

CIB #2: Acting “Normal” following the Alleged Assault

The CIB expert will sometimes opine on the lack of a traumatic response in the complaining witness after the event.

- Partying, Seeming “normal”
- Doing “fine” afterward
- Discussing the event with friends without calling it “rape”
- Acting “as if” nothing happened
- Having no trauma at all
- Not remembering after time passes after having vivid recall initially

Research Articles on Post-Assault Behaviors

Acute posttraumatic stress in sexual assault survivors: Factors predicting acute posttraumatic symptomatology.

Harb, Gerlinde C.

Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 67(9-B), 2007. pp. 5403.

Abstract:

Research on posttraumatic stress has produced many important findings in the last few decades. Recently, the importance of the period of acute reactions immediately following a traumatic event and the new diagnosis of acute stress disorder (ASD) have received increased attention. Investigations of acute posttraumatic stress are important because of the potential for the early identification of individuals at risk for developing chronic posttraumatic symptomatology. However, there is currently only limited literature on the nature of problems experienced by individuals shortly after a traumatic event, in particular, after sexual assault. The current study was designed to examine the symptomatology and emotional functioning of recent sexual assault survivors and to investigate two models of the relationship between risk factors for ASD and ASD severity. In particular, the study evaluated the relationships between ASD symptom severity and emotional expressivity, intensity of emotional experience, and purposeful withholding of emotions. Further, it was hypothesized that because emotional expressivity is an essential ingredient in the natural process of emotional processing, it would play an important role in ASD symptomatology, namely that it would moderate the relationship between social support and symptom severity and mediate the relationship between trauma history and symptom severity. The results of tests of both the moderation and mediation hypotheses were not as predicted. First, while better social support since the assault was related to less severe ASD symptoms, participants' tendency to express emotions did not moderate this relationship. Second, prior trauma history was related to more severe acute stress; however, it was not related to a decreased tendency to express emotions, as expected. These results may be indicative of an absence of the predicted relationships, or they may be due to several psychometric limitations of the study, including measurement issues and small sample size. The study added to knowledge about ASD in sexual assault survivors in several important ways, including providing data on incidence rates of ASD in this population as well as information about the emotional functioning of sexual assault survivors, the social support they receive, and the differences between those who meet and do not meet diagnostic criteria for ASD.

Psychosocial correlates of PTSD symptom severity in sexual assault survivors.

Ullman, Sarah E., Filipas, Henrietta H., Townsend, Stephanie M., Starzynski, Laura L.

Journal of Traumatic Stress, Vol 20(5), Oct, 2007. pp. 821-831.

Abstract:

This study's goal was to assess the effects of preassault, assault, and postassault psychosocial factors on current posttraumatic stress disorder (PTSD) symptoms of sexual assault survivors. An ethnically diverse sample of over 600 female sexual assault survivors was recruited from college, community, and mental health agency sources (response rate=90%). Regression analyses tested the hypothesis that postassault psychosocial variables, including survivors' responses to rape and social

reactions from support providers, would be stronger correlates of PTSD symptom severity than preassault or assault characteristics. As expected, few demographic or assault characteristics predicted symptoms, whereas trauma histories, perceived life threat during the assault, postassault characterological self-blame, avoidance coping, and negative social reactions from others were all related to greater PTSD symptom severity. The only protective factor was survivors' perception that they had greater control over their recovery process in the present, which predicted fewer symptoms. Recommendations for intervention and treatment with sexual assault survivors are discussed.

Emotional reactions during and after trauma: A comparison of trauma types.

Amstadter, Ananda B., Vernon, Laura L.

Journal of Aggression, Maltreatment & Trauma, Vol 16(4), 2008. pp. 391-408.

Abstract:

Peri- and posttraumatic emotional responses have been understudied, and furthermore, have rarely been compared among trauma types. The current study compared college students' retrospective self-reports of peri- and posttraumatic responses of fear, shame, guilt, anger, and sadness among four types of traumatic events: sexual assault, physical assault, transportation accident, and illness/injury. Overall emotional responding was generally high for all trauma types, and for those in the sexual assault group, emotion increased sharply from the peri- to posttraumatic time point. Generally, fear was higher during the trauma compared to after the trauma, whereas the other emotions tended to remain stable or increase posttrauma. The sexual assault group tended to report higher levels of posttrauma emotion than the other trauma type groups.

Predictors of acute stress symptoms in rape victims.

Elklit, Ask, Due, Louise, Christiansen, Dorte M.

Traumatology, Vol 15(2), Jun, 2009. pp. 38-45.

Abstract:

Victims of traumatic experiences such as rape often report a variety of symptoms in the acute aftermath of trauma. Reactions to trauma may take the shape of acute stress disorder (ASD), which may later develop into posttraumatic stress disorder, or they may be symptoms of more general distress. The purpose of the present cross-sectional study was to test the hypothesis that symptoms of ASD and general stress, though correlated, represent two independent ways of reacting to trauma. Acute reactions to trauma were examined in a population of 150 female victims of sexual assault. Respondents were interviewed about demographic data and peritraumatic factors and filled out self-administered questionnaires concerning pretraumatic and posttraumatic factors including two dissociative items, ASD symptoms measured by the Acute Stress Disorder Scale and symptoms of general distress measured by a modified version of the Trauma Symptom Checklist. Two separate regression analyses were carried out to examine whether ASD and general distress are mediated by the same variables in the aftermath of rape. Dissociation significantly predicted ASD severity but not general distress, whereas relational problems and functional impairment emerged as significant predictors of general distress but not of ASD symptoms. Thus, even though symptoms of ASD and general distress were highly related to one another, the finding that the variables predicting ASD were different from those predicting general distress supports the assumption that ASD and general distress represent distinct trauma reactions. This finding is in accordance with previous research

Posttraumatic sequelae associated with military sexual trauma in female veterans enrolled in VA outpatient mental health clinics.

Luterek, Jane A., Bittinger, Joyce N., Simpson, Tracy L.

Journal of Trauma & Dissociation, Vol 12(3), May, 2011. pp. 261-274.

Abstract:

The purpose of this study was to explore the relationship between military sexual assault (MSA) and posttraumatic stress disorder (PTSD) and other symptoms associated with trauma, referred to as disorders of extreme stress not otherwise specified (DESNOS) or complex PTSD within a Veterans Affairs (VA) Medical Center outpatient mental health treatment-seeking sample. The

present results focus on female Veterans only because of the low rates of endorsement of MSA among male Veterans resulting in a sample too small to use in analyses. Compared with those who did not endorse MSA, those who did reported greater frequency of other potentially traumatic events; PTSD symptoms; and symptoms characteristic of DESNOS, such as difficulties with interpersonal relationships, emotion regulation, dissociation, somatization, and self-perception. When childhood and other adulthood interpersonal trauma were both taken into account, MSA continued to contribute unique variance in predicting PTSD and DESNOS symptoms. VA patients reporting MSA may represent notably heterogeneous groups that include more complex posttraumatic reactions. Treatment interventions focused on complex PTSD may be warranted for a subset of female veterans who endorse MSA.

Reactions to a survey among those who were and were not sexually assaulted while serving in the military.

Sandberg, Alicia A., Murdoch, Maureen, Polusny, Melissa A., Grill, Joe

Psychological Reports, Vol 110(2), Apr, 2012. pp. 461-468.

Abstract:

Surveys are among the most common methods for evaluating military sexual assault experiences among members of the U.S. military; however, little research has examined how receiving surveys about such sexual assaults might affect recipients. In the present sample of 530 active duty and veteran military personnel, just 10% reported unexpected upset, 11% reported regretting participation in the survey, and 22% reported benefitting from that participation overall. A minority of respondents with a history of sexual assault while in the military reported unexpected upset, although the prevalence was three times higher than that of participants without such history (24% vs 8%). There were no statistically significant differences in perceived regret and benefit of participation in the survey between those with and without a history of sexual assault while in the military. Although limited in number, male military sexual assault survivors ($n = 8$) were significantly more likely than female survivors to report being more upset by the survey than they had anticipated. Implications for future research are discussed.

Trajectories of PTSD symptoms following sexual assault: Is resilience the modal outcome?

Steenkamp, Maria M., Dickstein, Benjamin D., Salters-Pedneault, Kristalyn, Hofmann, Stefan G., Litz, Brett T.

Journal of Traumatic Stress, Vol 25(4), Aug, 2012. pp. 469-474.

Abstract:

Theoretical frameworks positing qualitatively distinct trajectories of posttrauma outcome have received initial empirical support, but have not been investigated in cases of severe interpersonal trauma. To address this limitation, we conducted latent class growth analysis with longitudinal data collected from 119 female sexual assault survivors at 1-, 2-, 3-, and 4-months postassault. Participants' mean age was 33 years; 63% were White. We hypothesized that given the severity of exposure associated with sexual assault, resilience would not be the modal course of adaptation. Four distinct PTSD growth trajectories, representing unique latent classes of participants, best fit the data: a high chronic trajectory, a moderate chronic trajectory, a moderate recovery trajectory, and a marked recovery trajectory. Contrary to previous studies and recent theoretical models, resilience and resistance trajectories were not observed, as high levels of distress were evident in nearly all participants at 1-month postassault. These results suggest that theoretical models of posttrauma response positing resilience as the modal outcome may not generalize to cases of sexual assault.

Assimilation, accommodation, and overaccommodation: An examination of information processing styles in female victims of adolescent and adult sexual assault.

Varkovitzky, Ruth Luba

Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 74(2-B)(E), 2013.

Abstract:

Social-cognitive information processing theorists posit that the way in which adolescent and adult sexual assault (ASA) victims categorize information about ASA in the context of their previous

experiences can influence posttraumatic symptoms. Cognitive processing theorists have proposed that three information processes describe the integration of traumatic memories into preexisting schemas: assimilation, accommodation, and overaccommodation. The purpose of the present study was to validate a measure capturing assimilation, accommodation, and overaccommodation (the Personal Beliefs and Reactions Scale - Revised; PBRS-R) and to generate data bearing on the validity of the PBRS-R subscales by testing hypotheses regarding relationships between each information processing style and related posttraumatic outcomes (specifically, posttraumatic stress symptoms, coping styles, perceived control over recovery, and self-blame). Study 1 addressed measure development issues. Seventeen expert raters categorized items on the PBRS-R as representing accommodation, assimilation, overaccommodation, or neither information processing style. It was hypothesized that expert raters would exhibit at least 70% consistency in identifying PBRS-R items. Results produced two possible scale sets, one representing 80% agreement and the other representing 70% agreement among the expert raters. The two Study 1 PBRS-R item sets were used in Study 2 to examine information processing styles in a sample of college females (N = 387). Of the initial sample, 181 (46.8%) reported ASA. It was hypothesized that the subscales identified by expert raters would be confirmed in responses provided by ASA victims. Confirmatory factor analysis indicated that scales created based on 70% expert rater agreement evidenced the best model fit. Study 2 included specific hypotheses about potential associations between information processing styles, posttraumatic stress symptoms, coping styles, and posttraumatic cognitions as reported by ASA victims. Results indicated that overaccommodation was associated with increased posttraumatic stress symptoms, avoidant coping, and self-blame and decreased perception of control over recovery. Assimilation was associated with increased avoidant coping and self-blame. Accommodation was not significantly associated with any of the outcome variables. Implications for understanding information processing among ASA victims are discussed.

Risk factors for PTSD and depression in female survivors of rape.

Mgoqi-Mbalo, Nolwandle., Zhang, Muyu., Ntuli, Sam.

Psychological Trauma: Theory, Research, Practice, and Policy, Vol 9(3), May, 2017. **Sexual Assault** in South Africa. pp. 301-308.

Abstract:

Objective: To investigate association of the sociodemographic factors, characteristics of rape and social support to the development of depression and posttraumatic **stress** disorder at 6 months after the rape. Method: A cross-sectional survey with female survivors of rape was carried out in 3 provinces of South Africa 6 months after the rape. Results: One hundred female survivors of **sexual assault** were interviewed. More than half (53%) were from Limpopo, 25% from Western Cape, and 22% from KwaZulu-Natal (KZN). 87% reported high levels of PTSD and 51% moderate to severe depression **post**-rape. The major risk factors for PTSD and depression were the unmarried survivors of rape and those living in KZN. The female survivors of rape in KZN province were 7 times more likely to experience symptoms of depression compared to other provinces, while married/cohabiting female rape survivors were 6 times less likely to report symptoms of depression compared to the unmarried female rape survivors. Conclusion: These findings add support to existing literature on PTSD and depression as common mental health consequence of rape and also provide evidence that survivors' socio- demographics—marital status, employment status—are significant contributors to the development of symptoms of depression and PTSD after rape. The results have research and clinical practice relevance for ensuring that PTSD and trauma treatment focuses on an in-depth understanding of the various aspects of the sociodemographic factors and rape characteristics that contribute to survivors' mental state and how these compound **stress** and depression symptoms over time **post**-rape victimization.