

Sexual trauma intervention: a case study



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Responding to Sexual Trauma: Sandra's Case

Effects of sexual trauma

Sexual assaults have severe immediate and also long-lasting effects which can be devastating on the emotional, on the physical and also the relational health of the sexual assault victims (Gilliland & James, 2013). The overwhelming stress of sexual assault normally alters personal adjustment, the psychobiology and the systems of the victims. A traumatic experience usually impacts the entire person; how we learn, how we think, our way of remembering things and the feelings about ourselves, how we feel about others and our ability to make sense in the world. All the above factors are rooted in our psychobiological development and also in our experience of human evolutionary (Gilliland & James, 2013).

Sexual assault trauma can affect person's adjustment in all levels, posttraumatic stress disorder is a very disabling and chronic condition and the magnitude of PTSD is extremely high after rape. Just like Sandra, rape victims are likely to suffer from a severe depression, become substance abusers and make suicidal attempts. In the case of Sandra, she seeks counselling because she was depressed, after several sessions she discloses that she was raped by her uncle from an age of 4 to 9 and she also experienced two other rape cases while in high school and these trauma experiences made her to be completely depressed.

Sandra had also developed substance problems. As she discloses, she spend most of her time drunk from the age of 18-22. As a result of PTSD she ended up sleeping with several men because she was traumatized and depressed

after undergoing several rape experiences. Sandra also discloses several suicide attempts; she had one suicidal attempt but fortunately the car tire blew out before she reached her target. This is one of the effects of sexual assault to Sandra. She is a survivor of child sexual abuse and this makes her vulnerable to re-victimization. Victims of sexual assaults tend to be powerless, helpless and hopeless (Walker, 1994). This explains why Sandra slept with more than 70 men; in order to avoid feeling powerless and helpless. Thus, Sandra's behaviour is an outcome of sexual assaults.

Intervention strategies

Psychoeducational

Effective treatment for Sandra's case includes psycho-educational intervention strategy. Although this approach alone does not fully eliminate the symptoms in the long term, it has proved to be the most effective when combined with anxiety management strategy. Rape victims usually feel more relieved when they realise that they are not crazy, but are experiencing PTSD manifestations, which is a reaction experienced by most raped women. I advocate for the use of this intervention strategy in the treatment of Sandra since she needs to accept understand that her symptoms as response to trauma but not pathology (Hunter, 2009). This will enable her strengthen self-esteem and also boost her sense of self-worth. As Sandra needs to raise her daughter the use of this method will help her identify inner strengths which were not disrupted by the trauma, including perseverance, the coping skills and intellect (Kress, Trippany, & Nolan, 2003).

Cognitive Therapy Intervention Strategy

This intervention strategy is most appropriate when addressing symptoms such as shame, loss of interest in specific activities, detachment, numbing and guilty (Hunter, 2009). While using this method the victims are trained on how to identify the beliefs and particular thoughts which they experience during the state of negative emotions. In this intervention strategy, the victim is assisted in evaluating challenges and validity of various ideas and hence replaces most irrational beliefs with the more rational as well as with beneficial thoughts. I would use this intervention strategy in the treatment of Sandra as it will help her stop maladaptive beliefs that all her family members are abusers and hence replace it with positive thought. This method will also help her to challenge self-blame and the blame which is perpetuated by her mother and the significant others (Kress, Trippany, & Nolan, 2003).

Cognitive therapy treatment is normally designed in a manner that it assists victims to restore their personal power disrupted during the assault (Walker, 1994). Since all the perpetrators use violence and power, women tend to view all power related issues as negative. This refrains victim from gaining personal power. Cognitive therapy on Sandra will enable her replace the negative views of power and control with positive beliefs of adequate power. As a result, Sandra will gain courage to so stop using substances and hence use her power to control her life as well as that of her daughter.

Cultural, legal and ethical issues

Women reaction to sexual assault should be considered within sociocultural context. To some extent, rape is not just a crime of sex and should be further conceptualized as part of crime of power. Sandra's rape case is one of the patriarchal system tools which demonstrate gender inequality as well as devaluation of women in the society (Vonk, 1999). Sandra's rape experience restricts her freedom and ability to use power. Although most feminists examine rape on the lines of power and gender, various cultural variables such as class and ethnicity are keys factors in women's response as well as the trauma recovery. Factors to consider include her cultural differences while accessing the services, the feelings she have while reporting the crime, and how her community receives rapes disclosures (Vonk, 1999). Perpetrators of rape should be given heavy penalties including life term sentences.

If Sandra was a male victim

The effects of sexual trauma are more severe on female than in men. However, in some instances some men find it challenging to recover from the sexual assault trauma. Men become more powerless and hopeless when sexually assaulted than women, a man will do anything just to avoid feeling powerless and if Sandra was a man he could possibly turn away from the victim's role and assume the victimizer's role. This is one of main effects of sexual trauma in male as they try to identify themselves with the power of their victimizers (Hunter, 2009). Notably, men becomes more addicted and attracted to substance abuse than women. In that regard, if Sandra was a male, it could be difficult for her to stop substance abuse.

Male victims are also likely to seek revenge on their perpetrators more than the female victims (Kress, Trippany, & Nolan, 2003). Thus, in addition to psychoeducational and cognitive therapy intervention strategies, exposure therapy has proved to be more appropriate. This strategy assist victims to overcome the painful memories encountered during the assault. It is done by confronting the victim with specific emotions, situation and thoughts which are related to the incidence of rape (Walker, 1994). Male victims are more likely to recount feelings, thoughts as well as the memories and hence, a well-structured approach will be more appropriate in helping male victims face these realities.

References

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