PTSD and Sexual Assault

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Victim/survivors of sexual assault sometimes develop long term after effects from the trauma they experienced. In the early years of the sexual assault movement this condition was called “Rape Trauma Syndrome”. Today we recognize these symptoms as meeting the criteria for Post Traumatic Stress Disorder. Although we commonly associate this with war veterans, it applies in other situations as well.

According to the Diagnostic Criteria for PTSD, this diagnosis is given to someone who has been exposed to a traumatic event in which they experienced, witnessed or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others and the person’s response involved intense fear, helplessness or horror. For many people a sexual assault is this kind of traumatic event.

The traumatic event is also re-experienced in one of a number of ways: intrusive thoughts—the victim can’t seem to stop herself from thinking about the assault, or seeing images in her mind; recurrent dreams/nightmares about the assault or other similar situations in which they are being hurt and have no control; acting/feeling like the traumatic event is happening now—flashbacks, body memories, olfactory memories; a strong emotional reaction when exposed to things that remind the victim of the trauma—a victim who is assaulted by someone in an elevator gets intensely upset every time they see an elevator, or a picture of an elevator; a strong physical reaction when exposed to things that remind the victim of the trauma—increased heart rate, perspiration, body pain when seeing the elevator.

Sexual assault victims with PTSD persistently avoid things that remind them of the trauma and have numbing of general responsiveness. These are coping mechanisms to help them to avoid the trauma: victims will try to avoid thoughts, feelings or conversations about the assault—“I don’t need to talk about what happened, I’m fine”; efforts to avoid activities, places or people that will arouse memories of the assault—avoiding sex, not wanting to go out anymore, not wanting to see the people you were with that day, isolating oneself; inability to remember an important aspect of the trauma—denial and repression of memories; losing interest in significant activities—the victim may have depression, may be avoiding people or places in order to feel safer; feelings of detachment or estrangement from others—shutting down feelings in general is a way to not feel the horror of the assault, but can also be part of depression; a sense of a foreshortened future—doesn’t expect to be married, have children, have a normal life.

Victims also may have difficulty falling or staying asleep because they feel too vulnerable or because of the fear of nightmares; irritability or burst of anger—the victim has had something happen to them that was unjust, wrong, and they know it; difficulty concentrating—perhaps because of intrusive thoughts or fear; hyper vigilance—the victim is on guard to avoid being assaulted again; exaggerated startle response—a noise, a certain touch, sudden movement can make the victim jump.

Not all victims have these symptoms and some may have a few while others seem to be paralyzed from what has happened to them. If you recognize these symptoms in yourself or someone you care about, please call the Sexual Assault Center at 920 436-8899. We are here to listen and provide support and can refer you to additional resources.

Sexual Assault Center of Family Services
www.familyservicesnew.org/sac