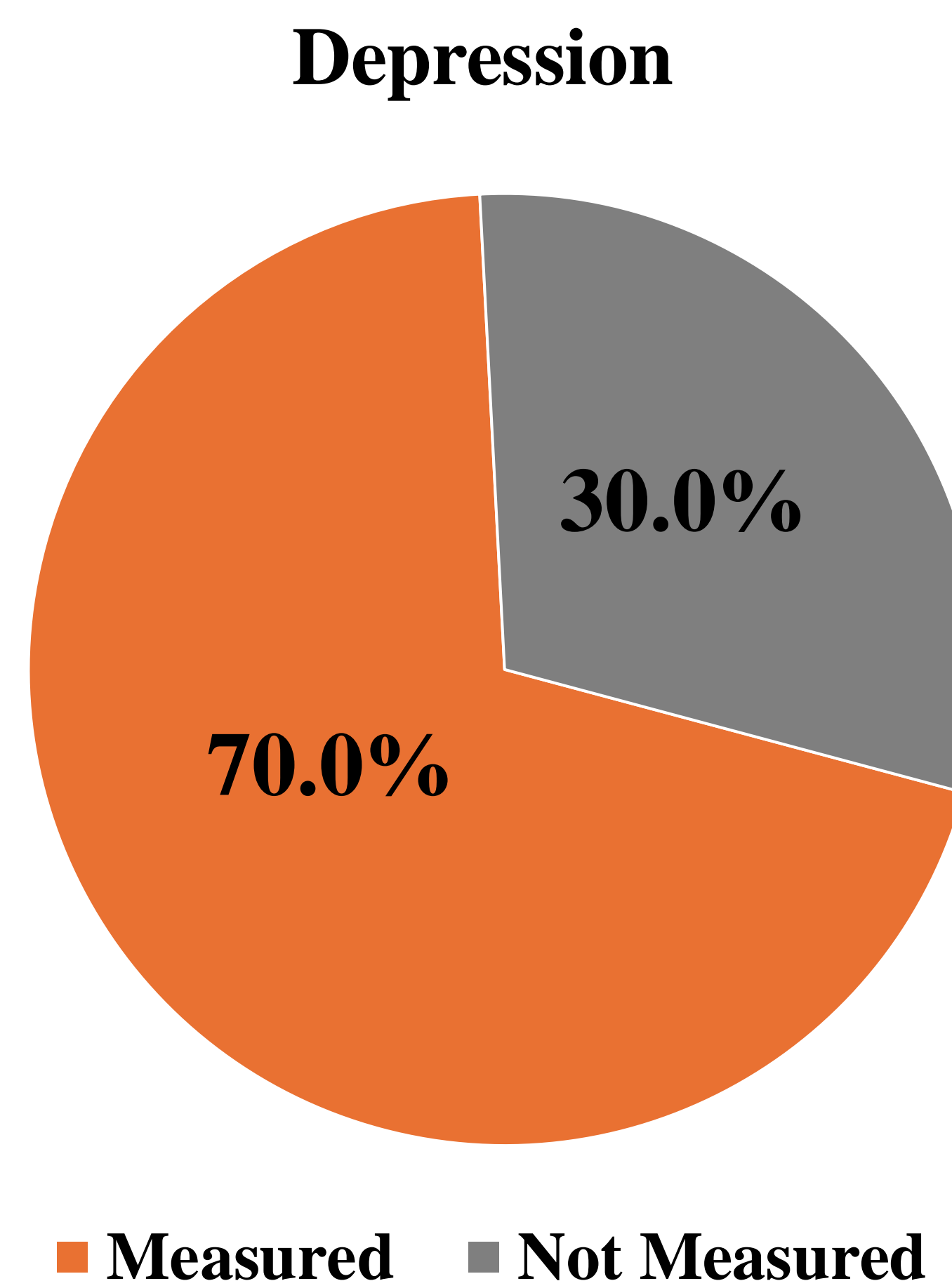
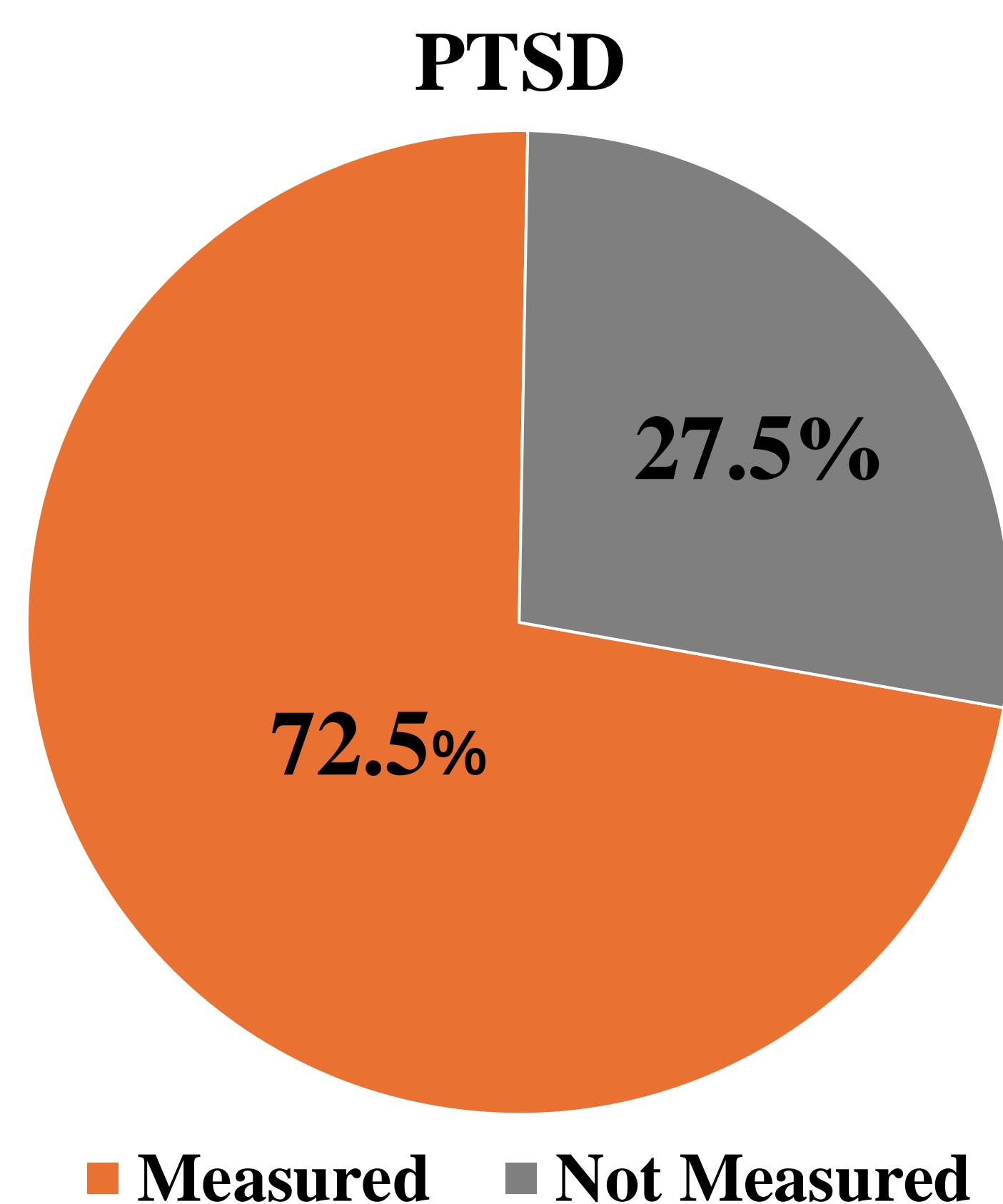


*Studies were identified through searches of online databases conducted from database inception through October 2024.

Results

Studies were primarily cross-sectional (k = 28), community-based (k = 14), and conducted in the U.S. (k = 25).

Posttraumatic stress disorder was the most frequently measured psychopathological outcome (k = 29), followed by depression (k = 28) and anxiety (k = 15).



Most studies assessed psychopathological outcomes of sexual violence stigma, including PTSD, depression, and anxiety.

Trauma-related constructs and appraisals—such as shame, guilt, self-esteem, self-blame, betrayal, and powerlessness—were measured in just over one-third of studies.

Discussion/ Future Directions

Although research on sexual violence stigma is growing, important gaps remain. This review highlights a lack of studies examining the relationship between sexual violence stigma and outcomes commonly associated with sexual violence, such as PTSD and mood disorders. Future research should explore how different forms of sexual violence stigma (i.e., internalized, anticipated, enacted) relate to a broader range of psychological outcomes among survivors (e.g., obsessive-compulsive disorder and eating disorders).

Longitudinal studies are especially needed to clarify the mechanisms through which stigma contributes to mental health distress after sexual violence exposure.

References

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