



CLINICAL REVIEW

Sleep disturbances in sexual abuse victims: A systematic review

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SUMMARY

An impressive body of research has investigated whether sexual abuse is associated with sleep disturbances. Across studies there are considerable differences in methods and results. The aim of this paper was to conduct the first systematic review of this area, as well as to clarify existing results and to provide guidelines for future research. We conducted searches in the electronic databases PsycINFO and PubMed up until October 2010 for studies on sleep disturbances in sexually abused samples. Thirty-two studies fulfilled the inclusion criteria (reported empirical data, included sexually abused subjects, employed some form of sleep measurement, English language and published in peer reviewed journals). Across the studies included, sleep disturbances were widespread and more prevalent in sexually abused subjects as compared to in non-abused samples. Symptoms reported more frequently by sexually abused samples included nightmare related distress, sleep paralysis, nightly awakenings, restless sleep, and tiredness. Results were divergent with regards to sleep onset difficulties, nightmare frequency, nocturnal activity, sleep efficiency, and concerning the proportion of each sample reporting sleep disturbances as such. Potential sources of these divergences are examined. Several methodological weaknesses were identified in the included studies. In order to overcome limitations, future researchers are advised to use standardized and objective measurements of sleep, follow-up or longitudinal designs, representative population samples, large sample sizes, adequate comparison groups, as well as comparison groups with other trauma experiences.

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Introduction

Sleep disturbances and traumatic symptomatology have long been associated with the diagnostic and statistical manual of

mental disorders. 4th edition (DSM-IV-TR) criteria for acute and posttraumatic stress disorder, which lists insomnia and nightmares as core symptoms.¹ Moreover, several studies have documented an association between various sleep disturbances and traumatized individuals, with differences emerging as a result of specific trauma types.² Over the past decade an impressive body of literature has emerged investigating the extent and nature of sleep disturbance associated with sexual abuse. This is an important field of study given the known prevalence of sexual abuse³ as well as the adverse impact of sleep disturbance on health and emotional functioning.^{4–11}

Sexual abuse is defined as any sexual act to which the victim did not consent, could not consent, or was pressured or manipulated into consenting. The sexual acts in question may comprise a wide range of behaviors, such as touching and fondling, indecent

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exposure, intercourse, and attempted or completed rape. When the victims' age is below the legal age of consent, the term "child sexual abuse" is commonly used. The term "incest" refers to illegal sexual activity occurring between people who are closely related, often within immediate family.

Sexual abuse is quite prevalent in most countries, with an international review reporting prevalence rates of 7–36% for women, and 3–29% for men.³ Several methodological factors contribute to the large variability in prevalence estimates, such as sample characteristics, different definitions of sexual abuse, methods of data collection, and response rates.^{3,12,13}

Hauri and Fisher¹⁴ proposed a theoretical framework of how stressful events may lead to enduring sleep disturbances. According to their learning perspective, a stressful event may cause insomnia which subsequently leads to associations of the sleep environment with frustration and arousal, which then becomes a maintaining factor of the insomnia after the termination of the stressful event. A similar explanatory model has been proposed regarding the relationship between sexual abuse and sleep disturbances. Here, Noll and colleagues¹⁵ emphasize that sleep is naturally restricted to times and places of safety, while feelings of threat and stress inhibit sleep. Since sexual abuse often occurs in a place where the individual has to continue sleeping after the abuse, sleep safety may be compromised for many victims of sexual abuse. Consequently, the bed may become associated with sexual abuse and danger, which again may contribute to the persistence of sleep disturbance even after the termination of abuse. In accordance with the abovementioned models, studies have found an increased prevalence of sleep disturbances in sexually abused persons compared to non-abused samples.^{16–19} Although the mechanisms proposed by these theoretical models seem plausible, no studies to date have addressed them empirically, which leaves no empirical data substantiating the models.

Understanding the prevalence and nature of sleep disturbances in sexual abuse victims is important in order to ensure correct diagnostic and treatment decisions given that sleep disturbances are associated with multiple disorders and has significant and wide-reaching adverse consequences. More specifically, sleep disturbance is associated with poorer job performance and increased use of alcohol,^{20,21} a decline in multiple measures of cognitive performance^{22,23} as well as a higher rate of automobile accidents.^{5,24} Moreover, there are well documented adverse effects of sleep disturbance on mood¹¹ and general health.^{5,24}

A comprehensive understanding and overview of the relationship between sexual abuse and sleep is needed, to guide future research and to raise clinicians' awareness of early intervention and treatment of sleep disturbances among sexually abused clients. Early interventions aimed at improving sleep in sexually abused clients is important since sleep disturbances have been associated with an increased risk of using alcohol to cope with negative affects²⁵ and increased risk of later revictimization¹⁵ in sexually abused samples. The aim of the present review was to: a) provide an overview of research on sleep disturbances in sexual abuse victims, b) determine whether it is possible to identify certain sleep symptoms as particularly predominant, and c) provide directions for future research.

Methods

Procedure

In the present review, we included studies which: a) reported empirical data, b) included sexually abused subjects, c) employed some form of sleep measure, d) were written in English, and e)

were published in peer reviewed journals. Studies not meeting these criteria were excluded, such as theoretical papers, literature reviews, case studies, books and book chapters, non-published material (e.g., dissertation abstracts, conference presentations), and studies using samples of sexual abuse victims who were recruited to the study due to sleep disturbances (e.g., treatment studies) or psychiatric diagnoses characterized by sleep disturbances (e.g., post traumatic stress disorder, depression). In order to identify potential studies of interest, literature searches were done using the electronic databases PsycINFO and PubMed, covering all publications included in these up to and including October 2010. Search terms used were *sexual abuse, rape, incest, sexual assault, sleep difficulties, sleep, insomnia, nightmare, night terror, sleep terror* and *parasomnia*. From an initial total of 577 hits based on all search term combinations, thirty-two studies were deemed to fulfill the inclusion criteria. Below, these studies are grouped together according to whether or not a comparison sample was used. Additionally, studies including comparison samples are categorized according to whether they comprised: a) Samples of sexual abuse victims b) student and/or community samples, or c) representative population samples. All studies are summarized in terms of sample characteristics, methods of sleep measurement, and type of control groups (where applicable).

Studies with comparison samples

Samples of sexual abuse victims

We identified thirteen studies using samples of sexual abuse victims.^{15,19,26–36} (see Table 1). Ten of these included non-abused comparison groups only,^{15,26–32,35,36} whereas three studies also included comparisons with either a history of physical abuse or a diagnosis of depression.^{19,33,34} Four studies included females only,^{15,27,30,36} one included males only,³⁵ whereas eight included both genders,^{19,26,28,29,31–34} with the percentage of males ranging from 11%²⁸ to 83%.³³ Sample sizes ranged from 18²⁸ to 291,³¹ with mean ages ranging from 5.9 years²⁹ to 31.5 years.²⁸ Twelve studies focused on child sexual abuse victims.^{15,19,26–30,32–36} To measure sleep, two studies used actigraphy,^{19,34} four used sleep subscales of standardized questionnaires,^{15,26,27,29} six used interviews and/or reviewed medical records,^{30–33,35,36} whereas clinicians ratings of the presence or absence of sleep problems was used in one study.²⁸

Community and/or student samples

Six studies used community and/or student samples (two student samples, two community samples, and two mixed student and community samples)^{17,37–41} (see Table 2). Three were studies of child sexual abuse.^{37,40,41} Four studies included only non-abused comparisons groups,^{37,39–41} while the remaining two included both non-abused comparisons and comparisons with histories of other trauma (physical abuse, maternal loss and maternal separation).^{17,38} Two studies included females only,^{17,39} whereas the remaining four included both genders,^{37,38,40,41} in which the percentage of males ranged from 11.2%⁴⁰ to 71.0%.³⁸ The size of sexually abused samples ranged from 15³⁸ to 247⁴¹ across studies, with mean ages ranging from 11.8 years⁴¹ to 45.9 years.⁴⁰ Regarding methods of sleep measurements, three studies used standardized sleep questionnaires,^{37–39} one used a sleep disturbance subscale of a standardized questionnaire,⁴¹ while the remaining two used unstandardized questions/check lists developed by the researchers.^{17,40}

Representative population samples

As shown in Table 3, we identified only two studies using representative population samples,^{16,18} one of which was a study of child sexual abuse.¹⁸ One study used a sample of 8140 students

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