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### **RAPE TRAUMA SYNDROME**

Rape trauma syndrome (RTS) is the psychological trauma experienced by a rape victim that includes disruptions to normal physical, emotional, cognitive, and interpersonal behavior. The theory was first described by nurse Ann Wolbert Bugress and sociologist Lynda Lytle Holmstrom in 1974.

RTS is a cluster of psychological and physical signs, symptoms and reactions common to most rape victims immediately following a rape, but which can also occur for months or years afterwards. While most research into RTS has focused on female victims, sexually abused males (whether by male or female perpetrators) also exhibit RTS symptoms. RTS is a cluster of psychological and physical signs, symptoms and reactions common to most rape victims immediately following a rape, but which can also occur for months or years afterwards. While most research into RTS has focused on female victims, sexually abused males (whether by male or female perpetrators) also exhibit RTS symptoms. The symptoms of RTS and post-traumatic stress syndrome overlap. As might be expected, a person who has been raped will generally experience high levels of distress immediately afterward. These feelings may subside over time for some people; however, individually each syndrome can have long devastating effects on rape victims and some victims will continue to experience some form of psychological distress for months or years. It has also been found that rape survivors are at high risk for developing substance use disorders, major depression, generalized anxiety disorder, obsessive-compulsive disorder, and eating disorders.

## **COMMON STAGES OF POST TRAUMATIC STRESS DISORDER**

Rape Traumatic Syndrome identifies three stages of psychological trauma, a rape survivor goes through: the acute stage, the outer adjustment stage, and the renormalization stage.

**THE ACUTE STAGE:** The acute stage occurs in the days or weeks after a rape. Durations vary as to the amount of time the victim may remain in the acute stage. The immediate symptoms may last a few days to a few weeks and may overlap with the outward adjustment stage. Behaviors present in the acute stage can include: Diminished alertness, Numbness, Dulled sensory, affective and memory functions, Disorganized thought content, Vomiting, Nausea, Paralyzing anxiety, Pronounced internal tremor, Obsession to wash or clean themselves, Hysteria, confusion and crying, Bewilderment.

**THE OUTWARD ADJUSTMENT STAGE:** Survivors in this stage seem to have resumed their normal lifestyle. However, they simultaneously suffer profound internal turmoil, which may manifest in a variety of ways as the survivor copes with the long-term trauma of a rape. The outward adjustment stage may last from several months to many years after a rape.

five main coping strategies during the outward adjustment phase:

- I. minimization (pretending 'everything is fine')
- II. dramatization (cannot stop talking about the assault)
- III. suppression (refuses to discuss the rape)
- IV. explanation (analyzes what happened)
- V. flight (moves to a new home or city, alters appearance)

Other coping mechanisms that may appear during the outward adjustment phase include: poor health in general, continuing anxiety, sense of helplessness, hypervigilance

**THE RENORMALISATION STAGE:** In this stage, the survivor begins to recognise his or her adjustment phase. Recognising the impact of the rape for survivors who were in denial, and recognizing the secondary damage of any counterproductive coping tactics (e.g., recognizing that one's drug abuse began to help cope with the aftermath of a rape) is particularly important. Male victims typically do not seek psychotherapy for a long time.

During renormalization, survivors integrate the sexual assault into their lives so that the rape is no longer the central focus of their lives; negative feelings such as guilt and shame become resolved, and survivors no longer blame themselves for the attack.

## **CRITICISM**

A criticism of rape trauma syndrome as currently conceptualized is that it delegitimizes a person's reaction to rape by describing their coping mechanisms, including their rational attempts to struggle through, survive the pain of sexual assault, and to adapt to a violent world, as symptoms of disorder. People who installed locks and purchased security devices, took self-defense classes, carried mace, changed residence, and expressed anger at the criminal justice system, for example, were characterized as exhibiting pathological symptoms and "adjustment difficulties". According to this criticism, RTS removes a person's pain and anger from their social and political context, attributing a person's anguish, humiliation, anger, and despair after being raped to a disorder caused by the actions of the rapist, rather than to, say, insensitive treatment by the police, examining physicians, and the judicial system; or to family reactions permeated with rape mythology.

Another criticism is that the literature on RTS constructs rape survivors as passive, disordered victims, even though much of the behavior that serves as the basis for RTS could be considered the product of strength. Words like "fear" are replaced with words like "phobia", with its connotations of irrationality.

