

Symptoms of PTSD in Sexual Abuse Survivors and Methods of Treatment

Sexual abuse is a traumatic experience that impacts survivors in a variety of harmful ways. With over 20% of women reported to experience sexual violence over the course of their lifetime, it is clear that this topic demands in-depth exploration and analysis (Smith et al, 2018). While sexual abuse can impact both men and women in different ways, PTSD symptoms following abuse are increasingly common among survivors (Batool & Abtahi, 2017). As more and more people open up about their trauma and abuse, it is necessary to provide adequate and appropriate resources to aide in healthy recovery from such an experience. Utilizing qualitative data collected from a forum-style support website, this study will explore the impacts of sexual abuse on survivors and examine the most common methods of help for those who have been abused.

Literature Review

Interpersonal Difficulties

One of the most common impacts of sexual assault on a survivor's life is difficulty with interpersonal relationships. Due to the trauma of their abuse, survivors face difficulty opening up to people and struggle immensely with trusting others. This can lead to a severe limitation of social relationships within adolescence and adulthood (Batool & Abtahi, 2017). Survivors also struggle to communicate their feelings with others and turn inward, internalizing their emotions and creating more complex problems (Batool & Abtahi, 2017). Not being able to foster healthy relationships with others can do serious harm and lead to even more PTSD symptoms in a survivor. Furthermore, not only does sexual assault trigger an inability to trust and communicate with others, it can also impact a survivors sexual and romantic relationships. Both men and women who experience sexual assault face difficulties with their sexual relationships (Larsen, Sandberg, Harper & Bean, 2011). However, it can be determined that men face a much more

significant impact from sexual assault. Studies suggest that while sexual abuse does negatively impact both men and women's romantic relationships, men show significant negative responses towards sexual satisfaction and body image (Meston, Heiman & Trapnell, 1999). It is also noted that PTSD creates a marked difference in lowering the libido levels following a traumatic experience (Gruden, 2000). It is clear that the experience of sexual assault creates hardships for most survivors when it comes to their platonic and romantic relationships in life.

Sexual Assault at College

Sexual abuse survivors face difficulties in all facets of their lives due to PTSD from their abuse, many of which can stunt personal and professional growth. One large reason that educational and career success is impacted by PTSD is because many sexual assaults occur on college campuses (Eisenberg, Lust, Hannon & Porta, 2016). Whether it be the nature of living alone for the first time or the party culture, violent sexual interactions run rampant at college, with many schools having little to no resources for survivors (Eisenberg et al, 2016). However, it is noted that mental health problems stemming from traumatic experiences have been proven to negatively contribute to long-term educational and professional success (Potter et al, 2020). When schools are able to provide resources to survivors, the rates of negative mental health conditions associated with an assault are drastically reduced (Eisenberg et al, 2016). Conversely, universities that do not provide as many sexual violence prevention and support resources showed higher levels of mental health conditions, including PTSD and panic attacks (Eisenberg et al, 2016). The occurrence of sexual assault on college campuses continues to contribute negatively to the mental health state of survivors who experience trauma in college.

Cognitive Therapy

There are a multitude of ways to treat PTSD, with cognitive therapy often leading the way. Although CT is a broader umbrella term for several different types of specialized therapies,

the main function is to work with a professional on psychotherapy approaches to dealing with trauma and mental illness (Resick & Schnicke, 1992). One of the methods that a licensed therapist may use during CT treatment includes identifying and challenging behaviors associated with trauma symptoms, while engaging in general therapeutic discourse to determine possible healthy solutions (Resick & Schnicke, 1992). Cognitive Behavior Writing Therapy, a specialized facet of CT, utilizes writing in depth about abuse and trauma as a way to confront and heal (Roos et al, 2017). Oftentimes, CBWT will be used in conjunction with other CT approaches. It can be determined that this method of treatment is widely used and supported as a leading method of treating PTSD in sexual assault survivors (Resick & Schnicke, 1992; Roos et al, 2017; Russel & Davis, 2007). Using CT as a therapy option reduces PTSD symptoms, as well as symptoms of depression, anxiety, and other behavioral problems (Roos et al, 2017). A small study of 19 women undergoing CT for a period of twelve weeks showed significant and maintained improvements in PTSD and depression symptoms (Resick & Schnicke, 1992). With a variety of different specialties within CT, it can be determined that this is a very popular and successful form of treatment for those with PTSD from sexual abuse.

Methods

Data for this research paper was compiled directly from the website for a sexual assault support organization. This is a blog style website dedicated to helping survivors of sexual abuse by providing a comprehensive database of resources for those seeking help, as well as offering a space for people to post their own stories. The purpose of this website is to help survivors process their abuse, connect with others who have faced similar situations, and get support from both the volunteers and resource database. Once survivors create a profile using an email and username, they are able to post to the site as many times as they would like to share their stories,

feelings, and thoughts. There is no identifying information required of survivors and posts are as anonymous as each survivor prefers.

Survivors can also respond to stories posted to the website, although there are dedicated volunteers who commit to responding to the posts daily. As both a volunteer and researcher, I participated by responding to the various stories posted with supportive and helpful messages. My goal in this was not only to provide a sense of comfort to the survivor, but also gather information from their posts and the subsequent replies to create a research paper for a criminal justice research course. The content within the survivor posts are the bulk of the data for this research paper, although the replies to the stories are also utilized for context. This data was collected over a period of four weeks during June of 2020, with approximately seven hours per week being dedicated to the project. The data is being pulled directly from a sexual abuse support website as the stories are posted and is considered to be secondary data.

This content analysis was completed by checking in on the website periodically to look for new posts. Once a new post was put up, it would be directly copied onto a separate document, where it was labeled with a basic pseudonym and the date of posting. Each post is referenced as a letter A-D and a number 1-5 for easy identification and protection purposes. The replies to the original post were also copied into the same document. At the end of each week, an analysis of the content was completed to determine themes and patterns in the specific grouping of posts. In total, 20 stories were retained for use as data in this research, as were 180 different replies.

Results

This study functions to discuss the various experiences of sexual abuse survivors as reported through stories posted to the survivor support website. Specifically, the research conducted for this study focuses on the impacts that sexual abuse has on survivors and how

survivors deal with those effects. It should be noted that while each survivor posting to the support website creates their own username, each post has been given a label of A-D and 1-5 for the purpose of organizing the research. In this section, specific data examples from the survivors will be referenced using this coding procedure. Three major themes that were found within the data relating to this subject were presence of PTSD symptoms in survivors, formal treatment methods, and informal coping mechanisms.

PTSD Symptoms

While each survivor posting to the website has a different experience with abuse and trauma, nearly all expressed some sort of resulting PTSD from their abuse. Although it was not always referred to as PTSD, survivors detailed lasting effects associated with their trauma that are aligned with standard definitions of this condition. The following is an analysis of the various physical, emotional, and social symptoms of trauma as identified by survivors.

Interpersonal Difficulties. Survivors repeatedly addressed difficulty communicating with, trusting, and being around friends and family following their abuse. Two survivors, referred to as A4 and B5, specifically detailed failed relationships that they determine did not work due to lasting impacts of their abuse. Furthermore, survivors D4, B2, A5, and A2 all expressed feeling as though they didn't have any real friends they felt comfortable with following their abuse. A2 even stated that they lost friends after being honest about their abuse, and subsequently felt as though they couldn't open up to others in their life because of it. One survivor, A4, even detailed hating physical touching after the abuse and feeling fearful of all men. Throughout this study, it became clear to researchers that interpersonal difficulties are incredibly common symptoms of PTSD following sexual abuse.

Depression and Anxiety. Researchers found that a common PTSD symptom posted about on the support website was depression and suicidal tendencies. B4 noted wanting to die

and attempting suicide multiple times in their post, and also specified cutting themselves frequently. This same poster also noted that their depression was clinically diagnosed, along with a PTSD diagnosis. C4 explains being on medication for clinically diagnosed anxiety and depression. Both D3 and A1 reference poor mental health, while D3 specifically notes scars on their body resulting from the anxiety and depression. One survivor, D4, plainly states they they suffered from a deep depression and had suicidal thoughts all the time. Six out of a total of 20 posts collected for this research mentioned depression and/or suicide as a direct result of trauma from sexual abuse. Researchers noted that depression and self-harm was the most common effect of sexual abuse as reported on the support website.

Flashbacks. A pattern of flashbacks as a PTSD symptom from abuse was discovered when three separate survivors detailed this in their posts. C5 reports dealing with “a lifelong sentence of memories, triggers [and] flashbacks”, along with significant other issues. B5 highlights the flashbacks of the abuse as one of the reasons they were not able to have a normal relationship with their boyfriend, claiming that the flashbacks to the abuse caused fear in the relationship. Survivor B4 indicates not only flashbacks but also nightmares as effects of their abuse. These flashbacks are noted by B4 on two separate occasions in one post, detailing how the flashbacks caused them to constantly be “looking over [their] shoulder” and not wanting to leave their house.

Insecurities. Expressing insecurity with themselves after their abuse was a pattern noted by researchers within this data. Five different survivors highlighted their insecurities as a result of their sexual abuse, with some giving immense detail about how the abuse impacts their self-view and worth. A3 detailed how they never feel good enough for their parents and expressed feeling as though they are constantly responsible for things that go wrong. A4 noted

that their insecurities stem from the fact that they do not feel comfortable being touched by others, a direct result of the abuse they faced. Also, A4 explains feeling insecure about their PTSD and about their body, even though it had been nearly a decade since their abuse. One insecurity noted by A5 is that they feel overly sensitive and this leads to a lot of self-doubt. Self-doubt and insecurity is also present in a posting by survivor D4, as they explain they turned to having sex with boys as a way to feel less insecure and unloved. B1 specifically details explaining to their therapist that they feel “old, fat, and ugly”, thus being unloveable. Insecurity and not feeling good enough was discovered by researchers as a very common PTSD symptom resulting from sexual abuse.

Formal Treatment Methods

While not all survivors indicated receiving treatment following their sexual abuse, many highlighted having some kind of formal method of treatment in their life, either previously or presently. For the purpose of this research, a formal treatment method refers to any system of treatment which is prescribed, oversaw, or guided by a professional dealing with the survivor. These formal methods of treatment can be received positively or negatively by survivors.

Therapists. One of the most common formal treatment methods discovered by researchers were the use of a trained therapist to deal with impacts of sexual abuse. Four survivors explained seeking the help of a therapist, and all four indicate that this is a positive action. B1 talked in depth about their therapist often, referring to her by name, and showcasing a very close relationship with her. B2 indicated using a therapist with some success, but detailed that switching to a different professional created a really positive change in their life. B2 credited their current therapist with a lot of their successes and even detailed the specific progress they are seeing in themselves because of the therapy. The presence of therapy is also discussed in a post by B3, as they stated how they are working to explain why they require treatment to their

father. B3 said that they had been seeing their therapist weekly and it has “helped a lot”. Finally, survivor B4 talks very highly of the therapist that they see, detailing how she is helping them through the process and that they are incredibly thankful for it. Survivor D4 explains how they have considered seeking help from a therapist, but are unsure of how helpful it might be to them. Researchers can see a clear pattern of therapy as a treatment method for PTSD, with overwhelming positive results.

Medication. Another formal treatment method often noted in the research is prescribed medication. Four different survivors indicate that they are on a medication regime, although the response to the medication is more mixed. A1 explains wanting to get a prescription for medical marijuana from their doctor to deal with their declining mental health. Medication for both depression and anxiety is something that B2 notes being on, and even states that because of this, they feel like they are “finally getting [their] life together”. D4 notes in one post that they actively take medication for their depression caused by their sexual abuse, and they seem to react positively to it. However, one survivor indicates that they had some difficulty with the specific medication they use, an anti-anxiety and depression pill called Lexapro. C4 explains how the medication is “bringing back all the bad memories”, but sees how facing these memories can be more helpful than bottling them up. Overall, researchers can see that quite a few survivors use medication to successfully help them cope with the impacts of their sexual abuse.

Treatment Plans. Although not all survivors detail their exact treatment plans, two survivors in particular reference specific methods of healing overseen by professionals. B1 often talks in depth about their difficulties with EMDR therapy, also known as eye movement desensitization and reprocessing. This survivor often refers to this type of therapy as “torture”, but notes that their therapist feels really strongly about continuing it. However, it is clear that B1

really struggles with this form of therapy and despises working through it. On the other hand, B2 responds very well to the specific form of therapy guided by their therapist. B2 actively engages in Cognitive Behavioral Therapy, which requires them to work “in a journal regarding trauma focused therapy in chapters”. Their therapist specializes in this form of treatment and B2 notes seeing serious progress and improvement due to this treatment plan. These are the only two specific treatment plans researchers saw in the data, but they are talked about fairly in depth.

Informal Coping Mechanisms

Throughout the course of this research, several informal coping mechanisms were presented within the survivor’s stories. The term “informal” refers to any method of dealing with the impacts of abuse that is not prescribed or guided by a professional. While some positive methods were noted by researchers, there were also unhealthy and dangerous coping methods highlighted within the posts. Both positive and negative approaches to informal healing will be discussed.

Music. One positive method of dealing with the trauma associated with abuse as detailed on the support website is music. Two posts on the website analyzed as data in this research study link to songs directly addressing abuse. A2 explains wanting to use music as an outlet and details how they hope other survivors will feel safe and supported while listening to the music they make. Specifically, A2 wants people who have experienced sexual assault and domestic violence to know they are not alone, and feels as though their music can help do that. In another post, C1 explores the idea of survivors connecting to music and using it as a way to work through the feelings that sexual abuse can bring up. B2 explains in a post that they have explored the idea of adaptive healing through dance as a positive treatment for their PTSD symptoms. Although not many survivors post specifically about music as treatment, those who do showcase how strongly they feel about music’s positive coping ability.

Self-Harm. One of the negative coping mechanisms used by survivors identified by researchers is that of self-harm. Three separate posts reference self-harm and suicidal thoughts as a way to cope with their abuse. B4 vividly details their experiences with suicidal attempts and self-harm, explaining how they turned to cutting as a way to deal with the pain from their sexual assault. They also detail how they often attempted to kill themselves, and required intervention from a school counselor once because of it. Self-harm scars are brought up by D3, as they explain the overwhelming anxiety and depression caused by their sexual abuse, noting how it has damaged their mental health. Also, D4 pointedly details having “suicidal thoughts all the time” and spending a lot of time alone after their traumatic assault. Using the posts as data for this study, researchers can conclude that the unhealthy coping mechanism of self-harm is often used by survivors of sexual assault.

Support Groups. Perhaps the most poignant form of informal coping noted within this research is that of support groups. Although no survivor technically wrote about being actively involved in a support group, even posting to the site to begin with means that they are. The website acts as a virtual support group for all kinds of survivors, allowing them a place to share and connect with others who have undergone similar experiences. Many of the survivors have posted to the site more than once, with some updating almost weekly. At least two of the survivor’s whose posts were referenced in this study contributed more than one post to the data. It is clear that the website functions as an informal coping mechanism for all of the survivors who choose to post, whether or not the survivors are aware of that function.

Discussion

As can be seen throughout the findings, survivors often deal with symptoms of PTSD following an experience of sexual assault. They struggle to connect with others and often lose or damage relationships due to their trauma. These interpersonal difficulties can be seen in both

men and women after dealing with trauma at any point in their lives (Batool & Abtahi, 2017). Furthermore, survivors of sexual assault can face difficulty with trusting people, especially those of the same gender as their abuser. The present research supports prior findings that determine PTSD symptoms are commonly identified in survivors of sexual abuse (Eisenberg et al, 2016). However, research conducted on the survivors who post to the website showcase a clear connection between their assault and romantic relationships in a largely negative way. Research presented within the prior published literature determined that there was not a connection between abuse and adult sexuality in romantic relationships for women (Meston et al, 1999). It is important to note though that this specific research was conducted to include all kinds of abuse—sexual, physical, emotional, etc.—rather than just sexual abuse. Also, it was conducted over 20 years ago which could suggest that changes have been made since. Despite this slight contradiction, most research aligns with the current findings that a survivor's interpersonal relationships are deeply impacted by an experience of sexual abuse.

Moreover, the prevalence of depression and anxiety in sexual assault survivors is made clear in both the current and prior research. Posts made by survivors to the support website indicate consistent feelings of depression and anxiety, stemming directly from their abuse. Multiple studies referenced in this research also support these findings and determine that depression and anxiety is a common implication of sexual abuse (Batool & Abtahi, 2017; Eisenberg et al, 2016). Suicidal thoughts or actions were reported in this research and fit into the wider concept of depression as an impact of abuse. A contributor to these feelings of anxiety and depression is likely to be flashbacks, which were noted by several of the survivors in the data. However, flashbacks were not noted in any of the literature analyzed for this study. It is likely that this is simply because flashbacks are often included in the greater definition of “panic

attack” or “anxiety attack” rather than having their own definition (Eisenberg et al, 2016).

Furthermore, flashbacks are often the result of a trigger, or something reminding a survivor of their assault.

Perhaps the most common pattern in PTSD symptoms noted within this research is the presence of insecurity and self-doubt following sexual abuse. Twenty-five percent of posts gathered for data in this study noted these factors, making it clear that this is a common impact. Furthermore, prior research also highlights how the experience of a sexual assault does contribute to lower levels of self-esteem in survivors (Larsen et al, 1999). Oftentimes, survivors of assault feel as though the abuse was their fault and will continue to blame themselves for it after it occurs. Moreover, they will feel disgusted by their own bodies, as noted in current research, and thus will adapt negative body image (Batool & Abtahi, 2017).

Exploration of this topic made it abundantly clear that there needs to be a variety of treatment options available to survivors of sexual assault. While utilizing therapists and medication appeared to be the most common formal coping method by the support website community members, prior research suggests that targeted treatment plans prove to be the most effective (Russel & Davis, 2007). In any case, it is apparent that access to formal methods of treatment need to be readily available to survivors of sexual abuse. Ideally, survivors would have the opportunity to meet with a doctor to assess their situation and be given free access to the service that best fits their situation for at least 6-months to a year. Upon looking at all the resources and current research, it can be ascertained that survivors of sexual assault should not have to go through their trauma alone. Resources— both formal and informal— should be more normalized and reachable for all.

Limitations

Although the original data presented within this study aligns with prior research on the topic, there are some limitations to this research study. First of all, the sample in this study was fairly small— only 20 posts were analyzed. Typically, a researcher would want to gain a better understanding and include a significantly larger sample size. Moreover, the research was conducted within a four week span. More conclusive results could have been obtained with a longer research period, allowing for more in-depth analysis to be made. Finally, the nature of the posts do not make it possible to ask follow up or clarifying questions. Survivors simply post, without prompting, and that was used as original data. While there is a benefit to having unfiltered, untouched data, it would be helpful to ask questions of the survivors. Also, since survivors are not required to provide any identifying information, it is not possible to determine trends based upon demographic information, such as gender or age.

The impacts of sexual assault on survivors are vast— this is not new information. Sexual assault is a deeply personal, traumatic event that impacts everyone differently and it is impossible to determine a universal effect. However, this research has successfully explored some of the more common impacts of abuse on survivors, as well as popular treatment and coping methods, and the findings are widely supported in prior literature. It can be determined that the vast majority of survivors deal with PTSD symptoms following their trauma, and generally explore formal treatment methods, such as medication and therapy, in conjunction with less formal coping mechanisms.

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