

RAPE-RELATED POST TRAUMATIC STRESS DISORDER (PTSD)

If major areas of the survivor's life, such as the ability to work or socialize, are significantly impaired, it should be considered an indication that she may be suffering from Post Traumatic Stress Disorder or, specifically, Rape-Related PTSD. Rape-Related PTSD was previously called *Rape Trauma Syndrome*. The following essay about Rape Trauma Syndrome will give insight into Rape-Related PTSD.

RAPE TRAUMA SYNDROME **(Now known as Rape-Related PTSD)** **By Linda Albert**

I. INTRODUCTION

After a woman is sexually assaulted, those responding to the victim, including family, friends, hospital personnel and law enforcement officials are often confused by her behavior. They may wonder: "Why can't she remember how long the attack lasted, or what the attacker looked like, or where it occurred? Why didn't she scream, fight back or try to escape? Why doesn't she remember any pain? Why isn't she crying? Why did she wait so long to report?" To answer these questions, we need to understand the trauma of rape and how it affects the victim. Research has shown that there is a range of physical and emotional symptoms commonly experienced by rape victims. This complex series of reactions have come to be known as Rape Trauma Syndrome.

II. HISTORY

Prior to the 1970's, sexual assault was not studied in the context of trauma. Reactions to rape were perceived as dependent on the emotional health of the individual victim. Because early research argued that stress triggers an underlying illness, the reaction to rape was seen as having more to do with the person than the event.

In 1973, a hospital-based study was completed by Ann Burgess, a psychiatric nurse, and Lynda Holmstrom, a sociologist. Burgess and Holmstrom analyzed data from 109 victims of sexual assault ages 5-73. In this study, they documented the reaction to rape as "Rape Trauma Syndrome," rather than mental illness. Their syndrome is divided into two phases. The Acute or Disruptive phase can last from five days to several weeks. This phase includes reactions such as disbelief, shock, self-blame, and fear. The longer-term phase of Reorganization follows. The Reorganization phase is

characterized by attempts by the victim to manage her physical and emotional reaction to the trauma in order to restore equilibrium.

In 1980, the American Psychological Association incorporated Rape Trauma Syndrome into its Diagnostic and Statistical Manual of Mental Disorders, categorizing it as a form of Post Traumatic Stress Disorder. The essential and distinguishing feature of Post Traumatic Stress Disorder “is the development of characteristic symptoms following a psychologically traumatic event that is generally outside the range of usual human experience. Victims of other catastrophic events such as earthquakes or war often experience similar crises. Every person is unique, and every person’s experiences are different; however, Rape Trauma Syndrome is a useful guide in order to understand the reactions that are common to many people faced with the crisis of sexual victimization.” This was a huge step forward in removing the stigma of mental illness from rape victims.

Given the growing body of research about Rape Trauma Syndrome, the syndrome is now often admissible in expert testimony in sexual assault case. Some states have passed statutes specifically permitting the use of expert testimony on rape trauma syndrome. Federal courts have held that Rape Trauma Syndrome meets the standards required for the admissibility of expert testimony, including that the theory be published, peer reviewed and generally accepted by the scientific community.

III. RAPE TRAUMA SYNDROME

Recent research has continued to refine what we know about Rape Trauma Syndrome. In her 1992 book Trauma and Recovery, Judith Herman writes about the impact of trauma. She argues that the response to a threatening event such as sexual assault involves a mind-body reaction. The body reacts with an increase in the arousal of the sympathetic nervous system, putting the body in a “state of alert.” Often, during this time, ordinary senses and perceptions such as time, fatigue, pain and hunger are altered. Intense feelings of fear and anxiety may be experienced. If the victim of a trauma finds herself unable to fight back or flee, the impact of the trauma is multiplied. This combination of physical and psychological helplessness can produce long-standing changes in the victim’s stress response systems.

Currently, rape crisis workers use either a two-stage, three stage, four stage, or five-stage model of Rape Trauma Syndrome. All models describe the same pattern of reactions to rape, but they differ in the way they address the temporal stages of the victim’s responses. The detailed four-stage model described below draws on the work of Burgess and Holmstrom. The phases detailed occur on a continuum and do not necessarily present themselves in sequential order.

A. Phase I.

This phase of Rape Trauma Syndrome is experienced during the attack. Once attacked, the victim is unsure about what is happening to her; she is stunned and shocked. At some point during the attack, the victim realizes that something “bad”, “terrible” or “hurtful” is happening, and she begins to fear for her life. At this point, the victim may become paralyzed by fear, her sense of time may be distorted, and she may dissociate from the fear and/or pain she is feeling. The victim may feel as if she is outside of herself, watching the assault happen. This is a form of dissociation. Her focus is typically on simply trying to survive the assault.

B. Phase II.

This phase, often referred to as the Acute Phase, typically occurs after the sexual assault. The victim is in a state of shock and disbelief. Her primary concern is getting to a safe place. At this point, it is not unusual for the victim to comply with the perpetrator’s demands, behavior that may puzzle those investigating the sexual assault. For instance, victims have been known to drive their perpetrators home after a sexual assault, to acquiesce to the perpetrator’s demands that they continue to see him after the assault, even go to the store and buy items requested by the perpetrator and bring them back to him. This behavior is motivated by extreme fear on the part of the victim. The assault has made the victim fear for her life, and she complies with the perpetrator’s demands out of terror that, if she does not, something worse than what has already happened to her will occur.

It is common for the victim not to tell anyone about the attack. Delayed reporting is also common. The victim may fear that if she tells she will be blamed, or that the attacker will return to hurt her further. Many victims report that their attacker threatened them with dire consequences if they reported the assault to anyone. During this phase, the victim may be afraid to go to places she would usually frequent. The victim may isolate herself or see danger around every corner. If she chooses to report her assault, the stress and shock she is experiencing may cause her to exhibit behaviors that are surprising to those to whom she reports. For example, she may not cry or seem angry when recounting the details of the assault. In fact, she might giggle or present a flat affect, seeming to show no reaction to the rape.

Intrusive behaviors and thoughts are also common during Phase II. This includes a sense of re-experiencing the attack, nightmares, flashbacks, crying spells, anxiety attacks, and sudden mood fluctuations. The victim may also experience physical illness such as stomachaches, headaches, or body pains. These reactions are often “triggered” by something unknown to the victim. She may be in a relatively safe environment and

suddenly have a flashback or intense anxiety. These intrusive feelings and thoughts can have a significant impact on the victim's ability to function in her daily routine.

The victim may also experience a sense of numbness, dissociation or loss of memory regarding the event. This reaction defends the body and mind from having to process the trauma too quickly for the survivor to handle. This explains why the victim may not remember certain aspects of the assault.

C. Phase III

This phase is often referred to as Outward Adjustment. In an attempt to put the sexual assault behind her and move on with her life, the victim may want to drop out of counseling or stop pursuing legal action. It is also common for the victim to try to convince others that she is no longer affected by the sexual assault. However, most victims are actually experiencing a significant amount of internal stress. Stress may trigger a return of many of the behaviors, thoughts and emotions experienced during Phase II.

D. Phase IV

Typically referred to as the Resolution or Integration Phase, this is where the victim will process the trauma from the sexual assault and begin to integrate the experience into her life. The victim begins to recognize that the sexual assault is only a part of her, rather than the essence of who she is. This is often referred to as becoming a "survivor" as the person understands that she was not responsible for the assault. She places the responsibility on the perpetrator and commits herself to moving on with her life. She may still experience problems with the physical and emotional symptoms of earlier states, but she has learned to manage them and they become less disruptive to her daily routine. There is a great variety as to when survivors enter this fourth phase. Some may reach it after only several months and others may find it takes years of hard work and courage to emerge as a survivor.

IV. RAPE TRAUMA SYNDROME AND ADVOCACY

Because of the level of trauma experienced during and after a sexual assault, most survivors state that they are forever changed by the assault. They will never forget it, and they work to manage its impact as they go through life. Having a thorough understanding of Rape Trauma Syndrome can be an important part of their healing process. It can also aid them in understanding why they may have a particular reaction at any point. An advocate can inform the victim about Rape Trauma Syndrome and its effects on her. The advocate can also explain the Rape Trauma Syndrome to medical and legal personnel who are confused by the victim's behavior or demeanor after the assault.

RAPE-RELATED PTSD AND ADVOCACY

During the first stages of Rape-Related PTSD, the survivor's physical symptoms may include general soreness or discomfort throughout her/his body as well as pain in specific areas, especially those injured during the assault. She may also experience disrupted eating and sleeping patterns. For example, a survivor may alternate between being unable to sleep for long periods of time, and wanting to sleep all the time. Her emotional responses may appear to an outside observer to be erratic and unpredictable. The survivor's moods may swing rapidly from rage to hysterical laughter, tears or passivity in a very short time span. Some survivors express their emotional responses while others repress or control theirs. Both are normal responses to the complete disruption of one's life that occurs as the result of a sexual assault. It is important to remember that the survivor's experience is that her life has suddenly and unexpectedly been shattered by an unanticipated, painful event. It is natural for him/her to be in a state of shock and disbelief.

In addition to the emotional reactions of this phase, a survivor may find him/herself with medical, legal, and personal safety/security concerns. The survivor may also be concerned about the reaction of significant others.

The **goal of advocacy** during this time period is to help the survivor organize him/herself. An advocate should help the survivor acknowledge and comprehend the assault, as well as helping the survivor give him or herself time to heal and become reestablished.

An **advocate's tasks** are to:

- Just be there: Though there may be very little interaction.
- Be supportive. Tell the survivor that you believe him/her.
- Be informative.
- Be empathetic.
- Help the survivor identify concrete needs and obtain concrete services.
- Provide structure without taking control. This is a time of intense confusion and disorganization for the survivor. An advocate must guard against the urge to "infantile" the survivor by telling him/her what to do or doing things for the individual.
- Encourage the survivor to utilize personal resources: Personal resources such as friends, family, etc. A survivor may not want to be alone, so it will be important that arrangements are made. An advocate may want to spend a lot of time with the survivor initially, but must guard against the invasion of his or her space any more than it already has been invaded.
- Let the survivor set the tone and pace: During conversation, let the survivor set the emotional tone and the pace of all interactions. These initial conversations may be structured or open-ended, depending on the needs of the survivor. For example, if the survivor is upset, hysterical, or confused, the advocate may need to structure the

interaction. If the survivor is calm and controlled, the advocate may be able to ask open-ended questions.

During the later phase(s), the survivor's physical injuries heal and he/she begins to reorganize her life and learn how to cope after a sexual assault. At the beginning of this phase, the survivor will begin to have nightmares, flashbacks, and trouble eating and sleeping. Phobias may appear. Depression may occur. Toward the end of this phase, the survivor begins to address emotional concerns, such as developing new or strengthening existing coping mechanisms, and developing a support system. She may also begin to address more long-standing issues such as relationship issues, chemical dependency issues, un-addressed spiritual concerns, etc. For example, statistics show that as many as 80 percent of survivors change their residence within a year of the assault, regardless of whether the assault occurred in the home. It is not uncommon for relationships that existed prior to the assault to be disrupted or broken as a result of the event. Sometimes this is due to the increased emotional needs expressed by the victim; other times, it may be due to a partner's inability to deal with the after-effects of the assault.

The **goal of advocacy** during this crisis stage is to help the survivor return to his or her previous levels of functioning as quickly as possible. Therefore, it will be helpful for the survivor to return to his or her normal activities (e.g. school, work).

The **advocate's tasks** are to:

- Initiate a supportive relationship: The advocate's relationship with the survivor is a dynamic interaction involving a process of changing and growing. The purpose of this relationship is to help the survivor achieve a better adjustment between him/herself and his/her environment. This involves; individuation, acceptance, purposeful expression of feeling, and self determination.
- Identify the survivor's major concerns and her perception of the kind of help she needs. These concerns may lead to the need for counseling, medical help, or legal aid.
- Educate the survivor about legal and medical issues.
- Ensure the survivor is aware of available resources and her alternatives. Help the survivor to mobilize those resources.
- Assist in problem-solving by arranging solutions in small steps or tasks to be accomplished.
- Preparation, rehearsal, and accompaniment. Anticipate with the survivor about feelings, thoughts, fears, etc. Reality test the survivor's fears on issues such as family reactions. Role play the "what if?" situation. Prepare the survivor for what to expect, and provide accompaniment to legal and medical appointments when necessary.
- Assist the survivor in evaluating the following:
 - ✓ Appropriateness of feelings

- ✓ Defense mechanisms
- ✓ Symptoms (sleep patterns, eating habits, etc.)
- ✓ Coping Styles
- ✓ Quality of Relationships
- ✓ Crisis history
- ✓ Life-Stage issues
- ✓ The Meaning of the assault in the survivor's personality
- ✓ Degree of stress involving elements of the assault, such as:
 - Amount of violence involved
 - Prior relationship with the assailant
 - Extent of the injuries sustained
 - Presence of concurrent stresses
 - Personality structure of the survivor
 - Developmental life stage

Over time, the victim may eventually reach some kind of **resolution**. When the assault is fully resolved, the survivor is able to experience a full range of feelings: joy, happiness, sadness, anger, envy, etc. without constriction or avoidance. She may continue to grieve occasionally but the process will be intermittent rather than continuous. Lastly, when the assault has been fully resolved, the former victim will be empowered to avoid re-victimization whenever possible and will discover a stronger, wiser self.

In follow-up visits, **an advocate should** assess the survivor in the following areas in order to determine if the survivor has resumed to the previous level of functioning.

- Physical problems: The survivor should have had appropriate follow-up and physical symptoms should be subsiding.
- Cognitive problems: Disturbing thoughts and flashbacks should have been substantially less frequent, unless the survivor is in the middle of the legal processes, then flashbacks may again be common.
- Feelings: The survivor should have returned to his/her usual moods and regained some sense of control.
- Activities: Resumption of the normal routine should have taken place by this time.
- Sexuality: There may be lingering fears of sex, but this area should be resolved if proper education has been given.
- Social Network: How people close to the survivor have handled the attack is crucial. Assess extent of family support, especially if some symptoms still persist.

- Legal process: The stage of the legal process will greatly influence how the survivor resolves the crisis and will also effect the time frame for reorganization
- Evaluation of services: Assessment should be done toward the survivor's attitude concerning the professional support received.

STAGES OF ADJUSTMENT

Each person experiencing a crisis, of any kind, progresses through stages of emotional adjustment. The following information is provided as a simple guideline for understanding what a sexual assault survivor may experience during the period of adjustment.

There is no time gauge to be given, as each person will deal differently with each unique situation. A survivor may spend a great deal of time in one stage and only lightly touch another. A survivor may encounter a spiraling effect as he or she passes through a number of the stages over and over again and may experience them each time with a different intensity. Anyone close to the survivor may also experience these stages as he or she adjusts to the crisis of the sexual assault as well.

SHOCK Numbness

Offering information to the survivor during this stage is not helpful, as the survivor will most likely remember very little, if anything, about what occurs during this time.

DENIAL Not me. I'm fine. This can't have happened. It's not that bad.

Not yet able to face the severity of the crisis, the survivor spends time during this stage gathering strength. The period of denial serves as a cushion for the more difficult stages of adjustment which follow.

ANGER Rage- Resentment- What did I do?- Why me?

Much of the anger may be a result of the survivor's feelings of loss of strength and loss of control over his or her own life. The anger may be directed toward the assailant, a doctor, the police, the survivor him/herself, or anyone else (including the advocate).

PLEDGE/BARGAINING Rationalization. I should be over this by now.

This is a further form of denial in which the survivor sets up a bargain. He/She will not talk about the assault in exchange for not having to continue to experience the pain. In so doing, the survivor continues to deny the emotional impact the assault has had upon his/her life. The rest of the bargain is that friends and relatives will also stop talking about it and pretend that it never happened.

DEPRESSION Denial no longer works. I feel dirty and useless.

If the survivor is warned of this stage ahead of time, he or she may not be thrown by it. Though a painful time, it is healthy to reach this stage, as it shows that reality has begun to be faced. As the survivor allows the negative emotions to surface, he or she should be reminded that these feelings are normal and will not last forever.

The survivor should, however, be aware of symptoms of severe depression during this stage, such as a drastic change in sleeping or eating habits, the indulgence in compulsive rituals, or generalized fears completely taking over the survivor's life. Professional counseling is advisable if the depression continues.

ACCEPTANCE Life goes on.

When enough of the anger and depression are released, the survivor enters a stage of acceptance. He/She may still spend time thinking and talking about the assault, but understands and is in control of his or her own emotions and can accept what has happened.

ASSIMILATION The sexual assault is put in perspective

By the time the survivor reaches this stage, he or she has realized his/her own self-worth and strength. The survivor no longer needs to spend time dealing with the assault, as the total experience now meshes with other experiences in his or her life.

THE SEXUAL ASSAULT SURVIVOR'S GRIEVING PROCESS

The survivor appears to enter a grieving process after the assault, which can be compared to the grief one experiences after the death of a loved one. The process is varied as to the time and intensity according to the individual's outlook and circumstances. The three basic phases are as follows.

ACUTE REACTION

This is the initial reaction following the assault. The survivor is in some form of shock, and may be expressing disbelief, numbness, anxiety, and fear. Each survivor expresses his or her reaction to a life threatening crisis in his or her own way. The survivor may appear extremely calm, agitated, or hysterical. All of these reactions are common. Confusion will usually be part of the reaction. The survivor may be confused by the situation in which the assault occurred (if she could not conceive of rape occurring while on a date, or in an otherwise secure place), she may be confused by her own reaction to the assailant (passivity, calmness). Because all of us are affected by society, the survivor will probably be affected by cultural attitudes toward her as a sexual assault survivor. This negativity can also cause confusion. Compounded with this is the intimidation and embarrassment caused by dealing with the male authorities immediately after the assault if the survivor was assaulted by a male. The survivor is faced with pressing practical needs, such as medical problems, possibly clothing, shelter, and money. The survivor also experiences emotional needs which can aggravate the stress experienced. At this time, most survivors react to sexual assault as an isolated event, incongruous to the rest of the survivor's life. The survivor may assume the assailant was a lunatic.

As certain immediate needs are met and the experience detoxifies, she will enter the second phase.

OUTWARD ADJUSTMENT

This marks the beginning of a long-term reaction that the sexual assault survivor may experience. It can be recognized when the survivor decides it is time to return to daily life. Of course, many patterns and habits in daily living may be changed. If the survivor was assaulted during a walk home, he/she may decide to move. Many survivors want to spend some time with a close friend of the family, rather than in his or her own home, especially if living alone. These changes are considered positive, because the survivor is recognizing certain issues need to be dealt with, even if unaware that these changes are a direct outcome of the assault. The survivor may also deny any negative consequences of the assault and may rationalize it as “one of those things that happen.” Because the assault appears as a freak incident to the survivor, the only way he or she may be able to fit it into his or her life, is to ignore it. This is valid. If the survivor must do this in order to feel some resemblance of security in her newfound confusion, then it can contribute to her well-being.

INTEGRATION

Integration is usually brought on by a pressing material concern, such as a trial, STD, pregnancy, contact with the assailant, or a reminder of the assailant. It is at this time, when the sexual assault is relived vividly, that the survivor will be more interested in discussing feelings rather than suppressing them. The survivor will usually experience lots of guilt and anger (although the guilt is more easily noticeable). The survivor may now experience a deep depression. The survivor begins to recognize changes in lifestyle and emotional relationships due to the impact of the sexual assault. The survivor may readily explore feelings of vulnerability and fear. During this phase, the survivor becomes concerned with reestablishing security, working out feelings concerning self and the assailant, and living with a relatively secure feeling about life.

Many sexual assault survivors may not enter the third stage for years, or for an entire lifetime. This is because of an emotionally ill background, or more commonly, no adequate way to explore and integrate the experience into the survivor's life. Survivors whose families or relationships are non-supportive (and survivors assaulted by family members), usually have a more difficult time recovering from the trauma and feeling sure of themselves.

Rape-Related PTSD Symptom Rating Scale

Symptom	5	4	3	2	1
Sleep Disorders	No sleep; awake all night most nights; sleep deprived state	Severe: 1-3 hours sleep per night, early morn awake stressful, nightmares	Moderate: difficulty falling asleep, nightmares	Mild: episodic nightmares, broken sleep	Sleeping well
Appetite	Hardly eating at all; prodded by another to eat	Severe: no appetite, eating out of habit	Moderate change: eating less food, less frequently	Very little change: not quite as much food intake as before the assault	No noticeable change.
Phobias	Succumbed to fear, will not leave home, answer telephone or talk with non-family	Severe fears dominating life, seeking help, anxiety immobilizing	Moderate suspicion, some fears expressed, change in lifestyle moderate	Mild suspicion, little change in lifestyle or habits	Calm and relaxed
Motor Behavior	Uprooting of life (job and home), no activities	Job or home change, reduction in activities, lack of interest and self-control	Restlessness and dissatisfaction with indecisiveness, reduction in activities	Mild restlessness, expressed desire to make changes in work or home life	Calm and relaxed
Relations	Denial of or from SOP(s): broken relationship with family, partner, and/or friend	Severe tension, anxiety, relationship(s) disintegrating	Relationship(s) showing stress, non-supportive, weakened	Relationship(s) intact, strained, but supportive	SOP(s) supportive, understanding, and patient.
Self Blame	Overcome with shame, feels cannot forgive self	Severe guilt, blames self, feels dirty, cheap	Moderate guilt, feels responsible	Mild guilt, feels it can be overcome	Free from guilt, accepts event
Self Esteem	Feels worthless or hates self, completely dissatisfied with self	Disgusted with self	Disappointed with self, feels badly about self	Occasionally doubts self worth	Feels good about self
Somatic Reactions	Compounded symptoms directly related to the assault plus reactivation of symptoms connected to a previous condition; e.g. Heavy drinking or drug use.	Sever symptoms; distressing symptoms described, lifestyle disrupted	Moderate symptoms, ability to function , but some disturbance of lifestyle	Mild symptoms; minor discomfort reported, ability to talk about discomfort and feeling of control over symptom	No symptoms; none reported and symptoms denied when asked about a specific area