Sexual Violence and Mental Health Consequences among Japanese Women

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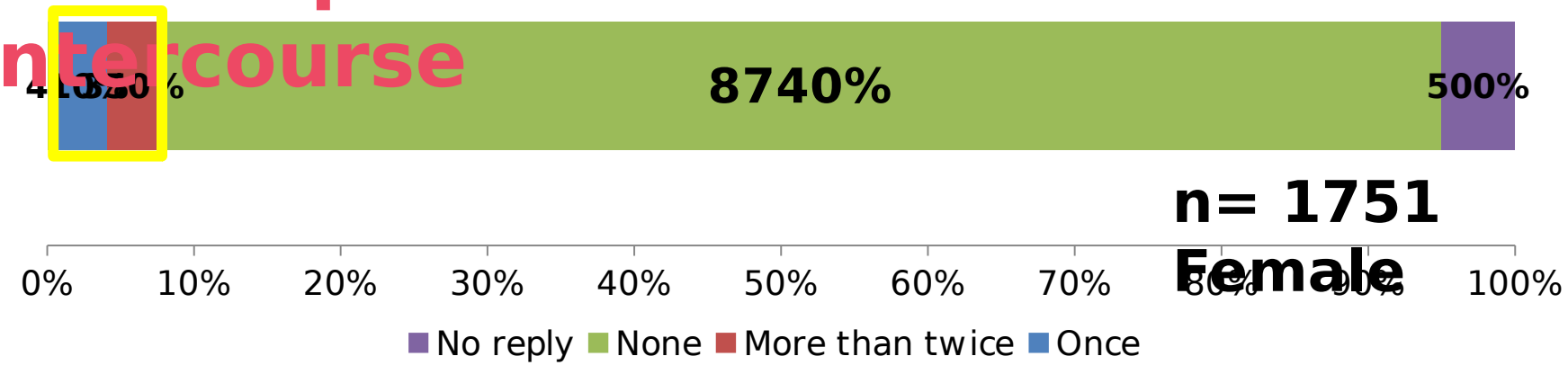
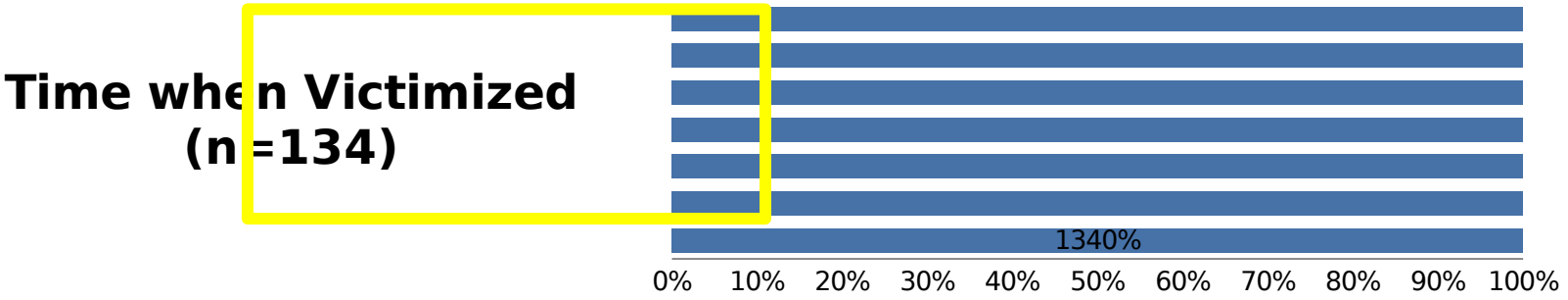
ourse in Japanese Women

Source; Gender Equality Bureau, Cabinet Office (2012)

7.6% experienced forced sexual Intercourse

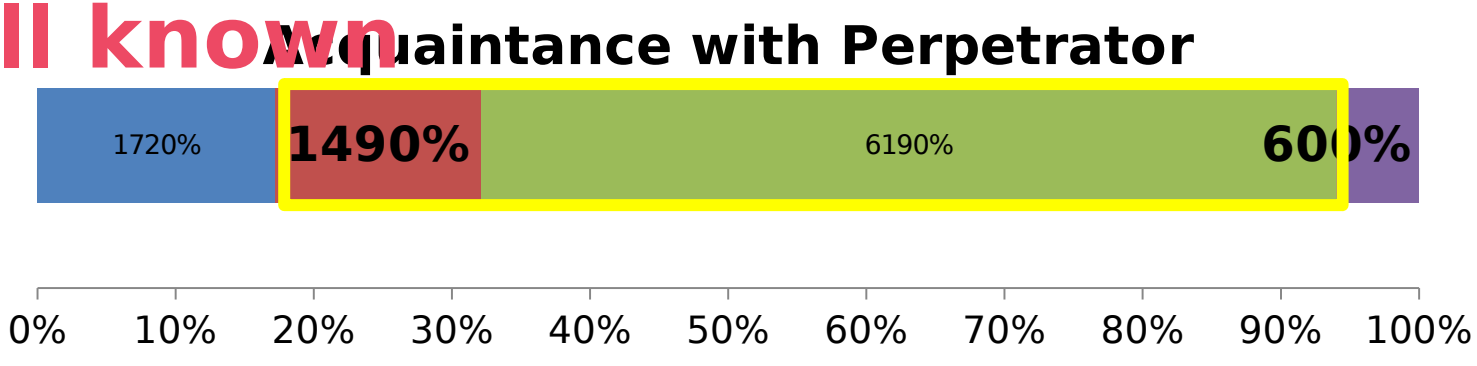


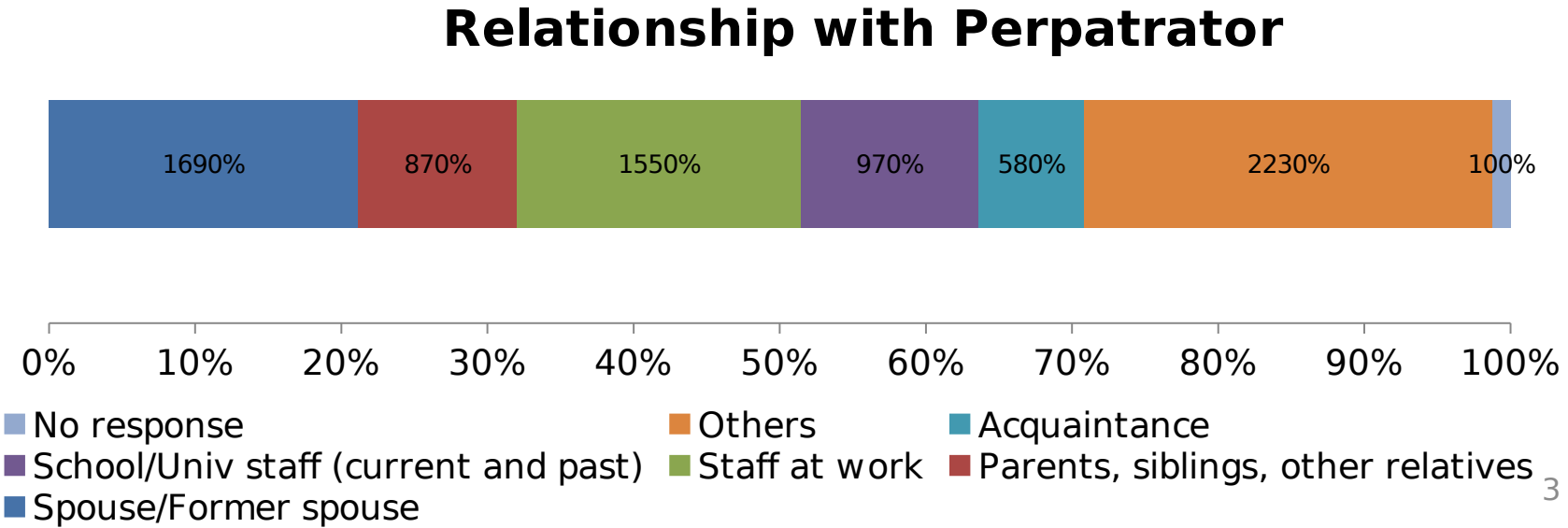
hat 38.7% victimized under 19



Acquaintance and Relationship with Perpetrator

77 % victimized by Acquaintance or Well known

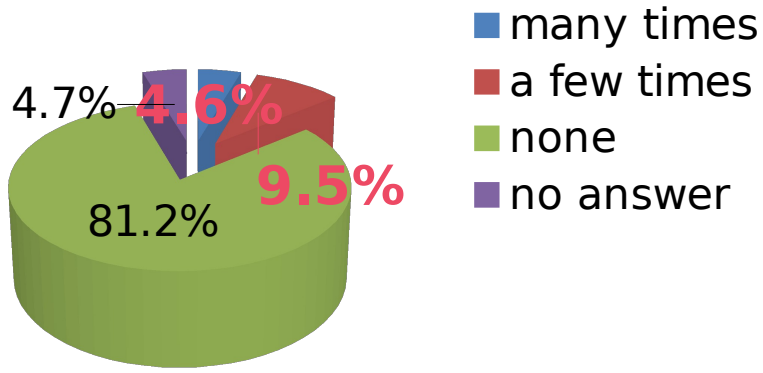




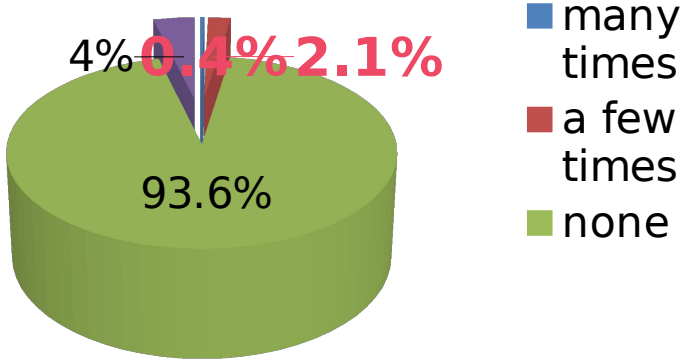
Forced Sex Experience between intimate partners among normal population

Source; Gender Equality Bureau, Cabinet Office

Women 14.1%



Men 2.5%



Source; Gender Equality Bureau, Cabinet Office

Legislation

- **YES**
  - Act on Prevention of Spousal Violence and Protection of Victims (Act No.31 in 2001)
  - Act on Anti-Stalker (Act No. 81 in 2000 , No.73 in 2013)

- **NOT YET**
  - Act specified to Prevention of Sexual Violence instead of
    - Rape (Criminal Law, Article 177, 178, 179)
    - Indecent Assault (Criminal Law Article 181, 176)
    - Molestation (Criminal Law, Article 130)

vertisements of Sexual Violence are likel
nderestimated in Japanese society

Study on Sexual Violence and Mental Health in Japan

- **Rationale**

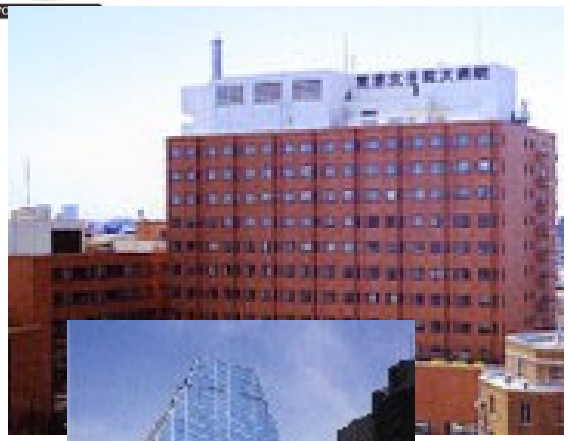
Limited number of structured research on psychiatric diagnosis, cross sectional psychiatric feature, long-term trajectory of disorders of sexual violence victims in Japan

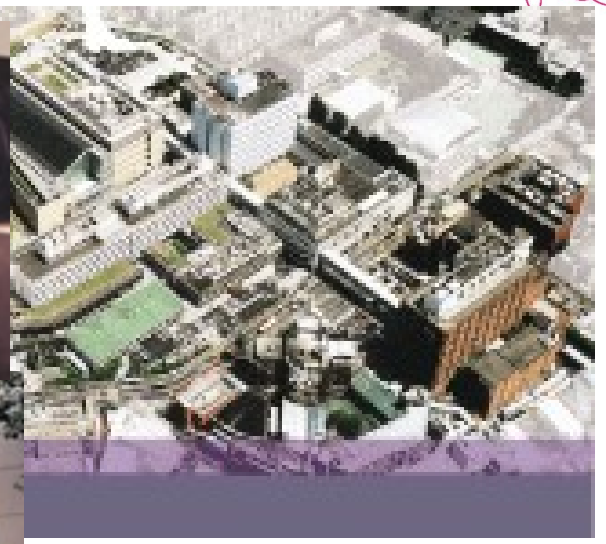
- **Objective**

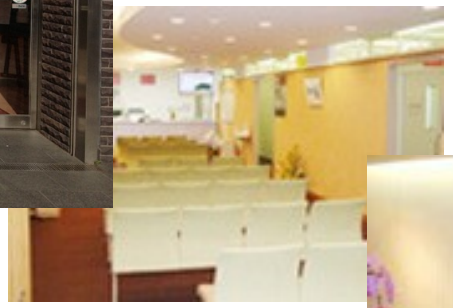
To assess the impact of sexual violence on the cross-sectional psychiatric symptomatology of Japanese women experienced Intimate Partner Violence(IPV) or Non Partner Sexual Violence(NP-SV) in the clinical setting.

Shinjuku/ Tokyo

Tokyo Women's Medical University







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Methods

Subject	Out of 381 violence victims, 63 female outpatient in IPV without SV, 82 ones in IPV with SV, and 65 with Non-Partner (NP) SV were selected due to the availability of completed data of scales applied.
Analysis	Cross Sectional Study
Data collection	Collected from identified medical record of those patients who first visited the Institute of Women's Health (IWH) at Tokyo Women's Medical University (TWMU) between the period of 2004 and 2008.
Scales applied	• Sociodemographic data (age, number of children, marital status, living status with partner, Employment status, Education status) • Domestic Violence Screening Inventory (DVSI) • General Health Questionnaire (GHQ) 30 • Incidence of Event Scale-Revised (IES-R) • Dissociative Experience Scale (DES) II

Screening Scales Applied

Scale	Criterion (score range)	Sub-scores/Cut-off points
DVSI	Violence Scale (0-90)	Total, Physical, Sexual, Psychological→ no cut-off
GHQ30	General Mental Health (0-30)	Total(6/7) A: poorer general health(2/3) B: Somatic symptoms(2/3) C: Insomnia(2/3) D: Social Dysfunction (2/3) E: Anxiety and mood dysturbance (3/4) F: Severe depression and Suicidality (1/2)
IES-R	PTSD symptoms (0-88)	Total (24/25), Intrusion, Avoidance, Hyperarousal
DES-II	Dissociation related symptoms (0-100%)	Cut-off 30% for dissociative identity disorder 28 questions about daily experience

Results: Profile

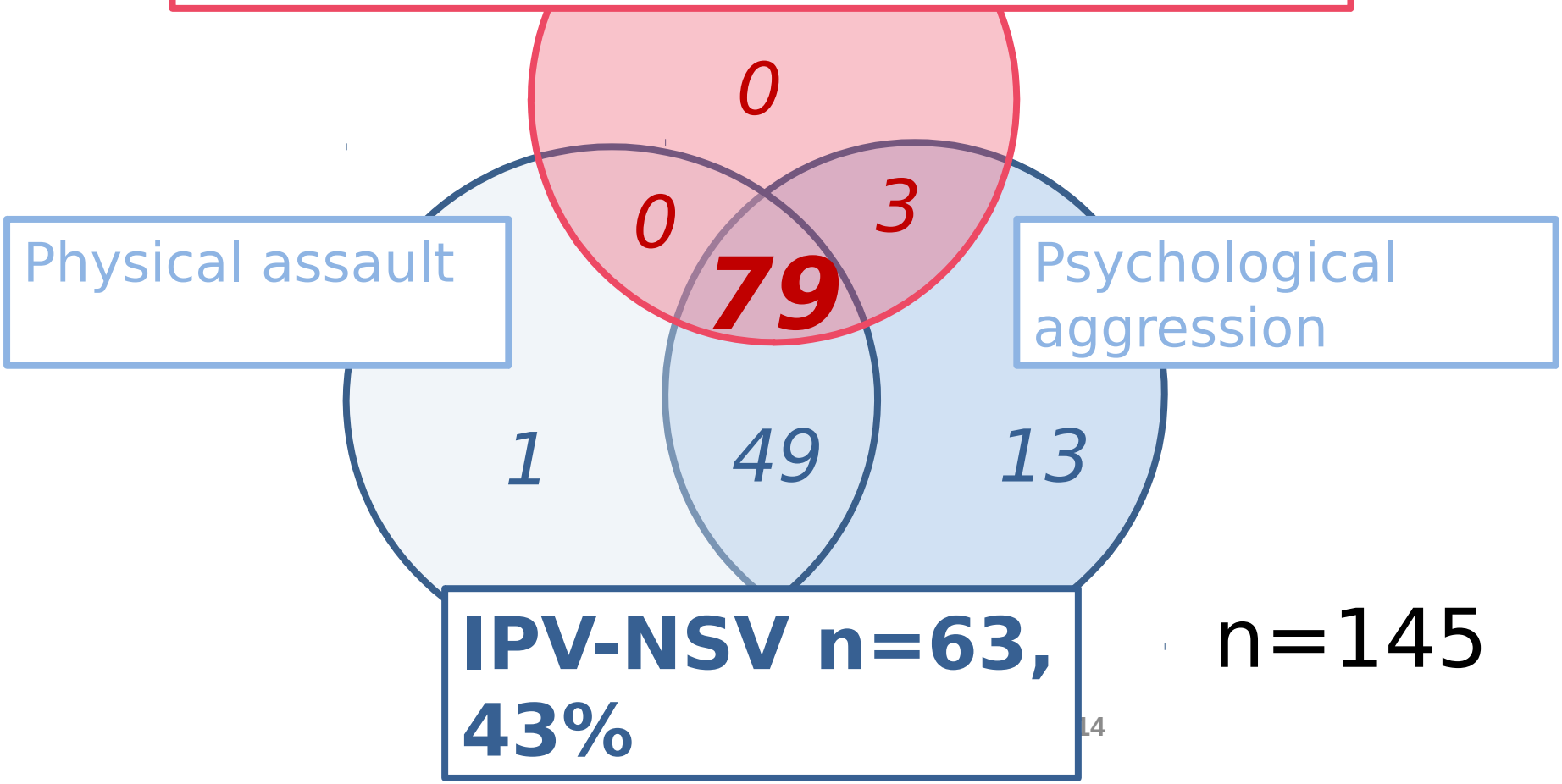
Characteristics	IPV-NSV (n=63)	IPV-SV(n=82)	NP-SV (n=65)	P value
Ave. age	41.33 (±8.62)	37.77 (±8.86)	27.44±10.87	0.000
Ave.no. children	1.52 (±0.89)	1.55 (±1.18)	0.15 (±0.57)	0.004
Marital Status (%) Unmarried: Married: Divorced/Widowed	 1.6 84.1 14.3	 4.9 84.1 11.0	 81.5 12.3 6.2	 0.000
Living status (%) Cohabit Not cohabit	 33.3 66.7	 15.9 84.1	 12.3 87.7	 0.006
Employment Status (%) Unemployed Employed	 57.6 42.4	 69.3 30.7	 56.2 43.8	 0.216
Education Completed (%) High school or less	 25.0 35.0	 32.2 30.5	 46.6 25.9	 0.252

Analysis: T-test, Mann Whitney, X2 , ANOVA

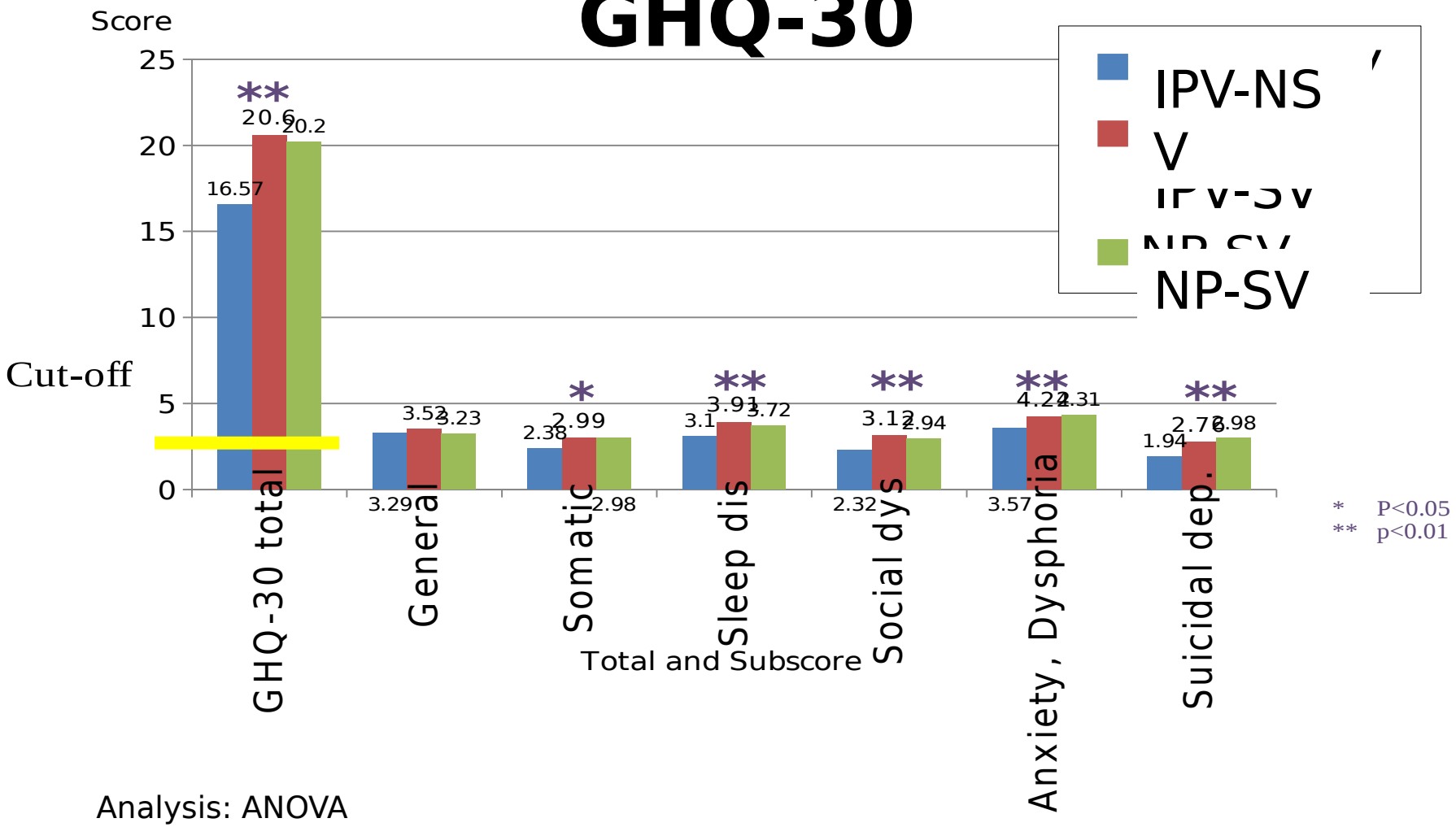
Results: SV in IPV

Sexual coercion n=82, 57%

IPV-SV

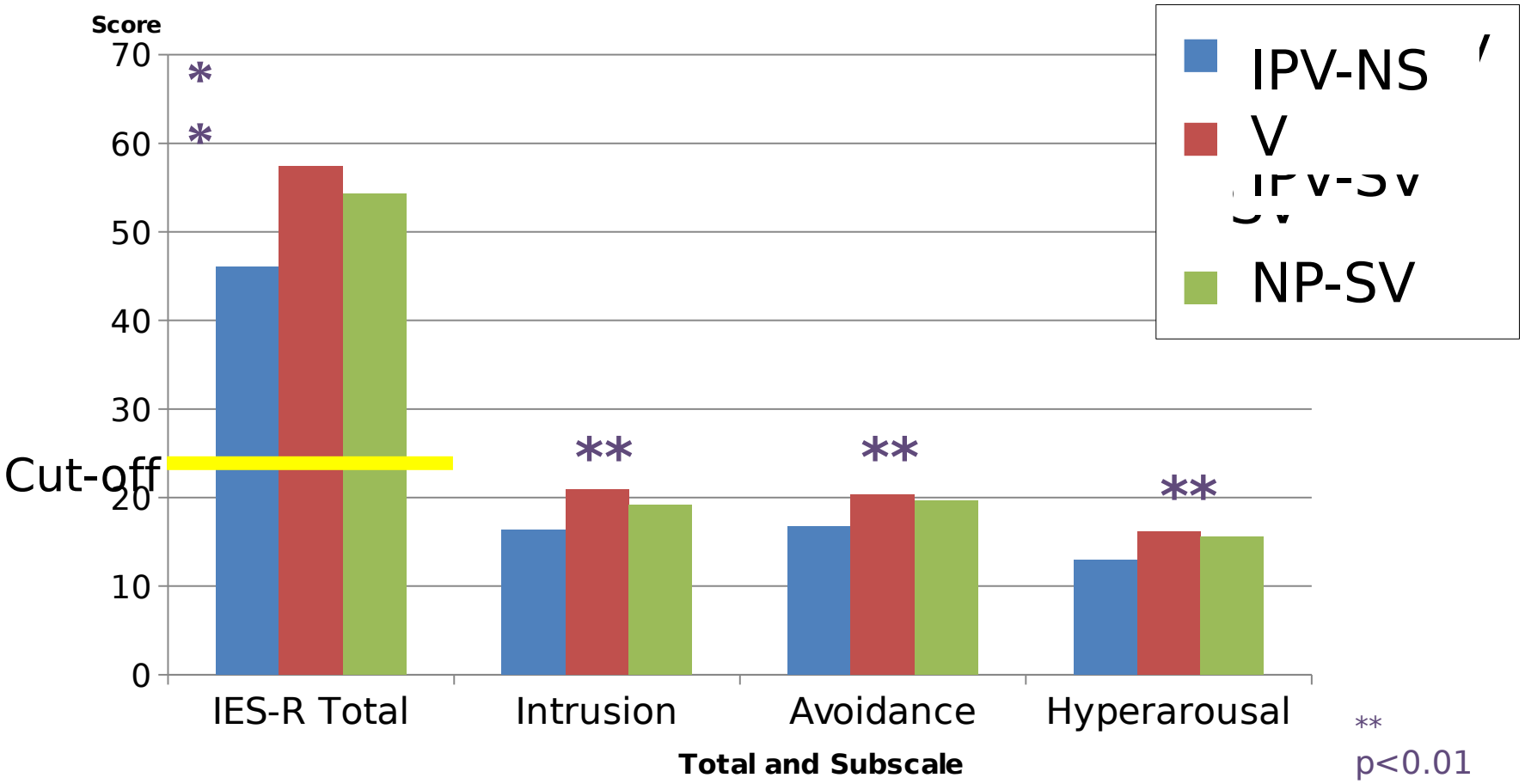


General mental health condition in 3 Groups based on scores of GHQ-30



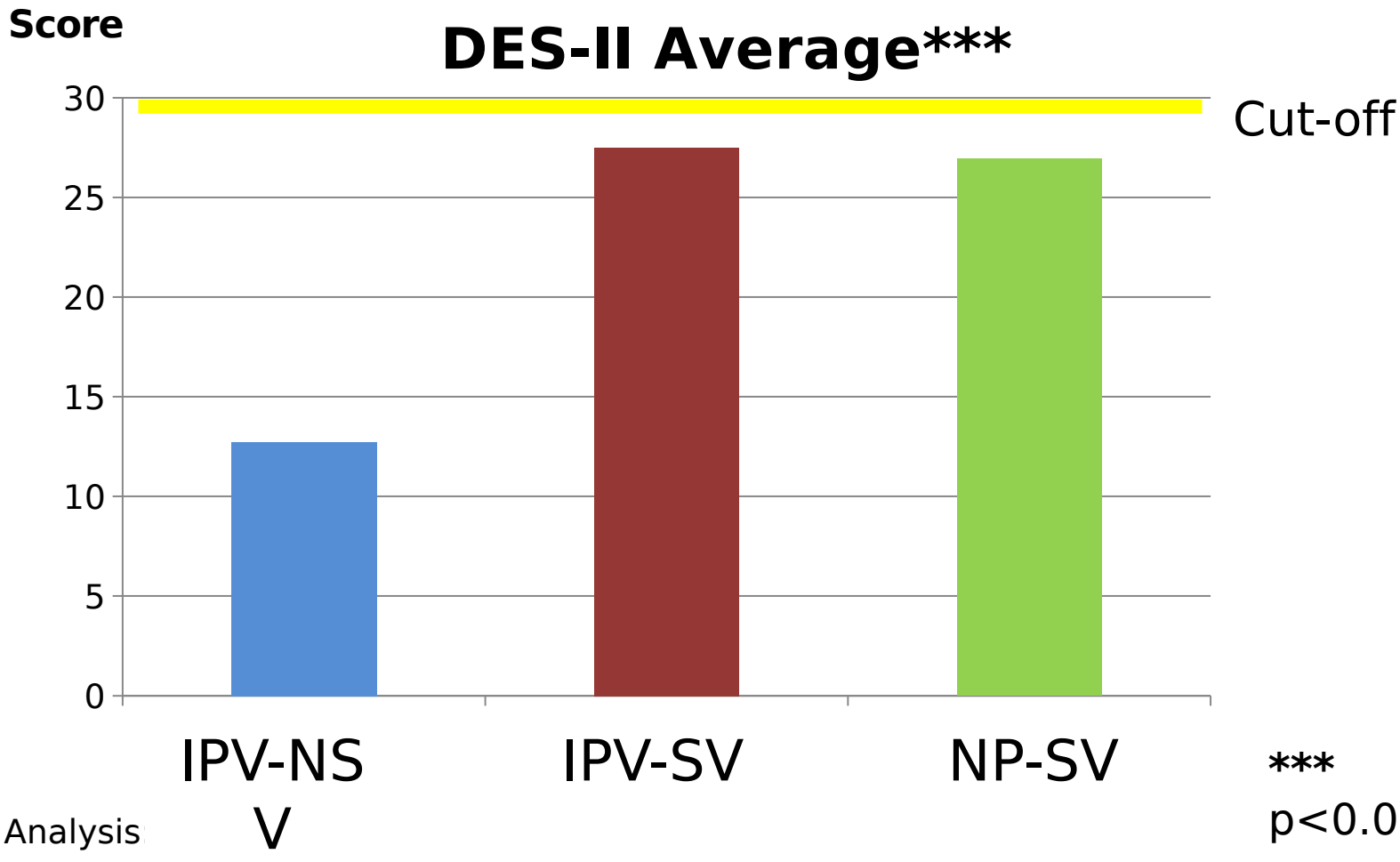
Analysis: ANOVA

Results: PTSD symptoms in 3 Groups based on scores of IES-R



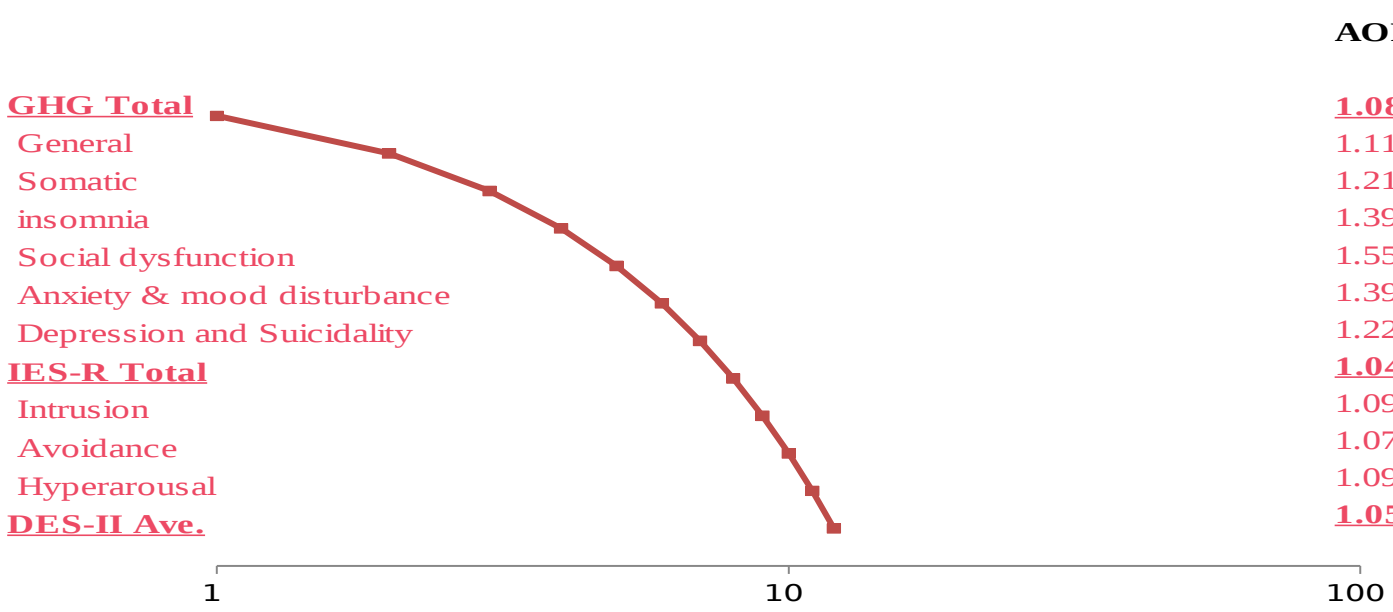
Analysis: ANOVA

Results: Dissociation-related symptoms in 3 Groups based on average of DES-II



Results: Difference of symptomatology and the severity;

IPV-NSV vs IPV-SV

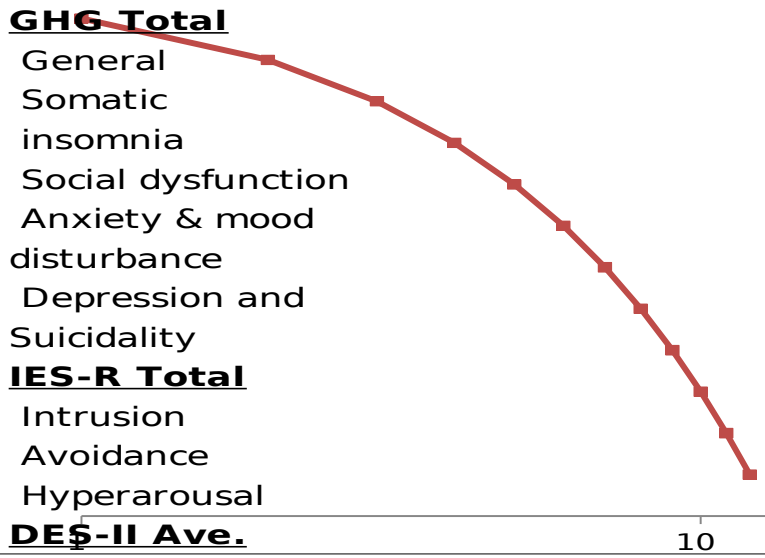


	AOR	95%CI
GHG Total	**1.08**	**(1.03-1.14)**
General	1.11	(0.89-1.39)
Somatic	1.21	(0.98-1.51)
insomnia	1.39	(1.10-1.76)
Social dysfunction	1.55	(1.15-2.90)
Anxiety & mood disturbance	1.39	(1.07-1.82)
Depression and Suicidality	1.22	(1.03-1.43)
IES-R Total	**1.04**	**(1.02-1.06)**
Intrusion	1.09	(1.03-1.15)
Avoidance	1.07	(1.01-1.13)
Hyperarousal	1.09	(1.02-1.18)
DES-II Ave.	**1.05**	**(1.01-1.09)**

Analysis: Logistic regression

Results: Difference of symptomatology and the severity;

IPV-SV vs NP-SV



	AOR	95%CI
GHG Total	**1.02**	
General	**(0.96-1.08)**	
Somatic	1.14	(0.87-1.50
insomnia	1.09	(0.85-1.39)
Social dysfunction	0.94	(0.71-1.24)
Anxiety & mood disturbance	1.05	(0.82-1.33)
Depression and Suicidality	0.99	(0.72-1.39)
IES-R Total	1.06	(0.84-1.32)
Intrusion	**1.01**	
Avoidance	**(0.99-1.04)**	
Hyperarousal	1.04	(0.99-1.10)
DES-II Ave.	1.02	(0.97-1.08)
	1.03	(0.96-1.10)
	1.02	
	(0.99-1.04)	

Analysis: Logistic regression

Conclusions and Implications

- SV was likely to be incident to other experiences of IPV- hidden SV in IPV
- Comparing among IPV-NSV, IPV-SV and NP-SV, the groups having SV(IPV-SV , NP-SV) had severer symptoms than the group without SV(IPV-NSV) on the aspects of General mental health condition, PTSD symptoms and Dissociation-related symptoms.
- IPV-SV and NP-SV had quite similar symptomatology, while there were significant difference between IPV-NSV and IPV-SV.
- The impact of sexual violence on the cross-sectional psychiatric symptomatology of Japanese women experienced IPV or NP-SV in the clinical setting is remarkable.

Conclusions and Implications

- **SV draws less attention, limited data in Japan → more thorough research and intervention strategy focused on SV especially in IPV are needed in the future.**

Welcome to Japan!!

IAWMH 2015 in Tokyo

March 22-25