THE PSYCHOLOGICAL IMPACT OF SEXUAL ASSAULT: CASE STUDIES OF ADOLESCENT VICTIMS

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SYNOPSIS

Psychological reactions to sexual assault are prolonged and varied, characterized by a combination of physical, psychological and behavioural symptoms and mediated by situational variables, the victim's psychological make-up, coping resources, support network and stage of the life cycle. In this context the psychological coping and adjustment responses of adolescent victims of sexual assault (rape, incest) are examined. Case histories are presented and assessed in terms of precipitating stresses, mediating variables and coping mechanisms. Overall analysis demonstrates common symptoms of: 1) psychological maladjustment – e.g., anxiety, withdrawal, restlessness, tension, insecurity and emotional instability; 2) behavioural disorders – e.g., nightmares, bed-wetting, truancy, lying and stealing; and 3) problems with interpersonal relationships – e.g., ambivalence toward family members and fear of men. The influences of multiple deprivation are discussed with particular reference to the Singapore milieu.

SING MED J. 1988; 29: 619 – 623

INTRODUCTION

The issue of sexual violence has received recent attention in Singapore although little research has been done in this area. With the exception of two medical studies and one comment from the legal profession, rape has not appeared as a topic among Singapore's scholarly literature (1-3). Nevertheless, the reported incidence of rape. incest and molestation, though still relatively low, has been steadily increasing. Reported rapes rose from 59 cases in 1975 to a peak of 105 in 1984 (4). Molestation more than doubled in the past ten years with over 450 cases referred to the police in 1983, 1984 and 1985. Incest, a rarely reported crime, also rose but remained less than 10 cases per year. It is widely agreed, however, that the incidence of reported sex crimes is a poor and under-representaive indicator of actual offences (5), and this pattern is unlikely to differ in Singapore.

The research presented here is concentrated on clinical aspects of sexual assault, in particular, psychological reactions and coping strategies in adolescent victims. It is not intended that this paper be a definitive account of sexual assault in Singapore but rather a tentative and exploratory one. The cases featured are only a small part of an ongoing and expanding project and are primarily utilized to identify common reactions to sexual assault and coping strategies among victims. It is hoped, however, that these data may also provide direction for future research.

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METHODS

The study was undertaken with the cooperation and support of the Ministry of Community Development. Social workers (after-care officers) in Children and Youth Services furnished a comprehensive list of sexually abused girls under the department's care (either in residential homes or under current supervision). Although the project is still ongoing, between Septembr 1983 and September 1984 22 cases were referred. Of these 17 were interviewed, three were unable to be interviewed (deaf and dumb, mentally subnormal or psychotic), one was awaiting interview, and one girl (whose case was recently closed) declined to participate in the study.

The girls ranged in age from 12 to 19 although in some cases the actual assault took place as early as nine years. Chinese, Malay, Indian and Eurasian girls were included in the sample. The majority of victims were from the lower socio-economic bracket. Only two cases, however, are presented here for illustrative purposes.

All girls were interviewed by a female psychologist or social worker who used an open-ended interview schedule divided into six major areas: current information and life history (bio-data), description of the sexual assault, psychological responses at the time, subsequent psychological reactions, current problems or difficulties, and evaluation of self esteem.[3] The girls were also administered the Mooney Problem Check List. Supplementary information was obtained from Department of Social Welfare files and case history reports as well as residential staff and after-care officers.

It is important to acknowledge two methodological weaknesses of this investigative approach. Firstly, as girls are asked to recollect experiences of sexual assault, retrospective inaccuracies may be apparent, biasing objective recording of the events.[4] Secondly, these girls are not representative of sexual assault victims in Singapore as 1) cases were reported to the police, 2) cases warranted intervention by welfare authorities and 3) victims' home environments were typically judged to be

unstable and families unsuitable to retain custody. Nevertheless, this study has been described as an exploratory investigation which may contribute to the foundation of research on sexual assault in Singapore and provide direction for further inquiry into this area.

RESULTS – CASE HISTORIES OF SEXUAL ASSAULT

Case History 1.
ABC is the eldest daughter in a Chinese family of six children. She was living with both parents and siblings at the age of nine when she alleged that she was raped by her father. At the time she was unable to articulate the details of the assault but described the event as painful and frightening. She also indicated that ther father frequently beat her.

Mr A denied all charges; he was suspended from his job, but not formally charged with incest due largely to reluctance and timidity of his wife to pursue the matter. ABC was taken into the protective custody of the Department of Social Welfare during this period.

ABC's case records indicate some emotional difficulties in connection with the sexual assault, particularly fear and resentment toward her father. For the most part, however, she had tendency to deny emotional responses and did not like to talk about her victimization. In addition to emotional discomfort, her schooling was disrupted at the time, and she was forced to repeat primary two.

At the age of 13 ABC was referred to the Child Psychiatric Clinic for treatment of her fear and distrust of men. This followed a phobic attack of screaming in a public park and difficulties in interpersonal relations with her adopted "uncle." She received therapy for more than two years with the psychiatric records discounting any mental disorder but pointing to considerable anxiety about puberty and emerging sexuality. Despite emotional difficulties, ABC was described by welfare staff as warm, loving, polite and well-liked.

Interview:

ABC was 15 years old and attending secondary school when she was asked to recall the sexual assault which had occurred six years earlier. She expressed hesitation and considerable anxiety about explaining reasons for her admission to the home. The girl obviously found the topic difficult to discuss and became tearful at one point during the interview. She was able to describe the sexual assaults to some extent, particularly the violent aspects as she was bound with cord, partially stripped and threatened with a wooden rod. She was unable or unwilling to relate the sexual details but repeated the statement that her father had raped her. She also indicated that she unsuccessfully struggled in resistance and cried loudly during the assault. Feelings of shame and embarrassment surfaced, and she admitted that she harboured anger and resentment toward her father. Although she disliked him, she did not feel guilty or self-blaming.

ABC maintained that she is still fearful of her father. It seems that this apprehension has been generalized as she mentioned that she is afraid that people will "disturb her" and has also admitted that she still has a tendancy to avoid males. In addition to these anxieties, her self esteem appears low.

Case History 2.
XYZ, the only daughter in a Eurasian family, experienced a rather unstable childhood as evidenced by the death of her father at an early age. While Mr X was described as kind and loving, his wife had developed a notorious reputation for sexual promiscuity both during and after her marriage. Having a history of night-club employment, Mrs X began to cohabit with Mr F soon after her husband's death. At that time XYZ was seven years old.

At age ten XYZ's case was referred to the Department of Social Welfare by a relative. XYZ alleged that she had sexual relations with her mother's lover (whom she called "daddy") numerous times with her mother's consent and encouragement. She experienced some conflict over this activity but cooperated as her mother feared that Mr F, who supported the household, would leave them for another woman. This story was further corroborated by a teacher with whom XYZ had previously discussed this matter.

XYZ's medical examination revealed that she was non virga intacta; the case was referred to the police, and Mr F was charged in court but convicted of a lesser offence of molestation (outrage of modesty). XYZ was taken into a welfare home at the time but soon after transferred to a convent school. Mr F served nine months in prison and upon his release married XYZ's mother.

The case records indicate that in the earliest stages following the sexual assault XYZ remained emotionally close to Mr F and attempted to keep in contact with him. At a later stage, she became very hostile toward him and tended to avoid him. XYZ's mother has requested her release from welfare protection a number of times but has been denied permission although she retains visiting rights. Both welfare and convent staff have found XYZ to be a problematic and difficult adolescent who is particularly prone to lying. She has been reprimanded a number of times for sexual discussions with peers and has been caught bringing pornographic literature to schoo. Her academic work has not been good with the sisters complaining that she is lazy, dreamy and does not complete her homework. XYZ has a record of truancy and has been suspended from school. She has also absconded from the convent.

Of great concern to XYZ is her problem of bedwetting. In addition, she seems to have some difficulty relating to authority figures. The convent staff have complained about her behavioural problems – acting out, smoking and going out with men. XYZ also threatened suicide at one time.

Interview:

XYZ was 15 and attending secondary school when she was interviewed and asked to recount her experiences five years earlier. She talked freely about the events in a detached manner almost as if she were relating an incident which had happened to another girl. XYZ was very matter-of-fact in her descriptions and did not appear to display anxiety over the sexual assault per se, but rather over other aspects of her current interpersonal relations and plans for the future.

XYZ recalled that Mr F requested to have relations with her many times, but that initially her mother had refused permission. XYZ reasoned that her mother was unable to satisfy Mr F's carnal desires after an illness and operation. Upon her mother's objections Mr F would typically become quarrelsome and leave the home. In desperation, Mrs X finally agreed to the relationship fearing the loss of her lover. At that time she would scold XYZ if uncooperative and bribe her with gifts to ensure compliance.

XYZ maintained that she did not choose to cooperate and did not enjoy the relations although her resistance was predominantly verbal with occasional physical withdrawal. She was able to give a vivid description of the sex act including fondling and penetration which she found painful. She described herself as passive during the assaults. For he duration of the relationship XYZ recounted that she had little moral understanding of the event and was pressured by her mother. As an obedient child she complied, and when she found the sexual relations painful and unbearable, she would apologize to her mother for her recalcitrance.

Mrs X repeatedly demonstrated her loyalty and devotion to her lover by abusing XYZ for admitting the sexual assaults to authorities, insisting that she apologize

to Mr F, and later marrying the man upon his release from prison. XYZ now views Mr F with loathing and admits that she will never forgive him. This is probably based on her realization that Mrs X retains greater concern for her husband and XYZ's increasing cognitive maturity and more insightful understanding of the significance of these events. This insightful understanding of the significance of these events. This is contrasted with XYZ's earlier fondness for Mr F as evidenced by her previous correspondence with him and requests to visit him in prison. Currently, XYZ expresses considerable anger about the incidence, and although she blames Mr F, she feels guilty for being part of the relationship.

Mr F poses no immediate threat to XYZ as she rarely sees him, but their past involvement causes her anxiety about current and future interpersonal relationships. In contrast to the current convent complaints, XYZ maintained that she has some friends but seldom mixes with boys. She recounted feelings of sadness and shame about the past and expressed considerable concern about her (loss of) virginity. She also mentioned that she fears recalling the past when she does eventually become involved in mature emotional and sexual relations. Although ambivalent about marriage, she exhibited some discomfort about her value on the marriage market. More significantly, she suffers with nightmares of becoming a prostitute. This is most likely linked to the fact that her mother has a history of night club employment and sexual promiscuity.

XYZ admits to behavioural problems such as lying but is particularly concerned with her enuresis which she maintains began only when her mother began to cohabit with Mr F. Her most prominent anxieties are centred on her relationship with her mother and involvement with members of the opposite sex. Her self-esteem is low and she says she likes herself "a bit only."

DISCUSSION

The psycho-dynamics of rape reactions may be effectively analyzed in terms of a stress and coping theoretical framework (6). From this perspective sexual assault is viewed as a life event which precipitates a state of stress, disrupting a pre-existing equilibrium between the individual and the environment and taxing the individual's resources to manage adjustive demands and restore equilibrium. The reactions to sexual violence, generally termed the Rape Trauma Syndrome, occur in two stages — an acute phase characterized by intense and immediate emotional responses and cognitive concerns (e.g., understanding the event) and a long term reorganization phase which is concentrated on managing behavioural (e.g., disruption of roles) and personality (e.g., loss of self-esteem) problems (7). Given the variety of demands of the stressful situation an individual may utilize a range of coping techniques, both conscious and unconscious, adaptive and maladaptive. The severity of the trauma and the subsequent coping alternatives, however, are mediated by biological, psychological and social factors, including specific aspects of the assault as well as predisposing variables (e.g., victim's personality) and current life circumstances (e.g., support network). Of primary interest here are the psychological coping strategies utilized to manage crisis (i.e., defence mechanisms) and the dysfunctional psychological and behavioural sequelae of sexual violence (see Table 1)[5].

Table 1
PSYCHOLOGICAL REACTIONS AND MALADAPTIVE CONSEQUENCES OF SEXUAL ASSAULT

Classification	Reactions	
Emotional reactions	Anger	Embarrassment
	Sadness	Shame
	Guilt	Fear
Defence mechanisms	Repression	Rationalization
	Emotional insulation	*Suppression
Maladaptive consequences		
Somatic	**Stomach pains	**Fatigue
Psycho-emotional	Anxiety over sexuality	Suicidal thoughts
Personality	**Low self esteem	
Behavioural	Bedwetting	
	** Acting out behaviours: lying, stealing, truancy, absconding	
	Disruption of school performance	
	Problems with appetite	
	Nightmares	
Interpersonal	Difficulties in relationships with males	
	Unresolved feelings toward father	
	Ambivalence about marriage and motherhood	

* conscious strategy
** associated with sexual assault but not necessarily a cause and effect relationship

Psychological Defence Mechanisms

Psychological defence mechanisms are unconsciously motivated strategies designed to protect an individual from anxiety, emotional distress or self-devaluation. Defence mechanisms operate habitually and automatically; they typically involve some measure of self-deception and reality distortion but are effective in protecting psychological integrity. Defence mechanisms are not pathological unless used to extremes (8).

The most common defence mechanisms in these cases were repression, rationalization and emotional insulation. ABC, for example, evidenced selective remembering and forgetting. She appeared to memorize the

statement "my father raped me," but was unable to describe the event. Repression of the details of the painful event served to decrease anxiety and emotional trauma.

Various rationalization strategies also occurred with victims struggling to "make sense of the rape event." In XYZ's case, participation in sexual relations with her stepfather was rationalized in terms of obedience to her mother and fear that Mr F would desert the family, withdrawing his financial support. This psychological strategy allowed XYZ to avoid any feelings of self-blame, guilt or responsibility for the event.

Finally, emotional insulation was also observed. This is evidence by XYZ's ability to relate the details of the sexual assault without emotional involvement, almost as if the incidents happened to someone else. Emotional insulation or detachment may be identified as a mechanism of defence from unavoidable hurt and functions as a protective armour from stressful situations.

While unconscious defence mechanisms have been used effectively to diminish psychological distress, it is important to note that conscious strategies have also been utilized to deal with trauma. Suppression of rape related memories has been observed as a conscious and deliberate cognitive strategy employed to manage anxiety. In fact, the one girl who declined to participate in the study did so on the basis of being unwilling to "bring up unpleasant memories."

Consequences of Sexual Assault

A variety of maladaptive consequences — physical, psychological, emotional and behavioural complaints — of sexual assault were observed in adolescent victims. It is very difficult, however, to identify all symptoms as direct and explicit outcomes of sexual victimization. As these girls had been subjected to prior life stressors and psychosocial deprivation and as such factors have been proven to exacerbate psychological problems in rape victims, the psychological consequences of sexual assault should be viewed from an interactive perspective (9).

Acute and long term emotional responses to sexual assault include shame, guilt, embarrassment, anger, sadness, and self blame. In most instances the emotional reactions are manageable although in XYZ's case she found the upheaval so great at one point that suicide was considered. More long term and significant psychological difficulties include nightmares and phobias. A portion of the nightmares appear rape-related such as XYZ's dreams of becoming a prostitute. Phobias, in contrast, are more prominently related to the characteristics of sexual assault, particularly fear of men (ABC).

Anxiety over emerging sexuality and psycho-sexual adjustment difficulties were consistently apparent. XYZ openly expressed sexual concerns, particularly with reference to male-female relations, but also exhibited anxiety about (loss of virginity. ABC's fear of men evolved during adolescence with the link between her anxieties and emerging puberty corroborated by psychiatric reports. In some instances, the period of adolesence heralds a re-evaluation of the significance and consequences of sexual assault in childhood. XYZ for example, admitted that she did not comprehend the nature of her "incestuous" relationship at the time and retained fondness for her stepfather after the events. Her feelings changed, however, after puberty when she developed a loathing for the man and maintained that she would never forgive him for his behaviour. This evidence is consistent with the supposition that young victims may not evince immediate psychological adjustment problems but that the trauma may be delayed until puberty or even later when developing intimate relationships with members of the opposite sex (10).

Enuresis was observed in one case, and although XYZ maintained that this problem began when her mother first co-habited with Mr F, this is difficult to corroborate. Conduct disorders and acting out behaviours such as truancy, smoking, drinking, lying, stealing, absconding, and aggressive displays were also observed. It would be impossible to directly attribute these activities to previous sexual assaults although they are likely related to poor family relations and prior emotional deprivation. These are common attention seeking behaviours in adolescents, particularly those who are not able to maintain warm and stable relations (11). The same unstable family environment which may predispose these girls to incestuous assaults has most likely contributed additionally to resultant behavioural problems. Along similar lines, academic failures and school disruptions were noted (ABC). While this cannot be attributed directly to victimization per se, it is probable that the disruptions are reliant on the combination of emotional distress and a constellation of social changes (e.g., separation from family, admission to welfare institution) which occurred as consequences of sexual assault. The same may be true of health problems indicated by the Mooney Problem Check List, e.g., sleep disorders, stomach pains, fatigue etc.

Psychological testing also indicated low self-esteem in victims of sexual assault. Responses such as "wishing people liked me" (2/2), and "sometimes wishing I'd never been born" (2/2) were common on the Mooney Problem Check List. While the association between sexual assault and low self-esteem cannot be confirmed as casual in nature, it is interesting to note that low levels of self-esteem have been found in women who remained in physically and sexually abusive relationships (12).

Interpersonal relations are markedly affected following sexual assault. Ambivalence about marriage and motherhood is often expressed. This is particularly striking in the Singaporean context where sex role socialization pressures are exceptionally strong for girls (13). The greatest anxieties and unresolved conflicts concerning interpersonal relations, however, seem to emerge in incestuous relationships where pressure to reconstitute the family unit is apparent. In these instances the girl experiences conflicting demands between her own psychological priorities and her responsibilities to her family. While this dilemma has been noted by a number of researchers in the field (30, 14), the significance of family responsibilities may be even greater in the Asian context. Typically, collectivisim is valued at the expense of individuality and filial piety demands are high (15).

Prior life stresses such as economic deprivation, unstable emotional relationships and prior victimization may impede psychological adjustment in rape victims (16). The cases reported here are largely characterized by poor environmental factors and extensive psycho-social stressors. This research is unable to experimentally determine if victims are consequently "more" or "less" affected by these factors, but the impact of the psychosocial and environmental variables will undoubtedly modulate the severity of stress and shape subsequent coping strategies. The psycho-dynamic interpretation of stress and coping in rape victims, nevertheless, may be effectively analyzed from an idiographic perspective with identification of these predisposing and mediating variables and their effects on psychological coping reactions. While this investigative approach may be unable to predict an individual's reaction to rape, it is able to interpret and explain the dynamics of stress and coping in victims.

All in all, this exploratory study indicates that psychological consequences of sexual assault in Singaporean adolescents closely resembles patterns observed in other cultural contexts. Repression, rationalization and emotional insulation are commonly employed defence mechanisms. Emotional and psychological disturbances such as nightmares and phobias were apparent, and acting out behaviours were also documented. The areas of interpersonal relations and emergent sexuality were particularly important as victims expressed some anxiety about male-female relationships and ambivalence toward mar-

riage and motherhood. Unresolved conflicts in incestuous families were also prominent, and evidence was presented that victims' interpretation and evaluation of sexual assault changes over time and with maturity.

CONCLUSION

This paper has offered some exploratory data on sexual assault and psychological coping in adolescent victims. In short, there is no single predictable response to sexual assault. Psychological reactions are varied and appear to be influenced by mediating variables such as age, family environment and other psycho-social factors. Defence mechanisms such as denial and rationalization were commonly employed to effectively diminish anxiety, but maladaptive consequences of victimization were also observed. Psychological disturbances such as phobias and nightmares and behavioural problems such as enuresis and acting out behaviours were documented. Finally, it is hoped that these data may provide a basis for future research in this area.

ACKNOWLEDGEMENTS

This project was funded by the National University of Singapore and undertaken with the co-operation of the Ministry of Community Development with kind permission of Mr Francis D'Costa, former Permanent Secretary. The author would like to express her gratitude to Professor Ann Wee, former Head of the Department of Social Work, National University of Singapore, and Ministry of Community Development aftercare officers and residential staff for their support and co-operation with this project.

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The author would like to thank Dr Myrna Blake, Ms Fathiah Inserto and Ms Joyce Tan for assistance with data collection during the period. Cases presented in this paper, however, were interviewed by the author.

Time periods between sexual assault and research interviews of 17 cases varied from a few months to six years.

As the cases analyzed here are products of retrospective reporting and relate information spanning a 5 to 6 year period, victims' recollections of immediate reactions to sexual assaults (the acute stage) may be somewhat biased. The data are more accurately representative of psychological stress and coping in the long term reorganization phase and current consequences of previous sexual assaults.

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