

Psychological management intervention guidelines for rape survivors with post-traumatic stress disorder (PTSD): A brief exploratory systematic literature review

Nombulelo Veronica Sepeng¹ *, Lufuno Makhado²

¹ Faculty of Health Sciences, Prinshof Campus, Department of Nursing, University of Pretoria, South Africa

² School of Health Sciences, University of Venda, Limpopo, South Africa

* Corresponding author email: zulwayon@gmail.com

Abstract

This exploratory systematic literature review aimed to characterise the current evidence on psychological management intervention guidelines for use with rape survivors with post-traumatic stress disorder (PTSD) symptoms. For the data searches we accessed the following electronic databases: Google Scholar, Science Direct, EBSCOhost, and PsychInfo. We utilised search terms with variations of the following key words: psychological management guidelines of PTSD*, rape survivors*. Inclusion criteria were guidelines for rape survivors with PTSD that consider referral, treatment, and preventive and health promotion in an international setting. We excluded guidelines that did not address PTSD resulting from rape in an international setting. We employed a narrative synthesis data analysis approach to integrate the evidence from across studies. Findings suggest prevalent guidelines for rape survivors with PTSD focus on cognitive behavioural therapy and other psychological management interventions in highly specialised areas and Primary Health Care (PHC) settings in international countries, but not in other countries such as South Africa. Emerging guidelines are needed for PTSD psychological management interventions in rape care clinics situated in South Africa.

Keywords: psychological management interventions or guidelines of PTSD, rape survivors

Introduction

The experience of sexual rape is a significant factor contributing to Post Traumatic Stress Disorder (PTSD) (Masho & Ahmed, 2007; Ullman, Filipas, Townsend & Starzynski, 2007; Klump, 2006; Breslau, 2000). Global prevalence estimates for PTSD among rape survivors range from 17.3% in Australia (Creamer, Burgess & McFarlane, 2001) to about 76% in the United States of America (USA) (Littleton & Henderson, 2009). In South Africa (SA), PTSD among rape survivors is estimated at around 21.3% (Nöthling, Lammers, Martin & Seedat, 2015). The use of psychological management interventions to treat PTSD resulting from rape experiences is universal. However, what is sorely lacking is evidence of the types of guidelines currently used and the treatment care or other survivor support interventions that are intended. In particular, there is a lack of evidence on stated or implied guidelines from settings in African countries. This exploratory systematic review aims to summarize the evidence on psychological management interventions for health professionals working with rape survivors who exhibit PTSD symptoms.

Goal of this study

We utilised an exploratory systematic review applied to the following items: (i) Were the appropriate stakeholders involved in the development of the guidelines? (ii) Are the groups to which guidelines apply or do not apply clearly stated? (iii) Is potential bias eliminated and what is the validity of the guidelines? (iv) What is the level of supporting evidence identified for each recommendation? (see also Newhouse, Dearholt, Poe, Pugh and White, 2007). As such, this study aimed to summarise the evidence on psychological management guidelines for use by professionals working with PTSD among rape survivors. Psychological management

guidelines are important for benchmarking evidence-based standards of care to manage PTSD post the rape experience.

Methods

Search procedure

We searched from the following databases for relevant publications from 2000 to 2018: Google Scholar, Science Direct, EBSCOhost, Psych info, Medline JSTOR, and South African sources such as the National Department of Health (NDoH) website. The first listed author did the initial search and reviewed the guidelines to assess if they met the Population, Intervention, Comparison, Outcome and Time frame (PICOT) (Riva, Malik, Burnie, Endicott & Busse, 2012) strategy and clinical practice guideline appraisal criteria (Newhouse, Dearholt, Poe, Pugh & White, 2007). Then the reviewed guidelines were interrogated by the second listed author to confirm if those guidelines adopted psychological management interventions to lessen the symptoms of PTSD as experienced by rape survivors. A total of 1090 articles and guidelines were found in the initial search. However, after a rigorous process of selection using the inclusion criteria, only four guidelines were finally accepted for review as reflected in Figure 1.

Inclusion criteria

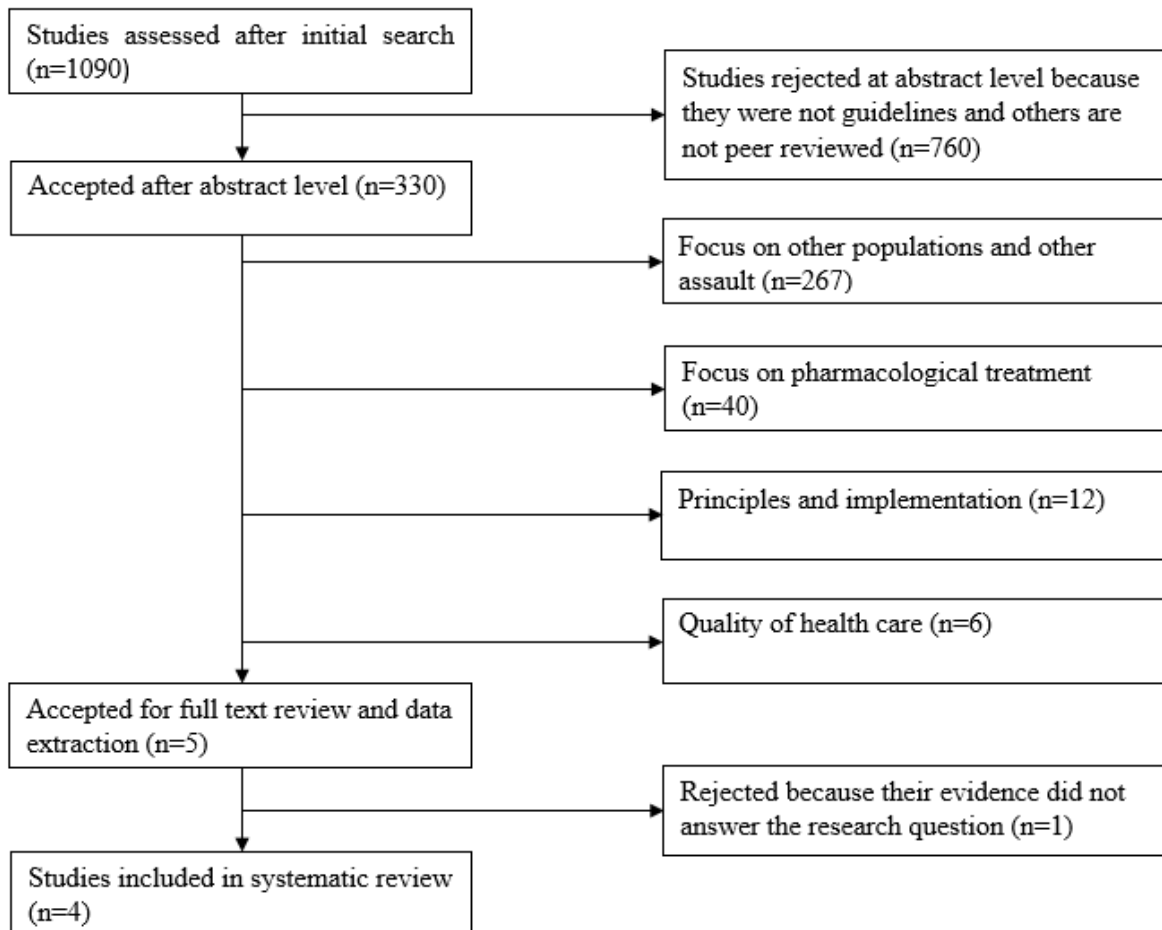
The inclusion criteria were publications that explicitly addressed referral, treatment, preventive and health promotion guidelines for the psychological management of PTSD within African countries or an African cultural heritage and internationally following rape experiences.

Moreover, the guidelines had to be written in English and used as the current treatment guidelines of the country or context concerned.

Exclusion criteria

This study excluded publications which did not describe referral, treatment, and preventive and health promotion guidelines for rape survivors with PTSD in an international setting.

Figure 1. Selection Process for Studies Included and Excluded in the Systematic Review



Data analysis

We utilized the critical appraisal process tool Newhouse et al (2007) to summarize the evidence. In using the tool, we considered the extent to which the guidelines applied to psychological management of PTSD in rape survivors across the domains of care: referral, treatment, and preventive and health promotion. See Table 1 for a summary of the studies included.

Table 1. Critical appraisal process

1. Psychological management treatment intervention option 1	Author (s)	Country where the guideline is developed	Population	Clinical practice guideline appraisal		
				Criteria	Yes	No
Individual and group trauma focused- CBT	Foa et al. (2000); NICE (2005); Foebes at al (2007); WHO (2013)	USA, United Kingdom, Australia and WHO	Different types of trauma however, the study only focused on adult sexual survivors of rape	Were appropriate stakeholders involved in the development of this guidelines?		✓
				Are groups to which guidelines apply and do not apply clearly stated?		✓
				Has potential bias been eliminated?		✓
				Were guidelines valid (reproducible search, expert consensus, independent review, recency and level of supporting evidence identified for each recommendation)?		✓
				Are recommendations clear?		✓
Pertinent conclusions and recommendations from the guidelines	Individual trauma focused CBT was listed as one of the outpatient psychological management interventions that can be used to manage PTSD effectively post rape experiences among the guidelines developed in USA, UK, Australia and other countries represented by WHO. These guidelines recommended that rape survivors who are diagnosed with PTSD must receive at least eight to twelve sessions of trauma focused CBT to lessen PTSD symptoms. It should be noted that the evidence of Randomized Control Trial studies (RTC) that are used to grade the effectiveness of this intervention in these guidelines is mostly from the USA. However, the WHO guideline highlighted that it is better to consider individual CBT because is more effective than the use of group CBT.					
2. Psychological management treatment intervention option 2	Author (s)	Country	Population	Clinical practice guideline appraisal		
Exposure therapy	Foa et al. (2000); NICE (2005), Foebes at al	USA, United Kingdom,	Different types of trauma however,	Criteria	Yes	No
				Are groups to which guidelines apply and do not apply clearly stated?		✓
				Has potential bias been eliminated?		✓

(2007); WHO (2013)	Australia and WHO	the study only focused upon adult sexual survivors of rape	Were guidelines valid (reproducible search, expert consensus, independent review, recency and level of supporting evidence identified for each recommendation)?	✓
			Are recommendations clear?	✓

Pertinent conclusions and recommendations

All the guidelines recommended ET as one of the effective psychological interventions that can be used to lessen PTSD post rape experiences. However, the guideline was developed in the USA, and it is stated that ET was found to be the most effective psychological management intervention of PTSD compared to other interventions post traumatic experiences.

3. Psychological management treatment intervention option 3	Author (s)	Country	Population	Clinical practice guideline appraisal		
				Criteria	Yes	No
Eye movement desensitization and reprocessing	Foa et al. (2000); NICE (2005), Foebe et al (2007); WHO (2013)	USA, Australia, UK and WHO representing other international and national countries in the world	Different types of trauma however, the study only focused among adult sexual survivors or rape	Were appropriate stakeholders involved in the development of this guidelines?	✓	
				Are groups to which guidelines apply and do not apply clearly stated?		✓
				Have potential biases been eliminated?		✓
				Were guidelines valid (reproducible search, expert consensus, independent review, recency and level of supporting evidence identified for each recommendation)?		✓
				Are recommendations clear?		✓

Pertinent conclusions and recommendations

All the guidelines used in this review illustrated that EMDR is the best treatment for PTSD and it should be administered at least eight to twelve times following traumatic experiences.

4. Psychological management treatment intervention option 4	Author (s)	Country	Population	Clinical practice guideline appraisal		
				Criteria	Yes	No
Stress management	Foa et al. (2000); NICE (2005), Foebe et al (2007); WHO (2013)	USA, Australia, UK and WHO representing other international and national countries in the world	Different types of trauma however, the study only focused among adult sexual survivors or rape	Were appropriate stakeholders involved in the development of this guidelines?	✓	
				Are groups to which guidelines apply and do not apply clearly stated?		✓
				Have potential biases been eliminated?		✓
				Were guidelines valid (reproducible search, expert consensus, independent review, recency and level of supporting evidence identified for each recommendation)?		✓
				Are recommendations clear?		✓

Pertinent conclusions and recommendations	All the guidelines used in this review illustrated that stress management cannot be regarded as an effective PTSD psychological management intervention. However, in the case of a lack of resources, the WHO guideline recommends the use of stress management in primary health Care (PHC) facilities in resource constrained areas.								
5. Psychological management treatment intervention option 5	Author (s)	Country	Population	Clinical practice guideline appraisal					
				Criteria	Yes	No			
				Were appropriate stakeholders involved in the development of this guidelines?	✓				
				Are groups to which guidelines apply and do not apply clearly stated?	✓				
				Have potential biases been eliminated?	✓				
Selective serotonin reuptake inhibitors	Foa et al. (2000); NICE (2005), Foebes at al (2007)	USA, Australia, UK	Different types of trauma however, the study only focused among adult sexual survivors or rape	Were guidelines valid (reproducible search, expert consensus, independent review, regency and level of supporting evidence identified for each recommendation)?	✓				
				Are recommendations clear?	✓				
				Pertinent conclusions and recommendations					
				These guidelines recommended SSRIs as one of the treatment options that can be considered for treatment of PTSD post traumatic experiences.					
				6. Psychological management treatment intervention option 6	Author (s)	Country	Population	Clinical practice guideline appraisal	
Criteria	Yes	No							
Were appropriate stakeholders involved in the development of this guidelines?	✓								
Are groups to which guidelines apply and do not apply clearly stated?	✓								
Have potential biases been eliminated?	✓								
Non-directive therapy, psychodynamic therapy and systemic psychotherapy	Foa et al. (2000); NICE (2005), Foebes at al (2007)	USA, Australia, UK	Different types of trauma however, the study only focused among adult sexual survivors or rape	Were guidelines valid (reproducible search, expert consensus, independent review, regency and level of supporting evidence identified for each recommendation)?	✓				
				Are recommendations clear?	✓				
				Pertinent conclusions and recommendations					
				The three listed guidelines above illustrated that non directive therapy, psychodynamic therapy and systematic psychotherapy were not recommended as interventions that can be used to treat PTSD post rape experiences.					

Results and Discussion

The results of this review support those of numerous studies (Foa, Keane, Friedman, & Cohen,

2008; Resick, Nishith and Griffin, 2003; Shubina 2005; Posmontier, Dovydaitis and Lipman 2010; Bisson, Ehlers, Matthews, Pilling, Richards and Turner, 2007; Kirkpatrick and Heller, 2014), which illustrated that individual trauma focused-CBT, exposure therapy, Eye Movement Desensitization and Reprocessing (EMDR), provision of Selective Serotonin Reuptake Inhibitors (SSRIs), supportive interviews and psychological management interventions adopted among the guidelines stated in Table 1 could be used to lessen PTSD symptoms post rape experiences.

The results of this review illustrated that group trauma focused CBT has less effect on PTSD management after a rape experience than other interventions, and this result differs from that of Bisson et al (2007) who illustrated that group CBT is effective in managing PTSD post rape experiences. In addition, as indicated in Table 1, the results of this review share the same views as Forbes, Creamer, Phelps, Bryant, McFarlane, Devilly and Newton (2007); Bisson and Andrew (2009); Ramchandani and Jones (2003), because they illustrated that non-directive therapy, psychodynamic therapy and systemic psychotherapy are less effective in managing PTSD post rape experience.

However, the evidence of effectiveness of these aforementioned psychological management interventions in these guidelines mostly comes from studies conducted in the USA. This clearly shows that there is a lack of guidelines specific to African settings or contexts, hence there is no evidence of the available PTSD psychological management interventions post rape experiences. Despite that, South Africa for example, reports among the highest rape incidences annually world-wide (South African Police service, 2017) and this means that survivors of rape might be prone to PTSD without evidence of how it is assessed, managed or treated because of a lack of context-specific guidelines for PTSD psychological management interventions. Therefore, this clearly shows that there is a need for the development of guidelines for PTSD psychological management interventions specific to the African context as well as to test their effectiveness in order to provide holistic care for rape survivors.

Conclusion

There are no specific guidelines that can be used by health care practitioners to assess, manage, and treat PTSD post-rape experiences in rape care clinics situated in South African settings. We recommend the development of South African context specific psychological management interventions guidelines that will be used to manage PTSD post-rape experiences in order to optimise treatment and rehabilitation care of rape survivors.

Limitations and recommendations

This review only focused on PTSD psychological management interventions, and as such, it cannot be generalised to other psychological problems associated with rape experiences. Furthermore, our study findings must be understood with the limitation that the effectiveness of psychological management interventions in these guidelines were based on studies conducted in the USA and UK. There is a need for documentation testing of guidelines specific to South African settings or contexts. South Africa, for example, annually reports among the highest rape incidences world-wide (South African Police service, 2017). Furthermore, 74.5% of rape survivors in a specific region of South Africa were diagnosed with PTSD (Sepeng & Makhado, 2018). This indicates that survivors of rape are prone to PTSD without evidence of how it is assessed, managed or treated in rape care clinics situated in South Africa. This study is a small instalment towards understanding the lack of PTSD psychological management interventions in Africanist settings against an international background.

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