Treatment of Sexual Assault in College Students Studying Abroad

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When students study abroad, they hope for excitement, adventure, new learning and new cultural understandings. Many enter the experience with high expectations of themselves to fit in, to belong in the new culture. It is this eagerness to assimilate that can cause some students to fall prey to potentially dangerous situations. Danger signals may be overlooked or ignored due to a lack of awareness or experience, or it may be for the sake of adventure, of "throwing caution to the wind." For some, violence strikes so quickly and forcefully there is no opportunity to protect oneself. Whatever the reason, when danger signals are not or cannot be heeded, students can find themselves in a situation where their own personal boundaries are not respected and may even be violated. Harassment and even physical or sexual assault can be the result.

It is imperative that students traveling abroad have training in personal safety and an understanding that cross-cultural sensitivity does not include relaxing personal boundaries. If a student feels uncomfortable, he or she should pay attention to that feeling and respond immediately to the sense of unease.

Statistically, the prevalence of violence, especially towards women, is much higher than most of us realize--and these statistics are only regarding reported violence in the United States. We can assume that violence towards women is as high if not higher in other countries.

In order to address the issue of sexual assault on college students studying abroad, it is useful to assess the prevalence and incidence of reported rape as identified in the United States in order to extrapolate the potential risk in other countries. It is estimated that the actual incidence of rape is much greater since many rapes go unreported. It is speculated that the prevalence of rape in other countries is as high as or even higher than that which is reported in the United States. Take a look at these statistics complied by Donald Meichenbaum, Ph.D. (1994).

- Prevalence of rape in this country is estimated to be between 5% to 22% of all adult women
- Some 40% to 80% of college women report being assaulted by dates or friends (not necessarily raped)
- In the United States, 12.1 million adult women have been forcibly raped during their lifetime. Of these, 39% have been raped more than once

- One in four females experience rape sometime in their lifetime
- Every six minutes, a woman is raped in the United States
- 31% of all rape victims develop rape-related Post-Traumatic Stress Disorder (PTSD) in their lifetime
- Rape victims may constitute the largest single group of PTSD sufferers
- <u>Traumatic events</u> lead to PTSD in less than 25% of victims; 80% of <u>rape</u> victims experience symptoms of PTSD
- The degree of violence experienced during the rape affects the severity of the PTSD symptoms; when life-threatening and physical injury occurred, 80% developed PTSD
- Victims who had developed PTSD 3 months following the rape were significantly more likely to have had a prior history of sexual aggravated assault
- The majority of rape victims are raped by family members and acquaintances:
 - 29% by acquaintance
 - o 22% by stranger
 - o 16% by another relative
 - 11% by father/stepfather
 - o 10% by boyfriend/ex-boyfriend
 - o 9% by husband/ex-husband
 - o 3% unsure/refused to answer
- 1 in 12 college women will be a victim of rape or attempted rape each year
- Only8% of college students report such rape incidents

These statistics point to the importance of raising our awareness of this potential danger and strengthening our resources for assisting students who may fall prey to this form of trauma.

For college students traveling and studying abroad who have been victims of sexual or physical violence, it is essential that the student received immediate attention to assist her in making a complete recovery. There is a wide range of responses that are considered normal (in the same way that it is "normal" to experience pain when a bone is fractured) following a personal attack.

To be most helpful to victims of sexual assault, it is imperative to understand the dynamics that occur before, during and after the attack. Acknowledge her story and validate her response, no matter what it is, as normal and understandable under the circumstances. Receiving understanding and support is the first step toward recovery for a victim of sexual assault.

Assault: What The Victim Experiences

Before

When a person is about to be attacked, the ability to react depends on the amount of time between the threat of attack and the actual attack. Initially, the victim may use verbal or physical tactics or may be overwhelmed with fear and not resist at all.

- 23% use physical means to fight back such as hitting, biting, kicking or pushing
- 24% scream for help
- Over 50% are too frightened or intimidated to use physical resistance

During

Once the assault occurs, internal defense mechanisms kick in to cope psychologically with the fear and horror of the violation. Survival becomes the goal despite the demands being made which can include oral, vaginal and/or anal penetration.

These defense mechanisms serve to provide some "mental distance" from the reality of what is happening. It is important for staffs, which are not trained in such matters, to understand how these defense mechanisms work so as not to misunderstand the extent of the trauma when they hear the victim talk about how she felt during the attack.

Typical internal defense mechanisms used:

- Denial "This isn't happening to me. It doesn't feel real. Surely this can't be true."
- Dissociation "I felt like I was outside my body watching it happen."
- Suppression "This will be over in a few minutes; it's not the end of the world."
- Rationalization "This poor man, he looks desperate; is this the only way he knows how to get sex?"

There are physiological responses to rape that can include some involuntary choking, gagging, nausea, vomiting, pain, urinating, hyperventilating (rapid shallow breathing) and losing consciousness.

After

After the attack is finished, the stressful situation is not over. The victim must alert others to her distress, escape, get help, and endure peoples' reactions to her story. During the acute stage immediately after the assault, the victim may have varying reactions.

She may:

- Seem agitated or hysterical or she may appear totally calm and be in shock
- Have crying spells and anxiety attacks

- Have difficulty concentrating, making decisions, and performing simple, everyday tasks
- Show little emotion, act as though numb or stunned
- Have poor recall of the rape or other memories

An apparently calm demeanor should not be mistaken for evidence that the rape did not occur or that she is unaffected by it.

How Staff Can Support

Safety

The most important role that staff can play after a student has been raped is to get to her as soon as possible and begin creating an environment where she can feel safe.

Rationale - Healing cannot start until she begins to feel safe

Control

Allow her to be in as much control of herself and of her situation as is possible, even in small ways. Don't decide everything for her. For example - "Do you want to talk to the police now or in a few hours?"; "Do you want to drink a soda or have some water?"; "Where or with whom would you feel safe spending the night tonight?"

Rationale: She has just lost all control by being raped and is very sensitive to control issues right now. She needs to get the message from those around her that she is back in control to the extent possible.

Supportive messages

There are three basic messages she needs to hear verbally and behaviorally from everyone who is in a supportive role with her:

- You are not alone. We are with you.
- I am so sorry this happened to you.
- It was not your fault.

At this stage, it is <u>NOT</u> helpful to point out ways that the victim used poor judgment or placed herself at risk. Avoid all statements or attitudes that would imply blame, criticism or judgment. Remember that no matter what the victim did or did not do, she did not ask to be attacked. She was vulnerable perhaps through her actions, but not to blame for being raped. The rapist is to blame for the rape.

Rationale: If the woman placed herself in a vulnerable position and rape occurred, this issue will be addressed later on in the counseling. If addressed now, it can adversely affect healing and damage your relationship with her. She is already feeling guilty. Don't add to that.

Advocacy

The person needs to be accompanied by a responsible staff member to the police station or to any legal proceeding. Never leave her alone there. Be her advocate and protect her from further abuse. If possible, allow the student to have input into who will be accompanying her.

Rationale: Many have been re-traumatized at the hands of insensitive police or legal representatives.

Privacy

Except for those who "need to know", respect her need for privacy. Do not tell others that she has been raped unless you have her permission.

Rationale: Everyone's right to privacy needs to be respected. For assault victims, it takes on even greater meaning now since all of her boundaries of mind, body and spirit have been violently invaded.

Counseling Support

It is strongly recommended that all rape victims have access to counseling. If the person is returned to the U.S., she can receive counseling right away and be followed very closely. Counseling will continue for support and to assist her in resolving the trauma. Sometimes students are reluctant to leave country and their friends to go to the States. Yet they do not feel safe in country. It can be helpful to validate that concern and point out to the student that others have felt the same way at first. Tell her that those who have gone to the U.S. have been very glad they allowed themselves to benefit from the care they received there. It also gives the victim an opportunity to talk to and perhaps see friends and family for additional support and sense of safety. One of the most important factors in creating a healthy recovery from assault is to establish a consistent environment of safety and support, something that is almost impossible to do in country where there are so many reminders of the trauma.

According to Burgess and Holstrom (1979) there are three stages of emotional reaction following a rape trauma.

The Acute Stage (Shock and Chaos)

This stage occurs immediately after the assault. It may last a few days to several weeks. During this stage the person may:

- seem agitated or hysterical or she may appear totally calm and be in shock
- have crying spells and anxiety attacks
- have difficulty concentrating, making decisions, and performing simple, everyday tasks
- show little emotion, act as though numb or stunned
- have poor recall of the rape or other memories

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The Outward Adjustment Stage

During this stage, the person resumes what appears to be from the outside, her/his "normal" life. She tries to put the rape in the past and may not want to talk about it. This closure is premature. Inside, there is considerable turmoil which can manifest itself by any of the following behaviors:

- continuing anxiety
- sense of helplessness
- persistent fear and/or depression
- severe mood swings (e.g. happy to angry, etc.)
- vivid dreams, recurrent nightmares, insomnia
- physical ailments
- appetite disturbances (e.g. nausea, vomiting, compulsive eating, lack of appetite)
- efforts to deny the assault ever took place and/or to minimize its impact
- withdrawal from friends and/or relatives
- preoccupation with personal safety
- reluctance to leave the house and/or to go places which remind the person of the rape
- hesitation about forming new relationships with men and/or distrust of existing relationship
- sexual difficulties
- disruption of normal everyday routines (e.g. high absenteeism at work suddenly or, conversely, working longer than usual hours; traveling different routes; going out only at certain times

The Resolution Stage

This stage can begin within a month or years after the attack. During this stage the rape is no longer the central focus in the person's life. The person begins to recognize that while s/he will never forget the assault, the pain and memories associated with it are lessening. S/he has accepted the rape as a part of her/his life experience and is choosing to move on from there. Some of the behaviors of the second stage may flare up at times but they do so less frequently and with less intensity. In this fashion, the person who has survived has moved from being a "victim" to a "survivor."

Feelings Commonly Experienced Following A Sexual Assault might include:

Fear of:

being alone, and/or of being in crowds; rapist returning; places, people, things that remind me of the assault; others finding out-and what they will think; men in general; having to report or go to court; my own rage; going to sleep (recurring nightmares)

Guilt:

for having "caused the rape"; for not resisting more; for resisting too much," for being "stupid" enough to get into that situation; for all the

reactions I am having; for having "engaged in sex" (cultural/religious implications)

Anger:

at myself for "letting it happen"; at my significant others for not understanding or protecting; at society and the system; at the assailant (may want to kill, castrate or humiliate him); at the total disruption of life

Shame, Embarrassment:

I feel dirty, humiliated; feel everyone can tell by looking at me

Betrayal:

by assailant, if someone I knew, however briefly; by God; by reactions of significant others; by the system

Lack of Trust:

of my own ability to make judgments, of men/people in general

Powerlessness and Depression:

feel I've lost all control over my body and my life; feel helpless to effect change; feel it will never get better feel totally victimized by the assault; feel totally victimized by being a woman in this society

Please remember that this is a guide and that every person is unique!!

Symptoms Commonly Experienced Following A Sexual Assault might include:

- sleep disturbance
- nightmares
- flashbacks
- overeating
- loss of appetite
- anxiety
- fear
- phobic avoidance of reminders and thoughts of the assault
- exaggerated startle response
- hyper vigilance
- powerlessness, helplessness
- sense of detachment
- denial
- blunted affect
- impaired memory
- lack of concentration or confusion
- guilt

- shame
- hostility
- interpersonal difficulties
- sexual difficulties
- physical illness/symptoms

Supportive Measures for Sexual Assault Survivors

Create an environment of safety and security

- strengthen support system
- surround with safety (may not want to stay home, if site of rape)
- access resources
- create trust
- be a compassionate listener

Self-care

- begin counseling with a psychotherapist who specializes in trauma
- doctor's exam for injury & STDs
- eating nutritious foods/drinking water
- avoiding alcohol, caffeine, sugar
- sleeping, resting
- exercise as tolerated
- resume normal activity as soon as possible

Stress Management

- decrease work load
- decrease stressful activities
- keep a notebook
- avoid disturbing stimuli (TV, movies, reading material or horror or violence)
- increase relaxing activities (reading, writing, drawing, music, talking, exercise)

How Are **You** Doing? (A Note To Support People)

It is very stressful to care for someone who has been raped. Hearing her story can cause a secondary trauma for you. Please make sure you are caring well for yourself and your own needs so that you can be at your best for the victim. That may include getting enough rest, taking turns being with the victim, having someone you can talk to about the feelings you are experiencing, and recognizing your limits.

You may feel:

- Guilty that you assigned her to that site, that transport was inadequate, that you could have prevented it in some way.
- Sad grief is understandable when someone you know is hurt.
- Angry wishing you could get your hands on the rapist, mad at the cultural response to rape, angry at the country, helpless, angry at the victim for having placed herself in danger.

• Denial - trying not to think about it, avoiding conversation, avoiding the victim, pretending nothing happened, minimizing the trauma.

All of these feelings are understandable in the face of trauma. The more honest you are with yourself about your own responses, the more likely you will work through them.

Conclusion

When someone you know is raped, it is difficult to manage your own responses, much less know how to be supportive and helpful to the victim of such a horrible attack. Rape is not just an assault on the body. It is an assault on the mind and spirit as well. Left untreated, a victim of rape is much more likely to develop Posttraumatic Stress Disorder (PTSD) and have lingering, perhaps even debilitating symptoms. Most common among these symptoms are nightmares, flashbacks, avoidance of sexual intimacy, impaired concentration, mood fluctuations and sleep and appetite changes.

It is hoped that the information provided here will be useful in assisting support staff, Study Abroad administrators, Student Affairs administrators and Higher Education administrators to effectively support victimized students experiencing the physical and psychological consequences of assault. In my private practice as a counselor consultant to the Peace Corps, I have treated more than a hundred assault survivors over the past nine years. I have seen first hand the powerful healing effect of a therapeutic approach initiated by the support people who are on the front lines at the time of a rape.

Your support is very important. The way a victim of assault is treated by the support people around her immediately following the attack greatly affects her healing. The tools described in this article can help prepare you, the school representatives, to act with compassion, understanding, and effectiveness.

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