

Social Support, Depression Symptoms, and Unwanted Sexual Experiences

Review of the Literature

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### Abstract

Unwanted sexual experiences are common in the United States, and victims are at increased risk of adverse psychological effects. Depression symptoms are common in survivors, which is concerning due to the health risks and suicidality risk associated with Major Depressive Disorder. Social support has been found to reduce depression symptoms and increase successful treatment, leading to improved outcomes. The current study tested three hypotheses: that most survivors would endorse depression symptoms; that higher levels of perceived social support would correlate with lower levels of depression symptoms, and that social support from family and friends would have a stronger negative correlation with depression symptoms than support from significant others. We evaluated 82 survivors of unwanted sexual experiences' levels of depression symptoms and perceived social support, finding that increased social support was significantly correlated with decreased depression symptoms in this sample. Support was evaluated in three dimensions, with results indicating that perceived support from friends and family have a nearly equal correlation with lower depression symptoms, while support from significant others had no statistical significance on its own.

*Keywords: social support, unwanted sexual experiences, depression*

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Sexual trauma is prevalent in the United States, with the CDC finding that approximately 18.3% of women and 1.4% of men have been victims of rape at some time in their lives (Black et al., 2011). Existing research has examined the effects of sexual trauma, with Major Depressive Disorder, PTSD, and anxiety disorders emerging as common problems following a sexual assault (Dworkin, Menon, Bystrynski, & Allen, 2017). Additional research has examined the correlations between social support and MDD (Holahan & Moos, 1981), seeking to identify the ways in which social support can lower the risk of the development of depression and aid in successful treatment. This review of the literature elaborates on the prevalence and effects of depression, especially in victims of sexual trauma, and presents evidence for social support as a protective factor against development of depression symptoms.

#### **Major Depressive Disorder and Sexual Trauma**

Major Depressive Disorder presents a significant risk to public health, with sufferers dying nearly 8 years earlier, on average, than unaffected people (Pratt, Druss, Manderscheid, & Walker, 2016). In research attempting to reliably identify predictors of the first onset of MDD in young adults, a history of sexual trauma was shown to be a significant predictor (Klein et al., 2013). This study examined a sample of 502 young adults to analyze a variety of risk factors to develop a multivariate model to assess risk of onset of MDD in young adulthood.

Additionally, sexual assault is strongly associated with general psychological dysfunction including PTSD and suicidality, across multiple populations (Dworkin et al., 2017). Depressive symptoms after a sexual assault commonly lead to suicidal ideation (Sigurvinsdottir,

Ullman, & Canetto, 2019), highlighting the need for survivors to receive appropriate psychological intervention and treatment to prevent suicide attempts. Additionally, when comparing women who have experienced sexual trauma to those who have not, Littleton et al. (2012) found that a history of sexual assault increased the risk of depression following a shared traumatic event that was non-sexual in nature, specifically, the Virginia Tech campus shootings. Women who had been sexually assaulted at some point prior to the shootings were found to be at higher risk of developing MDD, PTSD, and anxiety disorders than those who had not previously experienced a sexual trauma.

### **Social Support**

There is a possibility that social support could be a protective factor against depression in victims of sexual assault; it is a factor that can serve as a potential predictor of future depression. According to Cruwys et al. (2013), social connectedness can lower one's risk for depression, as well as alleviating existing depression symptoms and assisting in prevention of relapse. By analyzing the number of social groups participants belonged to, researchers were able to identify a link between social connectedness and reduction of depressive symptoms. In addition, participants in the study with a history of depression who belonged to a higher number of social groups demonstrated a significantly lower risk of recurrent depressive episodes (Cruwys et al., 2013). Therefore, social support can be used not only as an indicator of risk, but also a tool in treatment of MDD.

#### *Social Support and sexual assault*

Social support has been examined in sexual assault survivors, with mixed findings (Ullman, 1999). Ullman posits that these mixed results could be a result of multiple inconsistencies in existing studies, including lack of standardized measures in social support

evaluations and incomplete samples consisting of only victims who reported their assault or only treatment-seeking survivors.

Social support has been shown to contribute to predicting future success of survivors of sexual assault, as indicated by examining outcomes of survivors of childhood sexual trauma (Asberg & Renk, 2013). In this study comparing incarcerated women and college student women, lack of adequate social support was found to be a statistically significant predictor of incarceration. Additionally, incarcerated participants reported more negative responses when sexual abuse was disclosed, which implies a low level of perceived social support at the time of disclosure. College student participants showed higher levels of psychological adjustment overall, providing support for the conjecture that the incarcerated women experienced more detrimental psychological effects from their traumatic experience than did their college student counterparts. This confirms other research findings that social support significantly improves psychological adjustment, with lower levels of social support leading to decreased quality of mental health and higher levels correlating with better adjustment (Holahan & Moos, 1981).

#### *Perceived vs. Received Social Support*

Kaniasty & Norris (1992) found that perceived social support, rather than received social support, is key to assisting improvement in victims' psychological well-being. Because this study examined both received and perceived social support in victims of violent crime, its findings are significant when examining the effects of social support on depression symptoms after victimization. This direct comparison found that while received support did reduce fear of revictimization, it did not improve symptoms of depression. Perceived support, however, did improve symptoms of depression and overall psychological well-being. Therefore, perceived

support is the appropriate variable to analyze when examining how social support can improve psychological outcomes for traumatized populations.

Social support is heavily influenced by personal perception. Rankin, et al. (2018) took evaluations of social support as moderators against depression one step further by studying the discrepancy between the respondents' perception of support needed vs. support received in college students. Their research found that depressive symptoms were most severe when emotional support was perceived to be needed but not received (Rankin et al., 2018). This suggests that evaluations of social support may be enhanced if researchers also evaluate the respondents' need for support. Additionally, the study found that participants overall reported receiving less support than they perceive a need for, compounding their risk of depression. When participants reported a higher discrepancy between needed support and received support, depression symptoms were also increased. Interestingly, though, increased levels of depression were found when received social support was perceived as significantly more than needed social support; in essence, the students with the fewest symptoms were those whose support needs were met with no excess or deficiency. The relationship between needed and received social support appears to be significant when evaluating the impact of social support on emotional health and depressive symptoms.

#### *Dimensions of Social Support*

Differences have been shown to be significant between parental support and peer support. In adolescent girls, parental support was shown to provide more protection against the development of depression than peer support (Stice, Ragan, & Randall, 2004). These findings illustrate the importance of the parent-child relationship in adolescence. However, it is important to note that while parental support appeared to be a more significant predictor of depression than

peer support, this could be due to the more consistent nature of parental support and more fluid nature of peer support. Peer support may fluctuate and change as peer groups grow or wane. Additional analysis revealed that depressive symptoms and major depression also correlated with a decrease in peer support, while parental support did not decrease. This illustrates the notion that adolescent peer relationships are egocentric, rather than self-sacrificial. While supportive parents will pursue a withdrawn, angry, or sad child, the child's peers may not have the emotional capacity to recognize that these emotions are not directly related to the peers themselves, but rather to the affected person's own mental state. Therefore, it is important to understand that not all social support is equal in terms of its impact on mental health.

After examining the literature, it is reasonable to conclude that there may be a relationship between social support, sexual assault, and major depressive disorder. The complexity of the relationship is as yet unknown, however. While social support may help to lower the risk of depressive symptoms after a sexual assault, the lack of consistency in measurement of social support creates a need for evaluation of this relationship using standardized, valid measures. The current study seeks to eliminate some of these limitations by using the multidimensional scale of perceived social support or MSPSS. The MSPSS is a standardized measure of social support which has demonstrated high reliability and validity (Clara, Cox, Enns, Murray, & Torgrudc, 2003).

The additional use of anonymous online surveys which do not require participants to have previously disclosed their experience also allows for a wider range of participants, leading to a more comprehensive sample and an ability to generalize more broadly than the current literature allows. The current study hypothesizes that participants will endorse depression symptoms, which will be lower in those who report higher levels of overall perceived social

support. We also hypothesize that perceived social support from the family and friends dimensions will be more strongly correlated with lower depression symptoms than social support from significant others

## **Methods**

### *Participants*

A total of 82 participants were recruited for the study from the student pool at Oklahoma State University. The student pool was comprised of students who were enrolled in an introductory psychology or other undergraduate psychology course at the time of their participation, and participants received course credit proportionate to estimated time to complete the measures. Participant gender was predominately female, with 72 female and 10 male participants. All participants endorsed a previous unwanted sexual experience in a pre-screening survey. Racial composition included 74.4% white or Caucasian, 11% mixed race, 6.1% black, 4.9% Native American, 2.4 Asian, and 1.2% unknown. The study was approved by the IRB and all participants provided informed consent before completing the study measures.

### **Measures**

**SASS.** All participants reported a history of at least one unwanted sexual experience. The Sexual Assault Severity Scale, or SASS (Swinson, 2013) was completed by all participants to record details and severity of the unwanted sexual experience.

**MSPSS.** Each participant rated their level of perceived social support using the Multidimensional Scale of Perceived Social Support, or MSPSS (Clara et al., 2003). This self-report measure evaluates the participants' perception of social support, distinguishing between support from three different dimensions: significant other, family, and friends.



**PHQ-9** Participants' depression symptoms were evaluated using the 9-item version of the Patient Health Questionnaire for depressive symptoms, or PHQ-9 (Kroenke, Spitzer, Williams, and Löwe, 2010). This scale provides a cumulative score of the nine items and is evaluated as follows: 0-4, no symptoms; 5-9, mild symptoms; 10-14, moderate symptoms; and >15 moderately severe to severe symptoms.

### **Procedure**

Participants endorsed informed consent online and then completed a series of online questionnaires including demographic information and the SASS, PHQ-9, and MSPSS. After completion of the surveys, participants were debriefed and provided with resources for assistance on the Oklahoma State University campus and in the local community.

### **Results**

A correlational analysis was completed in SPSS to determine the significance of correlations between depression symptoms, level of overall social support, and levels of three dimensions of social support: significant others, family, and friends. 81.7% of participants reported a PHQ-9 score of four or more, which indicates symptoms of depression. A significant negative correlation was found between depressive symptoms and overall perceived social support ( $r=-.390, p\leq 0.01$ ). Analysis of the three dimensions of social support revealed no significant correlation between social support from significant others ( $r=-.219, p=0.051$ ), however, these results are very near statistically significant levels. A strong negative correlation was found between depression symptoms and social support from friends ( $r=-.346, p\leq 0.01$ ), as well as between depression symptoms and social support from family ( $r=-.348, p\leq 0.01$ ).

### **Discussion**

Sexual assault and unwanted sexual experiences are common, and underreporting creates considerable difficulty in compiling accurate statistics (Burgess, 2019). Estimates indicate that the prevalence of rape is approximately one in six women and one in 33 men in the United States; this does not include statistics for other types of unwanted sexual experiences. Victims face significant psychological challenges following their experiences, including depression, anxiety, and PTSD (Dworkin et al., 2017). Depression symptoms are particularly prevalent in survivors (Thurston, Chang, Matthews, von Känel, & Koenen, 2019), which is concerning given the health ramifications of depression. The current study underscores this finding, with more than 80% of participants, all of whom endorsed a prior unwanted sexual experience, reporting clinically significant levels of depressive symptoms. This confirms the hypothesis that a majority of participants would endorse depression symptoms.

Social support has been examined as a protective factor against depression symptoms, as well as an important contributor to successful treatment. Research indicates that social connectedness can reduce the risk of depression and increase the effectiveness of therapeutic interventions (Cruwys et al., 2013), finding that those with extensive social networks have better treatment outcomes and are less likely to experience recurring symptoms after recovering from a depressive episode. When levels of social support needed are in balance with levels of support that are perceived to be available, depression symptoms are significantly lowered (Rankin et al., 2018), highlighting the necessity of measuring perceived social support when evaluating its impact on depression symptoms. The current study is in line with existing literature, therefore, in finding that overall levels of perceived social support correlate with lower levels of depression symptoms, indicating support for the hypothesis that higher overall levels of social support would correlate with lower levels of depression symptoms.

The current study's finding that social support from significant others had less impact on depression symptoms than social support from friends or family is consistent with previous findings indicating that support from romantic partners had mixed effects on sexual assault survivors (Ahrens, Cabral, & Abeling, 2009). This analysis revealed that significant others provided support differently from friends or family members, resulting in victims' characterization of support from their partners as a mixture of blame and support. This is also consistent with the current study's finding that higher levels of perceived support from friends and family correlated with lower levels of depression symptoms. These results support the hypothesis that social support from the family and friends dimensions will have a stronger influence on depression symptoms than support from significant others. Also of note is that perceived support from family and from friends showed similar levels of correlation, revealing that both could be equally important in reducing depression symptoms for survivors of sexual assault.

Limitations of the current study include a small sample size of primarily Caucasian females, which indicates that caution is warranted when attempting to generalize these findings to a broader population.

Future research in this area can lead to better-informed treatment plans and interventions for survivors of sexual assault and should seek to address the implications of these findings for underserved populations and diverse cultures. Male, transgender, and nonbinary populations are of specific interest, as these were not specifically examined in the current study and comprise a group that is at an increased risk for victimization. Further research into the dynamics of social support and depression symptoms for the LGBTQ+ community is also warranted, as this population includes a vast array of additional considerations that may create different dynamics.

Additionally, examining the effects of social support after sexual assault in diverse cultures could have divergent outcomes. Honor cultures, for instance, respond differently to sexual assault victims and may therefore create additional dimensions which should be addressed.

Overall, the current study is consistent with existing literature and finds that social support, most significantly from friends or family members, correlates with lower levels of depressive symptoms in those who have a history of at least one unwanted sexual experience. This indicates that increasing levels of perceived social support for sexual assault survivors may help prevent development of depression symptoms or decrease the intensity of symptoms that develop. Improving social support for survivors could therefore result in improved psychological well-being and better treatment efficacy, decreasing the likelihood of adverse health effects for this at-risk population.

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