Posttraumatic Stress Disorder after Sexual Traumas

Review Submitted for the Partial Fulfillment of Master Degree In Neuropsychiatry

By

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إضطراب كرب ما بعد الصدمة بعد الإعتداءات الجنسية

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فى الطب النفسى وطب المخ والأعصاب

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List of Abbreviations

Abb.	Meaning
ACTH	Adrenocorticotrophin hormone
ANS	Autonomic nervous system
ASA	Adult sexual assault
CR	Conditioned reflex
CRH	Corticotrophin releasing hormone
CS	Conditioned stimulus
CSA	Child sexual abuse
CSB	Compulsive sexual behavior
EA	Experiential avoidance
GR	Glucocorticoid receptors
HPA-axis	Hypothalamic-pituitary-adrenal axis
LA	Lateral nucleus of Amygdale
LCS	Looming cognitive style
mPFC	Medial prefrontal cortex
MR	Mineralocorticoid receptors
MSM	Men-who-have-sex-with-men
PTSD	Posttraumatic stress disorder
PTSS	Posttraumatic stress symptoms
RMA	Rape myth acceptance
SA	Sexual assault
UR	Unconditioned Response
US	Unconditioned stimulus
WMC	Working memory capacity

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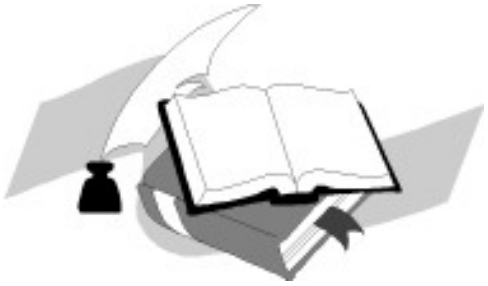
Introduction and Aim of the Work



Introduction

Sexual and reproductive health rights are fundamental parts of a person's health, quality of life, and general well-being and enjoying a healthy existence. Any violation to this right is considered a violation of basic human rights ***(Universal Declaration of Human Rights, 1948).***

Sexual trauma (sexual violence):

Sexual violence is defined as, "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic anyone's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work ***(Jewkes et al., 2002).***

Sexual violence can include, but is not limited to:

- Rape
- Child sexual abuse
- Sexual slavery
- Trafficking for purposes of forced prostitution
- Sexual harassment
- Forced exposure to pornography
- Forced pregnancy, forced sterilization

- Forced abortion; forced marriage
- Female genital mutilation
- Virginity tests ***(Coomaraswamy, et al., 1997)***

Sexual violence is a reality for millions of people worldwide and for women in particular. Research indicates that the vast majority of victims of sexual violence are females, most perpetrators are males, and that most victims know their attacker. This does not, however, negate the fact that sexual violence against men and boys is also widespread ***(Watts, 2002).***

Sexual abuse is a well-documented problem, with prevalence estimates ranging from 17% to 30% for women ***(Pereda, et al., 2009).*** Estimates for men are slightly lower, ranging from 5% to 14% ***(Briere et al., 2003).***

The prevalence of the many forms of sexual violence against women ranges from place to another. Demographic features may exhibit variations between societies and between different regions of the same country depending on various variables, it is estimated that one in every three women will experience some form of violence in their lifetime ***(El Elemi et al., 2011).***

Post-traumatic stress disorder: (Diagnosis)

It is a severe psychological disturbance following a traumatic event characterised by involuntary re-experiencing of elements of the event, with symptoms of hyper-arousal, avoidance, and emotional numbing.

Symptoms/signs

Symptoms arise within 6 months of the traumatic event (delayed onset in -10% of cases) or are present for at least 1month, with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

With other criteria including:

- 2 or more persistent symptoms of increased psychological sensitivity and arousal (not present before exposure to the stressor):
    - Difficulty falling or staying asleep
    - Irritability or outbursts of anger
    - Difficulty in concentrating
    - Hyper-vigilance
    - Exaggerated startle response

The traumatic event is persistently re-experienced in 1 (or more) of the following ways:

- Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions (or repetitive play in which themes or aspects of the trauma are expressed in children).
- Recurrent distressing dreams of the event (or frightening dreams without recognizable content in children).
- Acting or feeling as if the traumatic event were recurring (or trauma-specific re-enactment in children).
- Intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.
- Physiological reactivity at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by 3 (or more) of:

- Efforts to avoid thoughts, feelings, or conversations associated with the trauma.
- Efforts to avoid activities, places, or people that arouse recollections of the trauma.
- Inability to recall an important aspect of the trauma.

- Markedly diminished interest or participation in significant activities.
- Feeling of detachment or estrangement from others.
- Restricted range of affect.
- Sense of foreshortened future ***(American Psychiatric Association, 2000).***

PTSD symptoms were described long time ago:

The Epic of Gilgamesh, one of the first pieces of literature extant and dating back to the third millennium Mesopotamian kingdom of Sumer, detailed the adventures of the Sumerian king, Gilgamesh, and his warrior companion, Enkidu. The similarity between Gilgamesh's post-combat experience and those of modern veterans with the "numbing" and "dissociative" aspects of the modern PTSD diagnosis is interesting. “On witnessing Enkidu's death in battle, Gilgamesh is beset by recurrent and intrusive recollections of his friend's death. A once proud and valiant warrior, Gilgamesh is haunted by these dreams and wanders numb through his kingdom, rendered incapable of regaining his once unassailable martial prowess” ***(Birmes et al., 2003).***

The first documented case of psychological distress was reported in 1900 BCE, by an Egyptian physician who described a hysterical reaction to trauma.

Likewise, in Homer's Iliad (850 B.C.), the immortal Greek hero, Achilles, was tormented by recurrent nightmares of battle, the death of his companion Patroclus, and visits in his dreams from the hundreds of men slain by him in combat. The impact of these recurrent traumatic dreams and fragmented sleep, which are today recognized symptoms of PTSD, devastated even the great Achilles ***(Birmes et al., 2003).***

In the nineteen century doctors tried to study symptoms like sleep disturbance, nightmares about collisions, tinnitus, fear of railway travel and chronic pain that victims suffered after railway accidents, they considered these symptoms the injury of mind after accidents and called them “railway spine”or “nostalgia” ***(Robert et al., 2009).***

PTSD symptoms were described again by doctors during World War I &World War II and it was given several names like "Battle fatigue or gross stress reaction”, “Combat fatigue or shell shock” and “Soldier’s heart”. Posttraumatic symptoms however drew the attention of medical community and were introduced in the DSM-III in the 80’s primarily in response to the large number of Vietnam veterans presenting with symptom presentations that did not match onto any of the disorders included in the DSM-II. By time, similar symptom presentations were found to be prevalent in survivors of additional traumatic events, such as rape, assault, and natural disasters ***(Robert et al., 2009).***

The relationship between posttraumatic stress disorder (PTSD) and exposure to traumatic events, particularly sexual

trauma, is well established ***(Cason et al, 2002).*** Several studies have now shown that harassment is consistently associated with PTSD symptoms as well as the full PTSD diagnosis ***(Palmieri et al, 2005).***

Unlike nonsexual traumas, sexual trauma victims often do not receive the support they need because they "face a culture in which prevailing beliefs at least partially implicate them for the provocation of their own sexual assault" ***(Campbell et al., 2001).***

Sexual abuse causes more psychological sequelae than any other traumatic event, for example in a study that was conducted to examine the prevalence and psychological sequelae of childhood sexual and physical abuse in adults, 14.2% of the men and 32.3% of the women reported childhood experiences that satisfied criteria for sexual abuse, and 22.2% of the men and 19.5% of the women, met criteria for physical abuse. Twenty-one percent of subjects with one type of abuse also had experienced the other type, and both types were associated with subsequent adult victimization. Sexual abuse predicted more symptom variance than did physical abuse oradult interpersonal victimization ***(Briere et al., 2003).***

Studies have found that self-blame and other blame are positively correlated, with PTSD symptoms ***(Ullman et al., 2009).***

Studies showed that Rape myth acceptance along with other predictors of attitudes toward women aggravate

posttraumatic stress disorder (PTSD) symptom severity. And so accurate information can be empowering for the survivor when dealing with sexual trauma, as such information may have the capacity to dispel rape myths and alleviate self-blame ***(Breitenbecher, 2006).***

Sexual assault in men has many emotional and mental health issues they present to service providers with. These issues include sex role confusion, sexual dysfunctions, posttraumatic stress disorder, self-harming behaviors, substance abuse, depression and sleep difficulties, anxiety, decreased appetite and weight loss, anger, shame, rape-related phobias, suicide ideation, sleep disturbances, difficulties in interpersonal relationships, and social isolation ***(Ratner et al., 2003).***

In addition to lack of services, male survivors of sexual assault and rape are often reluctant to disclose their victimization to police or treatment providers**.** Even when male survivors seek help, most do so long after the assault took place. Many have argued that lack of reporting is shaped by apprehensions and fears of being disbelieved or being viewed as complicit in the assault. Furthermore, male survivors of sexual assault and rape have difficulty coming to the realization that they were assaulted or raped which also lowers the likelihood of seeking services ***(Tewksbury, 2007).***