



ORIGINAL RESEARCH PAPER

Health Science

SEXUAL ASSAULT, TRAUMA and PSYCHOLOGICAL PROBLEMS

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ABSTRACT Victimization occurs when one’s control over his or her environment or body is in danger or damages. One of these traumatic victimization is sexual assaults. Sexual assaults causing traumatizations, sexual trauma and post-traumatic psychological problems and the syndromes explaining them have been analyzed in this review.

INTRODUCTION

Victimization occurs when one’s control over his or her body is in danger and one is damaged physically, psychologically and financially and sometimes there exists a traumatic experience as a result of this victimization (1).

Trauma can be defined as events which affect psychological, mental and daily life of an individual or cause negative consequences. Traumatization occurs when there is no correct response to the threat (1,2,3).

The events that are compelling and go beyond the coping skills of a person such as natural disasters, wars, exposure to sexual physical assault, abuse and negligence in childhood, torture, traffic accidents, forced abduction, diagnosis of a life threatening disease, seeing a dead body or a body part are considered as traumatic events (2,3,4).

SEXUAL ASSAULTS AND SEXUAL TRAUMA

Sexual crimes are the most severe form of violence committed against the personality, intimacy, physical and mental existence and environment of individuals in all societies without any discrimination since the time of mankind (5).

Sexual assault involves the exposure of a targetted person who is considered as nonconsenting due to the young age or mental disease to a sexual behaviour through forces such as use of physical force, threats, fear or deceit and tricks. Gölge (2005) describes the sexual assault as a traumatic event that disrupts the balance between internal self-harmony and the environment, since one’s intense fear and excitement during the event would endanger body integrity and even life. After the assault the victim may have psychological reactions which can last for many days and months and affect one’s defense mechanisms (5,6,7,8).

Sexual trauma is mostly directed from males to females and from adult males to girls and boys. According to the result of the research by EU Fundamental Rights Agency (FRA) with 28 EU countries in 2014, it was identified that approximately 12 % of females was exposed to a sexual abuse by an adult before their 15 ages. However, in a study by Karakaya et al.(2006) 57 % of abuse victims was females and 42.9 % of them was males.

Sexual approaches which are against one’s will or force him / her to participate may cause sexual trauma and there is a risk for the development of psychological disorders in individuals (11). Sexual trauma and post-traumatical psychiatric problems were tried to be explained through some diagnoses and theories. Three of them are “Rape Trauma Syndrome”, “Betrayal Trauma Syndrome” and “Attachment Syndrome”.

1. Rape Trauma Syndrome (RTS)

Rape Trauma Syndrome, defined by Burgess & Holmstrom (12) and one of the type of post-traumatical stress disorder, is a set of symptoms which has acute stage, outward adjustment stage and long-term reorganization stage at adult rape victims and consists of the feelings of fear, anger, guilt, confusion, humiliation and

shame in victims. The symptoms such as isolophobia, phobic attitude towards sexuality, frequent bathing behaviour, impotence at males may continue even years after the rape (13).

a) Acute stage: This stage occurs just after the assault and may last from several days to several weeks. In acute stage the individual exposes shock, confusion, temper, fear, anxiety, crying and hiccup crisis. Sometimes he / she can not expose his / her feelings and stays calm (disguised affection). In acute stage sudden emotional changes, tantrums and quick temper are observed. The individual tries to get rid of the thoughts about the event from the mind by blocking them. Also some physical complaints can be seen in the acute stage. These can be listed as sorethroat, aches at arms, legs and chest, sleep disorders, poor appetite, stomachache, vomiting (14).

b) Outward Adjustment Stage: In this stage the survivals seem to return to normal life conditions; however, there are some inner disturbances which can automatically appear with any of these mentioned behaviour below:

- Non-stop anxiety
- Despair
- Permanent fear and depression
- Emotional changes
- Real dreams, flashbackler, insomnia, weakness, recurrent nightmares, loss of concentration
- Hesitation from friends and relatives
- Going to the places that remind the rape victim or / and unwillingness to leave home
- Hesitation to create new relationships or maintain the existing relationship with males
- Breakdown in normal daily routines (15)

c) Reorganization Stage: In this stage negative emotions such as shame and guilt start to be resolved again and now the woman blames herself for the assault. The victim may attempt to reconstruct her or his life and personality. He / she may change the telephone number, appearance, job and even the city he /she lives. In this period of time sexual dysfunction, sexual anorexia and vaginismus may develop (16).

In the sample of Burgess & Clements (2006) from Burgess & Holmstrom the oldest adult crime was committed to a 73-year-old woman whose report was a delayed report six weeks after the crime. She was raped by a stranger. She tried to manage her symptoms for weeks, but she gradually became ashamed and began to develop sexual nosemaphobia. This belief began to prevent her skills with the fear of infecting a disease. Finally, she got medical treatment from her psychiatrist. Her psychiatrist told her that he / she did not know how to treat the rape but this was treated at Boston City Hospital. Therefore, she applied to the hospital as a rape victim and she was included in the study. In addition, she was interviewed after 4 years and it was identified that she had permanent fear and phobia symptoms and slowly progressive health problems. Although adult sexual assault continues for a certain period of time, it is clearly known that

awareness is a contemporary public health problem.

2. Betrayal Trauma Theory

Betrayal trauma theory suggests that psychogenic amnesia is an adaptation response to trauma from a family or other strong figures violates a basic trust in human relationships, victims may need to forget the trauma to reduce their suffering rather than stay in the trauma according to Giesbrecht & Merckelbach (2009) so that individuals exposing to sexual abuse in childhood learns to departmentalize their traumatic experiences from the amnesia by splitting their attention.



Betrayal trauma leads to dependent victims due to the need for presence in order to survive. It is divided as high, medium and low betrayal trauma. High betrayal trauma is the abuse committed by someone close to the victim; medium betrayal trauma is committed by someone not close to the victim and low betrayal trauma is the abuse committed by someone unidentified by the victim (Table I) (21,22).

3. Attachment Theory

Being a victim of abuse and neglect in childhood causes psychological problems and attachment disorder in following years.

According to Attachment Theory which is one of the theories suggested by Bowlby (1977) in interpersonal attraction and dynamics of relationships, the individuals exposing to sexual abuse develop deorganized attachment. Deorganized attachment generally emerges as fearful behaviours. The undesired attachment type developed against abusing pathological parents keeps living with the individual by blocking the traumatized memories of childhood period of the individual (21,22).

Table I: Betrayal Trauma, Freyd's two different dimensional model for traumatic events (19,23)

| | | | |
|--|------------------------|--|-----------------------------|
| | High | | |
| High | Social Betrayal | Examples | |
| Examples | | Examples | |
| <ul style="list-style-type: none"> • Some sex abuse • Some emotional abuse | | <ul style="list-style-type: none"> • Sadistic abuse by caregiver • Holocaust | |
| Low | | Examples: | High |
| Not generally traumatic | | <ul style="list-style-type: none"> • Hurricane • Some auto accidents | Terror fear Inducing |
| | Low | | |

Other effects of trauma

When we analyze the mid-term and long-term effects of sexual assaults, it is emphasized that fear, nightmares, phobia, anxiety, sexual disorders can be seen.

It has been reported in recent studies that sexual abuse highly exists in anorectic and bulimic diseases (25). It has been identified that 38-60 % of the individuals reporting childhood sexual abuse are amnesic to the trauma that they experience (26, 27). However, an another study on children experiencing sexual abuse revealed that there was no psychiatric symptom in 20-50 % of the children and psychological affection would not always happen (28,29).

CONCLUSION

Sexual assaults which are important social problems in terms of both public health and psychological health are destroying traumatic events. Sexual assault is highly important in terms of increasing reference centers, providing diagnosis, treatment and care for individuals on time, boosting the support systems and decreasing the potential psychological problems and

traumatization. In addition, the fact that there are not sufficient scientific papers about sexual trauma theories in literature review indicates the need for studies in this topic.

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