

Help for Victims of Rape



J. W. STEWART

Confronting painful memories of rape can help victims cope with the trauma

by Denise Grady, *special correspondent*

Years after being raped by three men at the age of 16, a 35-year-old woman was still disturbed by nightmares, anxiety, frightening memories and vivid flashbacks that made her feel as if she were reliving the attack. Worn out from useless efforts to keep the crime out of her mind, she sought help four years ago at the Center for the Treatment and Study of Anxiety at Allegheny University of the Health Sciences. There, director Edna B. Foa, professor of psychiatry, has developed a novel method for treating rape victims, called exposure therapy, that has shown promising results.

The woman's symptoms were the hallmarks of post-traumatic stress disorder (PTSD), a condition that affects many survivors of overwhelmingly frightening events, such as war veterans or people who have been sexually assaulted. Not every trauma victim develops PTSD; women are twice as likely as men to suffer from it, although researchers do not know why.

Foa has been studying PTSD in rape victims and treating it since 1982; she co-authored a treatment manual published late last year. Even though PTSD has been recognized by the medical profession since 1980, public awareness is low, and many victims do not realize that they have a legitimate—and treatable—disorder. “A lot of them think the fact that they didn’t overcome [the initial attack] means they’re incompetent, something is wrong with them, or they’re going to go crazy,” she says.

Many people with PTSD suffer from anxiety and depression, and PTSD has been linked to physical illnesses, including heart disease, infections, and disorders of the digestive, respiratory and musculoskeletal systems. In addition, people with PTSD often lead tightly circumscribed lives, going to tortured lengths to avoid anything that might trigger unwanted memories or flashbacks. “Avoidance perpetuates the disability,” explains Randall D. Marshall, director of trauma studies in the anxiety disorders clinic at the New York State Psychiatric Institute. “People start avoiding anything that can remind them of the trauma. Pretty soon you’re in a deep hole, not dating, not having sex with your partner, not going to work or shopping or out by yourself. It can be severe and impairing.”

According to figures from the Justice Department, in 1996 some 94,000 rapes and sexual assaults were reported in the U.S. But many more go unreported: the Justice Department esti-

mates that the actual number of rapes and sexual assaults for that year was roughly 307,000.

Foa's research has shown that 95 percent of rape victims experience symptoms of PTSD during the first two weeks after being attacked. But after six months, the level has dropped to 35 percent, and it continues gradually to decline. If severe symptoms last a year, they are unlikely to resolve without treatment, Foa says. “It becomes chronic,” she states. “Long term, anywhere between 13 and 20 percent of

rape victims will develop chronic PTSD.”

But, she declares, the vast majority can be helped with exposure therapy, which consists of nine 90-minute sessions with a therapist, along with a series of assignments to be completed between sessions. At the heart of the treatment lies a startling idea: that patients must confront the very memories they have been trying so hard to avoid.

“We ask them to close their eyes and relive the trauma and recount it aloud as if it’s happening now,” Foa explains. “The rationale is that if you allow yourself to actually recount the trauma and think about it, it will help you reframe it and understand in more realistic terms what actually happened. Because traumatic memories are encoded [in the brain] under extreme anxiety, they’re encoded in not quite the same way as other memories. There are gaps. Time and space get confused. Recounting the story gives the client an opportunity to organize the narrative, and it’s easier to deal with an organized narrative.”

Patients tell the story again at each session and then listen to tapes of their accounts between sessions. If any aspects are especially upsetting, the therapist zeroes in on them and encourages the patient to go over them again. During the course of treatment a woman may repeat the account 20 to 30 times, sometimes more, Foa estimates.

At first, the narrative becomes longer, as the therapist encourages the patient to fill in details. Gradually, though, the account shortens as the patient drops many of the details and instead focuses on trying to make sense of what happened, Foa explains. Victims are often relieved to find that when they summon up the memory, nothing terrible happens to them.

“In our hands,” Foa asserts, “90 percent of the clients show much improvement, and 75 percent lose the PTSD diagnosis completely. Also, most of them are not depressed anymore.” Best of all, she remarks, exposure therapy is easy to teach to other therapists. Today Foa’s technique is generally accepted as the standard method for treating rape victims. Marshall uses the technique, and he says that the program greatly accelerates the recovery process. In more difficult cases, he may prescribe antidepressant drugs.

Matthew J. Friedman, professor of psychiatry at Dartmouth College and executive director of the Department of Veterans Affairs’s National Center for PTSD, uses exposure therapy to treat Vietnam veterans and is testing it in victims of childhood sexual abuse. “When you confront these intolerable, painful memories and feelings and develop ways of coping, they lose their capacity to terrify you and tyrannize your life,” he declares.

Foa’s patients report that exposure therapy helps them face aspects of their lives unrelated to having been attacked. “They learn you have to confront problems, not run away from them,” Foa says. “This is teaching people about courage.” **SA**

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