

## What Is Sexual Assault?

Anyone — men, women, and even children — can be sexually assaulted. Sexual assault is usually defined as sexual activity between two or more people in which one of the people is coerced or threatened with harm. The sexual activity may include fondling, sexual intercourse, oral sex, and/or anal sex. The sexual aggressor can be a family member, like a husband or father, or a friend, date, acquaintance, or stranger.

Sexual assault is a crime that has become an epidemic problem. Sexual assault can be an extremely stressful, terrifying event and can severely disrupt the victim's lifestyle and coping patterns. During a sexual assault, the victim may have feelings of powerlessness and uncertainty about whether he or she will survive. Frequently the victim's life is directly threatened and the victim may be physically injured in a variety of ways. At the same time, the victim must remain alert, trying to protect him or herself from even more harm. Children who may be present are often threatened, adding to the terror and causing the victim to feel responsible for protecting them.

Studies show that the impact of sexual assault varies from person to person. Victims may no longer feel safe, may lose self-esteem, feel powerless, and lose the ability to trust others or develop intimacy. The more terrifying the assault, and the more the person's life is threatened, the more problems victims usually have afterwards. Having suffered previous traumatic events can also contribute to greater problems.

## What Are the Problems?

After a sexual assault, victims can experience a range of responses. However, some patterns are especially common. Some victims report that they have repeated and frequent memories of the sexual assault that intrude on their thoughts and cannot be controlled; flashbacks, or a feeling as if they are reliving the sexual assault; nightmares; and difficulty sleeping. In addition, sexual assault victims may experience feelings of being "on edge," having trouble concentrating, feeling the need to continually watch over their shoulder, or being easily startled (for example, jumping at the sound of someone's voice from behind). Victims also report that they tend to avoid reminders of the sexual assault, including avoiding places that may resemble the place where they were assaulted; may feel less interested in things that they used to enjoy; and may feel emotionally numb. Victims may also withdraw from social interaction or settings. When these problems persist and disrupt daily life, mental health professionals call this group of symptoms posttraumatic stress disorder (PTSD).

In addition to PTSD, sexual assault victims frequently find that they feel depressed and hopeless about the future, which can lead to thoughts about suicide. Many victims also report that they feel like the sexual assault was somehow "their fault," resulting in feelings of self-blame and self-doubt. Frequently, sexual assault victims also say that they feel generally unsafe and often have difficulties with trust and intimacy. It is also common for sexual assault victims to have questions about their physical health and develop problems related to their sexual functioning. Lastly, sexual assault victims may resort to using drugs or alcohol to cope with their symptoms.

Studies have found that about 90% of sexual assault victims experience symptoms of PTSD 2 weeks after the assault and about 50% of sexual assault victims continue to experience symptoms of PTSD 3 months after the sexual assault. The symptoms of PTSD can begin a long time after the attack and can last much longer than just 3 months. Sometimes individuals

experience more than one sexual assault during their lifetime. Having multiple experiences increases the likelihood of developing PTSD.

### Can Therapy Help?

Yes. Several short-term therapeutic techniques have been shown to reduce the PTSD symptoms. Although symptom response to the assault may vary from person to person, effective short-term treatments are available for PTSD and a variety of disorders that tend to be part of PTSD, including depression, panic, anxiety, and phobias. Regardless of a victim's specific symptoms, treatment should include two basic components: (1) development and maintenance of a trusting relationship with a therapist; and (2) recounting one's story about the assault in treatment so that the therapist can help the individual overcome the debilitating symptoms resulting from PTSD.

Telling one's story allows victims to feel more in control of their memories and the feelings that have arisen in response to them. With this increased sense of power, victims can look at other problems they are having and make the changes necessary to allow them to function better in everyday life.

PTSD symptoms do not tend to go away by themselves. The earlier victims begin therapy, the sooner they can begin addressing symptoms and turning their lives around. Victims who do not seek treatment often begin to avoid the painful thoughts, feelings, and situations that may trigger thoughts of the event; this prevents the memory from being understood and seen clearly, and so the individual does not regain a sense of control.

In behavior therapy, the therapist helps victims make sense of their memories. This reduces the emotional impact of the memories so the intrusive thoughts, flashbacks, and nightmares eventually go away. Although the memories will never be pleasant, the psychological pain and anxiety associated with them can be reduced. The therapist attempts to reduce the guilt and fear associated with the victim's response to the sexual assault. Using techniques such as relaxation training, the therapist will help the victim reduce the symptoms of PTSD. Therapists may also diminish the power of the memories or flashbacks by having the victim relive and re-experience them. The therapist can also explore the victim's thoughts about the assault and, where appropriate, help him or her understand when his or her beliefs are contrary to reality. The therapist can also teach the victim other skills, such as anger management, assertiveness training, and communication training, depending upon the person's needs.

Medication may be appropriate as an adjunct to behavior therapy for some victims of sexual assault, primarily individuals who are having a difficult time with PTSD-associated depression. When used in conjunction with behavior therapy, antidepressants have been found to be an effective tool in reducing trauma-related depression.

Victims of sexual assault should not suffer in silence. Behavior therapists offer effective treatments tailored to a victim's individual problems.

### **What Is Cognitive Behavior Therapy?**

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or Goals might involve:

- a way of acting - like smoking less or being more outgoing;
- a way of feeling - like helping a person be less scared, less depressed, or less anxious;
- a way of thinking - like learning to problem-solve or get rid of self-defeating thoughts;
- a way of dealing with physical or medical problems - like lessening back pain or helping a person stick to a doctor's suggestions; or
- a way of adjusting - like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well, with ways of living that work, and giving people more control over their lives are common goals of behavior and cognitive behavior therapy.

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

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