AFTERMATH OF SEXUAL ASSAULT: POSTTRAUMATIC STRESS DISORDER (PTSD)

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Introduction

Once referred as shell shock or battle fatigue was first brought to public attention by war veterans after civil war in United States.

History of Posttraumatic Stress Disorder

The psychological problems of soldiers in World war-II had a severe impact. PTSD was included in the DSM–III in 1980.

PTSD is a trauma and stress related disorder that may develop after exposure to an event or ordeal in which death, severe physical harm, violence occurred or was threatened. PTSD affects about 8 million American adults and can occur at any age any including childhood. PTSD is frequently accompanied by depression, anxiety disorders or substance abuse.

Objective

To study the after effects of sexual assault with special reference to posttraumatic stress disorder

Posttraumatic Stress Disorder 309.81 (F43.10)

A. Exposure to actual or threatened death, serious injury or sexual violence in one (or more) of the following ways:

- 1. Directly experiencing the traumatic event(s).
- 2. Witnessing in person the event as it occurred to others.
- 3. Learning that traumatic event occurred to a close family member or friend, the event must have been violent or accidental.
- 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s)
- B. Presence of one or more of the following intrusion symptom associated with the traumatic event beginning after the traumatic event (s) occurred.
- C. Persistent avoidance of stimuli associated with the traumatic event occurred as evidenced by one or both of the following:
 - 1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event.

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- 2. Avoidance or efforts to avoid external reminders that arouses distressing memories thoughts or feelings about or closely associated with the traumatic event.
- D. Negative alterations in cognition and mood associated with the traumatic event beginning or worsening after the traumatic event occurred.
- E. Marked alteration in arousal and reactivity associated with the traumatic events beginning or worsening after the traumatic event.
- F. Duration of the disturbance (criteria B, C, D and E).
- G. The disturbance causes clinically significant distress or impairment in social or other important areas of functioning.
- H. The disturbance is not attributable to the physiological effects of a substance.

Posttraumatic Stress Disorder and Sexual Assault: Prevalence

According to the DSM-V, in the United States, projected lifetime risk of PTSD using DSM-IV criteria at the age of 75 years is 8.7%. Twelve month prevalence among the US adults is 3.5%. Lower estimates are seen in Europe and most Asian and African and Latin American countries, clustering around 0.5%-1.0% rates of PTSD are higher among veterans and others whose vocation increases the risk of traumatic exposure.

Highest rates are found among survivors of rape and military combat and captivity and ethnically or politically motivated internment and genocide.

Sexual Assault: Nature

The term sexual violence is an all encompassing, non-legal term that refers to crimes like sexual assault, rape and sexual abuse.

United States, Department of Justice defined "sexual assault as any type of sexual contact or behavior that occurs without the explicit consent of the recipient".

Key figures

As per the data given by National Institute of Mental Health:

- 3.5 % of the US adult population experience post-traumatic stress disorder (PTSD) every year.
- 4 % of children age 13-18 experience post traumatic stress disorder in their lifetime.
- About 8 million adults have PTSD during a given year.

Post-traumatic Stress Disorder

As per information based upon McGill journal of medicine: MJM:

• Almost one third (31%)of all rape victims developed PTSD during their lifetime and more than one in ten rape victims (11%) still has PTSD today.

- Rape victims were 6.2 times more likely to develop PTSD than women who had never been victim of crime (31% vs 5 %).
- Rape victims were 5.5 % times more likely to have current PTSD than those who had never been victims of crime (11% vs 2%).
- A dysregulation of the Hypothalamic Pituitary Adrenal axis (HPA) is observed in survivors of sexual assault and this may be a fundamental cause of the structural and functional abnormalities contributing to PTSD symptoms.

Therapeutic Approaches

1.COGNITIVE BEHAVIOR THERAPY

COGNITIVE PROCESSING THERAP- developed by DR.PATRICIA RESICK

 CPT is a specific type of behavior therapy that has been effective in reducing symptoms of PTSD,generally delivered over 12 sessions helps patients modify unhelpful beliefs related to the trauma

PROLONGED EXPOSURE THERAPY-

developed by EDNA FOA

 PE is typically provided over a period of about three months with weekly individual sessions ,resulting in eight to fifteen sessions overall .and gradually helps individuals to approach their trauma – related memories .

2. Eye Movement and Desensitization Reprocessing (EMDR)

EMDR is a form of psychotherapy in which the person being treated is asked to recall distressing images while generating one type of bilateral sensory input such as side-to-side eye movements or hand tapping. It is an individual therapy typically delivered one or two times per week for a total of 6-12 sessions.

8 PHASES OF EMDR:

- PHASE 1- History taking
- PHASE 2-Preparing the client
- PHASE 3-assessing the target memory
- PHASE 4 to 7- Processing the memory
- PHASE 8- evaluating treatment results

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