

# Assessing and Treating Posttraumatic Stress Disorder in Survivors of Sexual Assault according to DSM-5

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## ABSTRACT

### PURPOSE

Across Australia, approximately one in five women and one in twenty men experience sexual violence (ABS, 2012). Sexual violence has consistently been identified as the class of trauma most likely to result in posttraumatic stress disorder (PTSD). The recent changes to DSM PTSD criteria are the most widespread since its introduction in 1980. The new criteria now include negative alterations to cognitions and mood. This presentation outlines the key manifestations of these alterations in adults who experienced sexual assault presenting for counselling at Rape & Domestic Violence Services Australia. The research conducted by Burke, Radlinska, Walker and Allen (2015) also offers practical insights into assessment and effective treatment options.

### METHODS

Data were collected from 200 counsellor file notes and 28 counsellor surveys. Data collected from file notes included (1) client reports of cognitive and mood symptoms, and (2) interventions counsellors used to respond to these. Data collected from surveys included (1) counsellor reflections of the most prevalent cognitive and mood symptoms experienced by individuals seeking counselling relating to sexual violence, and (2) clinical interventions they most frequently used in response.

### Rape & Domestic Violence Services Australia

ABOUT RAPE & DOMESTIC VIOLENCE SERVICES AUSTRALIA  
Rape & Domestic Violence Services Australia (R&DVSA) is a non-profit organisation. We have been delivering specialist telephone, online and face to face counselling services for those affected by sexual assault and/or domestic and family violence, their families, and professional supporters, for over 40 years. Last year alone, our specialist counsellors provided 59,994 occasions of service to people from all across Australia. R&DVSA is also active in the area of research, advocacy, primary prevention and training. [www.rape-dvservices.org.au](http://www.rape-dvservices.org.au)

## IDENTIFICATION OF ALTERATIONS TO COGNITIONS AND MOOD FROM TRAUMA

1909



"I was led to recognise in my subjects the role of one or several events in their past life. These events, which were accompanied by vehement emotion and a destruction of the psychological system, had left traces." (Léonard, 1909, p.128)

1975

"Stress events, by definition, will impose some strain on cognitive processing." (Moravitz, 1975, pp.1462)

1990

"There is evidence that victims of sexual trauma often blame themselves and that this is associated with feelings of guilt, shame, and rage at themselves." (McCann and Pearlman, 1990, pp.63)

1994

"When people are traumatized...the emotional impact of the event may interfere with the capacity to capture the experience in words or symbols." (van der Kolk, 1994, pp. 317)

2000

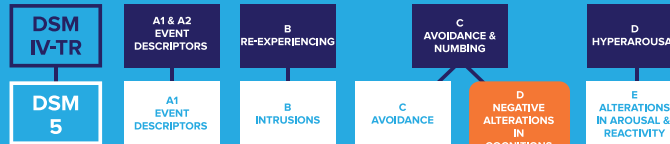
"It is suggested that PTSD becomes persistent when individuals process the trauma in a way that leads to a sense of serious, current threat...as a consequence of: (1) excessively negative appraisals of the trauma and/or its sequelae and (2) a disturbance of autobiographical memory..." (Ehlers and Clark, 2000, pp.319)

2012

"The literature suggests that trauma exposure can lead to cognitive distortions in a number of different domains...safety, esteem, control, trust, and intimacy. Moreover, these...are often discussed as they relate to thoughts about the self, others, and the world more generally." (Vogt et al., 2012, pp.308)

2013

"Negative alterations in cognitions and mood associated with traumatic event(s), beginning or worsening after the traumatic event(s) occurred..." (DSM 5, 2013 pp. 271)



Which cognitive and mood alterations are common for women after sexual violence?

## FINDINGS

FIGURE 1  
Cognitive Impacts of Sexual Violence reported by Clients

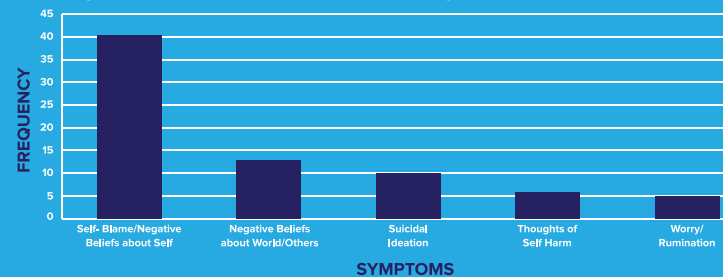


FIGURE 2  
Mood Impacts of Sexual Violence reported by Clients

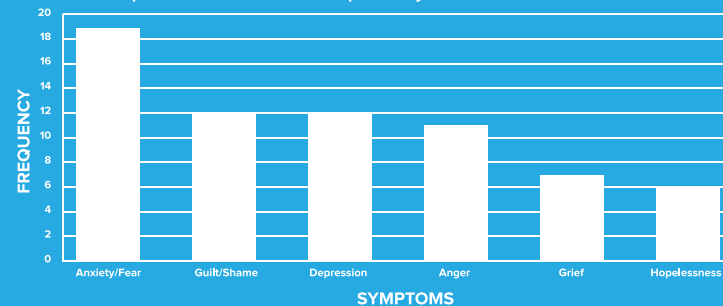


FIGURE 3  
Clinical Interventions for Self-Blame / Negative Beliefs about Self

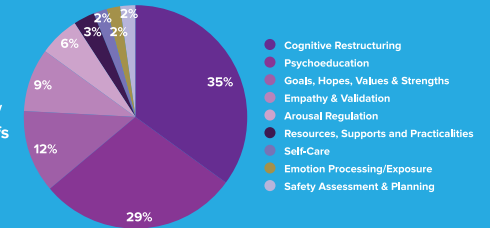
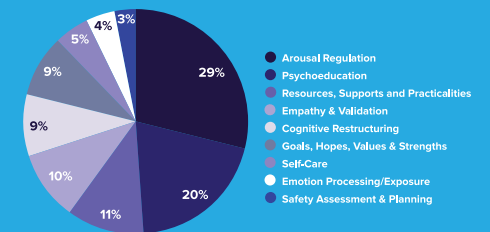
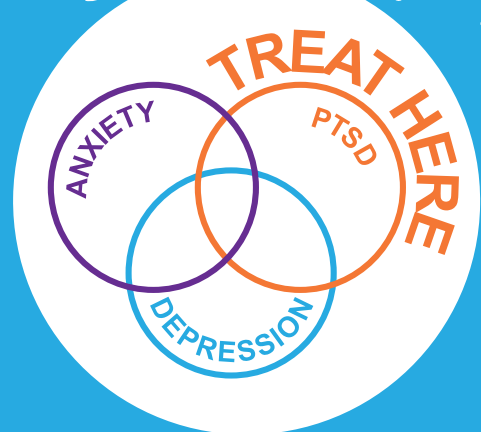


FIGURE 4  
Clinical Interventions for Anxiety



SO WHAT?



"...the sense of self is eroded and a shattered identity [remains]" (Miehl, 2010, pp.78)