Iran J Psychiatry 2024; 19: 3: 252-253

Editorial

An Increased Need to Identify Protective Factors for Sexual Assault

Mohammad Reza Mohammadi, Maryam Salmanian*

Psychiatry and Psychology Research Center, Roozbeh Hospital, Faculty of Medicine, Tehran University of Medical Sciences, Tehran, Iran.

Address: Psychiatry and Psychology Research Center, Roozbeh Hospital, Tehran University of Medical Sciences, South Kargar Ave, Tehran, Iran.
Email: m-salmanian@alumnus.tums.ac.ir

Sexual assault is a pervasive and serious problem characterized by forced sexual contact between individuals by means of intimidation, threats, or fear (1). Several studies have indicated that 17–25% of women and 1–3% of men have experienced sexual assault in their lifetime in the United States (2). The Crime Survey for England and Wales (CSEW) reported that an estimated 7.9 million (16.6%) adults aged 16 years and over had experienced sexual assault since the age of 16 years for the year ending March 2022 (3). A systematic review estimated the prevalence of sexual harassment in low and middle income countries and reported prevalence rates ranging from 0.6% to 26.1% in studies that used the direct query method, and from 14.5% to 98.8% among studies that used questions based on behavioral acts (4). Different mental problems such as post-traumatic stress disorder (PTSD), anxiety, depression, substance use, suicide ideation or attempt, or psychosomatic complaints have been observed among victims of sexual assault (2, 5). A systematic review and meta-analysis reported alcohol consumption as the most common risk factor of sexual violence perpetrated by men against women at higher education institution. Also, hostility toward women, delinquency, fraternity membership, history of sexual violence perpetration, rape myth acceptance, age at first sex, and peer approval of sexual violence were other risk factors (6). Ullman and Najdowski (2011) considered three levels of factors for sexual assault, including macro-level structures, meso-level situations, and micro-level individual factors. However, several studies reported the protective factors to reduce women's risk of being sexually assaulted. For example, bystander intervention, social support and social integration, avoiding risk behaviors, sexual assertiveness, resistance and self-defense, and coping strategies can protect women from being victimized (7).

Various prevention programs have been designed to address sexual assault. However, the majority of studies have shown a non-significant impact of preventative interventions on sexual assault perpetration (8). For example, one systematic review and meta-analysis investigated 14 studies that used bystander programs for adolescents and college students, and found no significant effect on sexual assault perpetration (9).

We predict that being properly dressed as a protective factor can reduce being sexually assaulted. Research has found that sexual arousal as a situational factor can play an important role in sexual assault. For example, Fairweather *et al*. (2016) indicated that nudity can disinhibit arousal to rape cues. Thus, female nudity could reduce inhibition of sexual arousal to non-consensual cues in sexually non-aggressive men (10). In another study, men were shown slides of different body parts of young girls and they exhibited greater penile arousal to the slides of genitals and buttocks than neutral slides. In addition, gynephilic men exhibited greater penile responses to static images of nude females (11).

Overall, rate of sexual assault is alarmingly increasing, and the majority of preventative interventions have failed to sufficiently influence sexual assault perpetration (8). Since few studies have measured protective factors, important gaps remain in specifying protective factors against sexual assault. Thus, we need further studies regarding protective factors to be able to develop strength-based models of prevention (6). We propose considering the importance of being properly dressed as a protective or preventative factor against sexual assault. Culture, habits, custom, and religion can specify the criteria for the propriety of dressing. To our knowledge, no prior studies have examined the protective role of dressing properly in preventing sexual assault. However, several studies have shown wearing the hijab as a protective factor in mental health. For example, Hodge *et al*. (2017) investigated the

Copyright © 2024 Tehran University of Medical Sciences. Published by Tehran University of Medical Sciences.
This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International license (https://creativecommons.org/licenses/by-nc/4.0/). Noncommercial uses of the work are permitted, provided the original work is properly cited

relationship between wearing the hijab and depression among a national sample of American Muslim women and found that women who were wearing the hijab reported lower levels of depressive symptoms, which was significant even after controlling for potential confounders (12). Additionally, Jasperse *et al*. (2012) reported an association between wearing the hijab and higher life satisfaction and lower symptoms of psychological distress (13). In another study, wearing loose-fitted clothing was presented as a protective factor against anxious and depressive symptoms (14). Another study reported that the increase of mental health was associated with increasing a positive attitude towards the hijab (15).

In general, our purpose was to show an increased need to identify protective factors for sexual assault and introduce dressing properly as a protective factor. In fact, we did not try to blame victims, akin to studies aimed to identify behavioral protective factors for accidents which would not reflect the victim-blaming presumption. However, unconscious biases may occur to prevent research in sensitive issues such as "proper dressing" which is expected to be reduced in scientific exchanges. Therefore, we encourage future studies to explore the protective role of dressing properly in sexual assault.

In conclusion, despite several studies having measured protective factors, important gaps still remain in identifying protective factors against sexual assault. Thus, further studies are needed to identify those factors to develop strength-based models of prevention. Regarding our prediction that being properly dressed as a protective factor can reduce being sexually assaulted, we propose investigating the role of being properly dressed as a protective factor or preventive intervention for sexual assault.

Conflict of Interest

None.

References

1. Sachs CJ, Ladd M, Chapman J. Sexual Assault History and Physical. StatPearls. Treasure Island (FL) ineligible companies. Disclosure: Megan Ladd declares no relevant financial relationships with ineligible companies. Disclosure: Jennifer Chapman declares no relevant financial relationships with ineligible companies.: StatPearls Publishing Copyright © 2024, StatPearls Publishing LLC.; 2024.
2. Dworkin ER. Risk for Mental Disorders Associated with Sexual Assault: A Meta-Analysis. Trauma Violence Abuse. 2020;21(5):1011-28.
3. Elkin M. Sexual offences prevalence and trends, England and Wales: year ending March 2022. Office for National Statistic; 2023.
4. Ranganathan M, Wamoyi J, Pearson I, Stöckl H. Measurement and prevalence of sexual harassment in low- and middle-income countries: a systematic review and meta-analysis. BMJ Open. 2021;11(6):e047473.
5. Mason F, Lodrick Z. Psychological consequences of sexual assault. Best Pract Res Clin Obstet Gynaecol. 2013;27(1):27-37.
6. Steele B, Martin M, Yakubovich A, Humphreys DK, Nye E. Risk and Protective Factors for Men's Sexual Violence Against Women at Higher Education Institutions: A Systematic and Meta-Analytic Review of the Longitudinal Evidence. Trauma Violence Abuse. 2022;23(3):716-32.
7. Ullman SE, Najdowski CJ. Vulnerability and protective factors for sexual assault. 2011.
8. DeGue S, Valle LA, Holt MK, Massetti GM, Matjasko JL, Tharp AT. A systematic review of primary prevention strategies for sexual violence perpetration. Aggress Violent Behav. 2014;19(4):346-62.
9. Kettrey HH, Marx RA. Does the Gendered Approach of Bystander Programs Matter in the Prevention of Sexual Assault Among Adolescents and College Students? A Systematic Review and Meta-Analysis. Arch Sex Behav. 2019;48(7):2037-53.
10. Fairweather A, Kingston DA, Lalumière ML. Nudity as a Disinhibiting Cue in a Date Rape Analogue. Arch Sex Behav. 2016;45(4):821-8.
11. Lykins AD, Cantor JM, Kuban ME, Blak T, Dickey R, Klassen PE, et al. Sexual arousal to female children in gynephilic men. Sex Abuse. 2010;22(3):279-89.
12. Hodge DR, Husain A, Zidan T. Hijab and Depression: Does the Islamic Practice of Veiling Predict Higher Levels of Depressive Symptoms? Soc Work. 2017;62(3):243-50.
13. Jasperse M, Ward C, Jose PE. Identity, perceived religious discrimination, and psychological well-being in Muslim immigrant women. Applied Psychology. 2012;61(2):250-71.
14. Eaton NR. Hijab, religiosity, and psychological wellbeing of Muslim women in the United States. Journal of Muslim Mental Health. 2015;9(2).
15. Kiani Q, Rasouli N, Jafari S. Structural Equation Modeling the Effect of Mental Health on Attitude toward Hijab with Mediating Psychological Capital, Adaptability and Family Confidence at undergraduate students. Preventive Counseling. 2021;2(1):41-57.