

**CADTH RAPID RESPONSE REPORT:
SUMMARY WITH CRITICAL APPRAISAL**

Peer Support Programs for Adults Who Have Experienced Sexual Assault, Abuse, Harassment, or Misconduct: A Review of Clinical Effectiveness and Guidelines

Service Line: Rapid Response Service
Version: 1.0
Publication Date: November 16, 2017
Report Length: 8 Pages

Authors: Tasha Narain, Lorna Adcock

Cite As: Peer support programs for adults who have experienced sexual assault, abuse, harassment, or misconduct: a review of clinical effectiveness and guidelines. Ottawa: CADTH; 2017 Nov. (CADTH rapid response report: summary with critical appraisal).

Acknowledgments:

ISSN: 1922-8147 (online)

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up-to-date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein are those of CADTH and do not necessarily represent the views of Canada's federal, provincial, or territorial governments or any third party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Context and Policy Issues

Sexual assault, abuse, harassment, and misconduct are persistent issues in Canada. In 2014, the General Social Survey on Canadians' Safety (Victimization) determined that for every 1,000 Canadians aged 15 and older, 22 incidents of sexual assault occurred.¹ While this proportion remains unchanged since 2004, it is important to recognize that sexual assault is generally underreported due to victims' feelings of shame, guilt and stigma. Sexual assault can happen to anyone; however, at highest risk are those who are women, young, Indigenous, single, homosexual, bisexual, or those with poor mental health. It is reported that offenders are typically someone known to the victim (friend, acquaintance, or neighbor).¹

Sexual assault commonly results in victims feeling angry, upset, confused or frustrated after the incident, and one in six reported multiple long-term emotional consequences.¹

Peer support programs (also known as group support, social support, and networking support) used in isolation or in addition to individual professional counselling may be useful in aiding victims of sexual abuse.² Peer support is defined as a supportive relationship between people who have a lived experience in common.³

In the context of this report peer support programs are gatherings of people for support based on their shared experience of sexual assault, abuse, harassment, or misconduct and are typically not professionally led. Generally, social support programs may include self-help, mutual support, support groups, and mentoring.⁴

For victims of sexual assault, abuse, harassment or misconduct, the effects of their experience can be devastating and long-term. It is important that these individuals receive appropriate and effective care via programs supported by evidence. The purpose of this report is to review the evidence pertaining to the clinical effectiveness and evidence-based guidelines for peer support programs for victims of sexual assault.

Research Question

1. What is the clinical effectiveness of peer support programs in adults who have experienced sexual assault, abuse, harassment, or misconduct?
2. What are the evidence-based guidelines associated with peer support programs in adults who have experienced sexual assault, abuse, harassment, or misconduct?

Key Findings

No relevant clinical effectiveness or guidelines regarding peer support programs for victims of sexual abuse were identified.

Methods

Literature Search Methods

A limited literature search was conducted on key resources including Ovid Medline, PsycINFO, PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases and a focused Internet search. No methodological filters were applied to limit retrieval by publication type. The search was limited to English language documents published from January 1, 2007 to October 18, 2017.

Selection Criteria and Methods

One reviewer screened citations and selected studies. In the first level of screening, titles and abstracts were reviewed and potentially relevant articles were retrieved and assessed for inclusion. The final selection of full-text articles was based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population	Adults who have experienced sexual assault, sexual abuse, sexual misconduct, or sexual harassment
Intervention	Peer support programs (also termed group support programs, social support or networking programs, online networking or support programs)
Comparators	Q1: No peer support; Individual professional counselling; No treatment; Waitlist Q2: No comparator
Outcomes	Q1: Clinical effectiveness (e.g., impact on quality in life, symptoms of depression and/or anxiety, and social integration [personal life/relationships/work environments, physical activities, etc.]) Q2: Guidelines (e.g., mentoring for peer support, how it is implemented, if it works, in what populations does it work best)
Study Designs	Health technology assessments (HTA), systematic reviews (SR), meta-analyses (MA), randomized control trials (RCT), non-RCTs, and guidelines

Exclusion Criteria

Articles were excluded if they did not meet the selection criteria outlined in Table 1, they were duplicate publications, or were published prior to 2007.

Summary of Evidence

Quantity of Research Available

A total of 580 citations were identified in the literature search. Following screening of titles and abstracts, 566 citations were excluded and 14 potentially relevant reports from the electronic search were retrieved for full-text review. 12 potentially relevant publications were retrieved from the grey literature search. Of these potentially relevant articles, all 26 publications were excluded for various reasons. Appendix 1 describes the PRISMA flowchart of the study selection.

References of potential interest are provided in Appendix 2.

Summary of Findings

No relevant clinical effectiveness or guidelines regarding peer support programs for victims of sexual abuse were identified; therefore, a summary of findings cannot be provided.

Conclusions and Implications for Decision or Policy Making

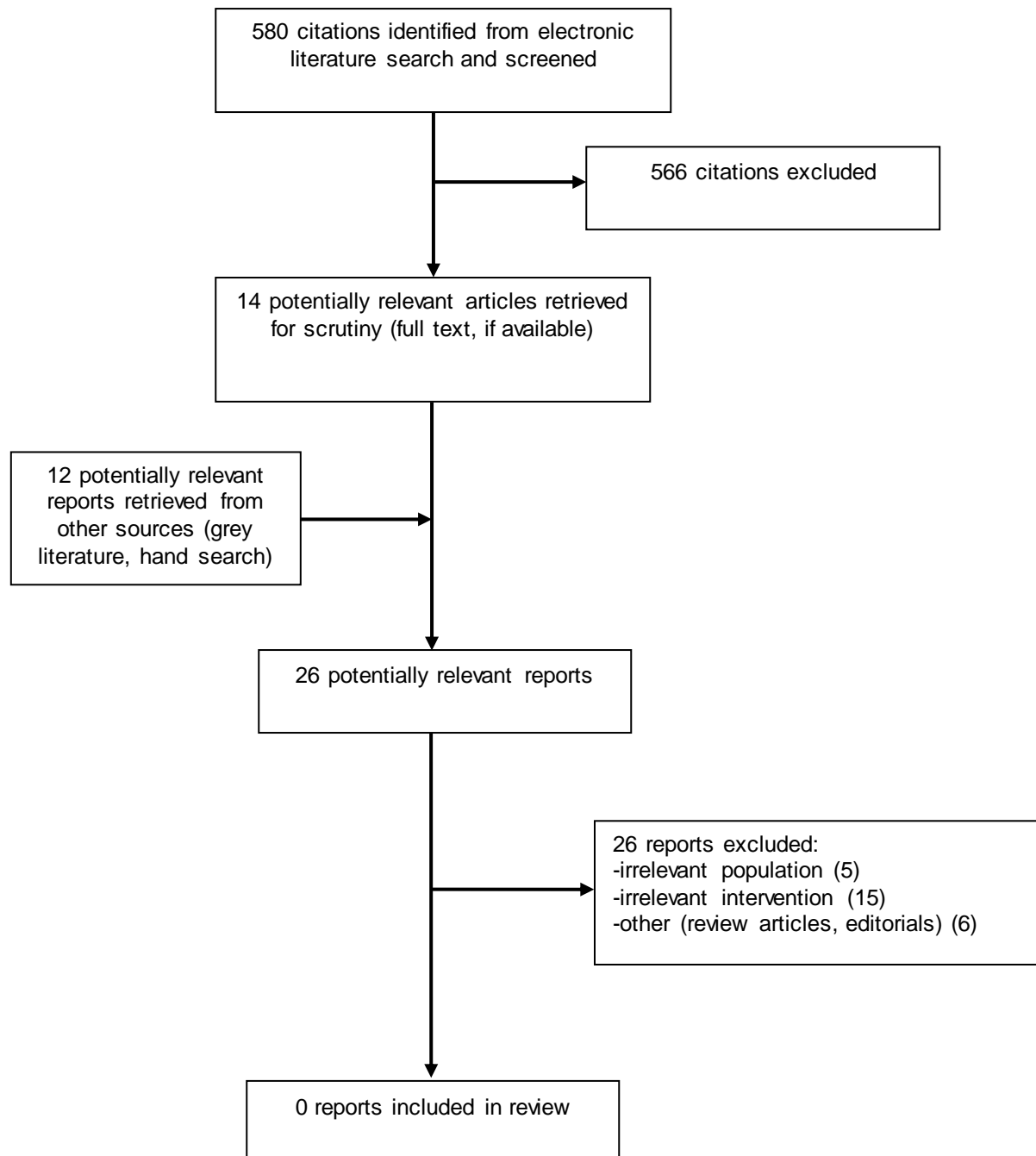
A qualitative report on peer-support programs for survivors of sexual violence in Ontario (that did not meet the inclusion criteria for this review) determined that there are few initiatives in the province, and that peer support is an uncommon way for survivors of sexual violence in Ontario to seek or give support.² This report suggested that initiatives that did exist produced the following benefits: emotional support, transforming identities, sharing information, advice, or experiential knowledge, and an increase in social network.

While this qualitative report provided some general information pertaining to peer support programs, no relevant studies of clinical effectiveness or guidelines regarding peer support programs for adults who experienced sexual abuse were identified; therefore, no review of the evidence can be provided. The effectiveness of peer support programs for adults who experienced sexual assault remains unclear.

References

1. Conroy S, Cotter A. Self-reported sexual assault in Canada, 2014 [Internet]. Ottawa: Statistics Canada; 2017 Jul 11. [cited 2017 Nov 6]. Available from: <https://www.statcan.gc.ca/pub/85-002-x/2017001/article/14842-eng.htm>
2. Patton M, Goodwin R. Survivors helping survivors: a study of the benefits, risks and challenges of peer-support for survival of sexual violence in the Province of Ontario [Internet]. Ottawa (ON): The Men's Project; [2008]. [cited 2017 Oct 24]. Available from: https://www.attorneygeneral.jus.gov.on.ca/inquiries/cornwall/en/report/research_papers/Party_RP/2_Peer-Support-Study_en.pdf
3. Peer support [Internet]. Ottawa: Mental Health Commission of Canada; 2017. [cited 2017 Nov 6]. Available from: <https://www.mentalhealthcommission.ca/English/focus-areas/peer-support>
4. Goodwin, R. Patton M. Survivors helping survivors: a practical guide to understanding peer-support for survival of sexual violence [Internet]. Ottawa (ON): The Men's Project; [n.d.]. [cited 2017 Nov 14]. Available from: https://www.attorneygeneral.jus.gov.on.ca/inquiries/cornwall/en/report/research_papers/Party_RP/3_Peer-Support-Guide_en.pdf

Appendix 1: Selection of Included Studies



Appendix 2: References of Potential Interest

Review of an RCT published in 2004

Wyatt GE, Hamilton AB, Myers HF, Ullman JB, Chin D, Sumner LA, et al. Violence prevention among HIV-positive women with histories of violence: healing women in their communities. *Women's Health Issues* [Internet]. 2011 Nov [cited 2017 Oct 24];21(6 Suppl):S255-S260. Available from:

<http://escholarship.org/content/qt06j705p1/qt06j705p1.pdf>

Unclear Intervention

Walstrom P, Operario D, Zlotnick C, Mutimura E, Benekigeri C, Cohen MH. 'I think my future will be better than my past': examining support group influence on the mental health of HIV-infected Rwandan women. *Glob Public Health*. 2013;8(1):90-105.