

## The Psychological Effects of Sexual Assault

*Phillip Neely, Jr., Angelia Griffin*

*(School of Education & Social Services, Saint Leo University, USA)*

**Abstract:** There are three major problems related to the overall effects of sexual assaults. They are psychological, physical and emotional. Viewing these major problems could have a young woman being raped, by a man, and the court claiming it is all her fault because she dressed provocatively. This thought process rationalizes criminal, antisocial behavior, and lays the blame of the rape on the victim (Martin, 2007). Technically, a rapist could commit a sexual assault, say the victim asked for it, and get minimum punishment, if any. The National Institute of Justice documented that 26 percent of sexual assaults, 34 percent of attempted rapes, and 36 percent of rapes were reported to authorities (Kendall, 2010). These statistics were obtained from the Bureau of Justice which also provided justifications for those low numbers. These excuses include a lack of faith in the criminal justice system, fear of being blamed for the assault, dreading retaliation from the offender, and the shame of being publicly humiliated.

**Key words:** intimate violence, sex addict, separation anxiety disorder, post-traumatic stress disorder (PTSD)

### 1. Introduction

The dynamics of intimate violence has to begin with stalking or similar premeditated behaviors. Sexual assaults are not normally spontaneous; however, a murder, in self-defense, could turn out to be. The motives of these stalkers can be broken down into four categories which are simple obsession, love obsession, romantic, and false victimization. Simple obsession stems from previous relationships where one party attempts to become reacquainted while the other party has moved on. Love obsession deals with infatuation and commonly involves a celebrity being the target. Euroomania is an intense love for a reluctant party and its passion is the root of information collected on stalking. False victimization syndrome involves gathering attention by accusing the victim of stalking them and is patronized by female perpetrators (Meadows, 2010).

The root of stalking is attention and the forms are either obsessive or unwanted. Intimidation and harassment are often linked to these feelings and the responses sometimes involve the law enforcement community. Simple obsession stems from former relationships and is known to be the most menacing for the victim. Anger, and jealousy, often motivate the aggressor and transforms the life of the target into a living hell. Revenge or even attempting to rekindle a past relationship are also factors this type of stalker has on the mind. The most notable example would be the infamous Orenthal James (O.J.)/Nichole Brown Simpson murder case and, as aforementioned, police investigators were called in to assess the situation. The O.J. Simpson Case involved a celebrity but it was on the opposite end of a different type of obsession (Meadows, 2010). Love obsession

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Phillip R. Neely, Jr, Ph.D., Associate Professor, School of Education & Social Services, Saint Leo University, research areas/interests: public policy, criminal justice & leadership. E-mail: [pohillip.neely@saintleo.edu](mailto:pohillip.neely@saintleo.edu).

normally does not involve a previous relationship but does include a celebrity. Fans across the globe utilize their imaginations to place themselves with a famous person they are fantasizing about. A majority of these stalkers are suffering from some form of mental illness and celebrity worship syndrome (CWS) fits the profile. David Letterman was victimized by a woman named Margaret Mary Ray and she was caught driving his Porsche in New York. She did not have money to pay the toll and identified herself as his wife and her son as David Letterman Jr. This particular love obsession was the opposite of the simple obsession example where the man was the aggressor (Meadows, 2010).

Erotomania is a condition where typically, a woman will think that a man is in love with her. The targets are normally more mature males who have positively established themselves in our society. Positive male role models or father figures are also often beset and teachers sometimes find themselves being approached by students. False victimization syndrome is similar, because females dominate the condition but their objective is attention. Some of these ladies go so far as to falsely accuse a man of rape which displays mental disarray as well (Meadows, 2010). Law enforcement terminology expounds rape as forcible sexual contact with a male imposing himself on a female. Women, again, are involved aggressors but in these cases as accomplices (Kendall, 2010).

Initially the stalkers show that psychologically things are unbalanced. The motives for this hate-crime is linked to four major categories. They are thrill-seeking, defensive, retaliatory, and mission (Meadows, 2010). Although there were no actual sexual assaults during simple obsession, love obsession, romantic, or false victimization explanations, there are still some mind altering effects. Rohypnol is a powerful sleeping aid that is sometimes called "the date rape drug". It is popular among the younger generation, because it is inexpensive, and a deadly weapon in the college community (Kendall, 2010). Documented commonalities show that most rapists are Caucasian males, under twenty-five years of age, and are either in school or unemployed. This information points heavily toward the higher education environment though rapes are committed by people of all races, classes, ages and cultural backgrounds (Kendall, 2010).

Marital rapes occur and are categorized as a form of spousal abuse. In this intimate partner crime, the husband powers sexual intercourse on his struggling wife. Three types of sexual assaults, within a marriage, have been identified by analysts. The first is called battering rape and adds sexual violence to pre-existing abuse. The second is non-battering rape where both parties disagree on the conditions of the act. The desire to have sex, where, or even when, are undecided but intercourse still takes place. The third is classified as obsessive and is based on the male's sexual obsessions. They are often linked to the use of outside sources, i.e.: pornography, to become aroused. Severely abused spouses, with inadequate support systems, stand a great chance of killing their abusive husbands (Kendall, 2010).

The biggest psychological effects of marital rapes are two-fold because of the union the couple shares. If the attacker is the sole provider then the victim takes endangering themselves, and their children, into consideration. The overall well-being of the children becomes the primary concern and the mother tolerates the abuse (Kendall, 2010). The impacts of the sexual assaults may include unwanted pregnancy, lack of trust, depression, increased anxiety and PTSD (Martin, 2007). Rape Trauma Syndrome (RTS) is another condition defined and occurs immediately after the sexual assault. For an unknown, or random, attacker, RTS, could be treated aggressively as expeditiously as possible. Sleep disturbances, consistent crying, and extreme fear is both psychological, and physical, impairments that can affect victims of marital rapes. If these rapes occur continuously the healing process could be extended. A one time incident could itemize focusing on the strength of the woman and increase her strength as she survives her circumstances (Martin, 2007). Brock Turner was a 20 year-old swimmer, at

Stanford University, and was sentenced to serve six months, in jail, for raping a comatose woman behind a dumpster. Once discovered he attempted to flee the scene of the crime which normally garners a two year minimum sentence. The three counts of felony sexual assault normally promote a 10 year sentence. According to an article, on Cable News Network (CNN), he was released from jail after only three months in county jail (Cevallos, 2016). The 23 year-old victim no longer wanted her body and carries her injuries internally. Psychologically this is defanging and will take a great deal of time to dissolve. This crime appeared to be one of those rare spontaneous cases but Kendall described it in detail. She documented that acquaintance rapes normally involve drugs, alcohol, and college students and those factors were present (Kendall, 2010).

It appears as though alcohol, and some thrill seeking motivation, were contributing factors to this sensitive situation (Patrick, 2006). As aforementioned, previously reviewed evidence revealed commonalities show that most rapists are Caucasian males, under twenty-five years of age, and are either in school, or unemployed. Turner fit that profile, to the maximum, and unfortunately for the victim, he was given unmerited favor in court. Turner's father, (Dan) was quoted as saying, "His families' life has been destroyed and his son's 20 years of life should not be shattered for 20 minutes of action" (Cevallos, 2016). The forensic psychologist, who testified on young Turner's behalf, should have educated his family on a condition called somnophilia. It is a paraphilic disorder where the unusual condition, of having sex with a sleeping person is gratifying (Halgin & Whitbourne, 2010). The sympathy, that the elder Turner was apparently seeking, was addressed by a pastor who mentioned this fact, "Your son is not the victim here, but a rapist, and I cannot imagine how gut-wrenching that is for you" (Cevallos, 2016). The obvious lack of compassion, for the victim, was sprinkled throughout this whole ordeal.

Paraphilia combines para, meaning faulty, and philia, which means attraction. The word somnophilia can be translated to mean a disorder where intense sexual satisfaction comes from having sex with someone who is asleep (Halgin & Whitbourne, 2010). He escaped this whole situation with less than a slap on the wrist but his victim has a potential lifetime of adversity. "She wanted to remove her body and leave it at the hospital and feels that her worth, privacy, intimacy, confidence, and voice was taken away (Cevallos, 2016). She also asked what would be the sentence for an un-athletic, underprivileged, community college, African-American or Hispanic student in this instance.

Acute stress disorder (ASD), or borderline personality disorder, have symptoms that this poor lady has already verbalized. Acute stress disorder symptoms include horror, helplessness, feeling numb or intense fear. Borderline personality disorder symptoms unstable self-image, anxiety, and emotional instability (Halgin & Whitbourne, 2010). She was raped, her assailant was caught, stood trial, and was given a light sentence. Going anywhere, that serves alcohol, would be difficult and history repeating itself is an absolute nightmare. Forgetting that whole night is in the statement, "I want to remove my body and leave it at the hospital" (Cevallos, 2016). The feeling that "that her worth, privacy, intimacy, confidence, and voice was taken away (Cevallos, 2016) covers the borderline personality disorder traits of irritability and chronic feelings of emptiness (Halgin & Whitbourne, 2010).

There were a couple of factors, studied, in relation to the role of rape myth acceptance and psychopathy in sexual assault perpetration (Mouilso, & Calhoun, 2013). There was an evaluation of 308 college men pertaining to the acceptance of rapes. Mythical acceptance was clearly associated with psychopathy, and offenders scored higher on those scales. The transferring of responsibility, to victims, was linked to first factor, which is psychopathy. This category included manipulative and callous traits, and describe the Turner males vividly. The second factor believes that rapes were trivial due to antisocial and impulsive behaviors. These disorders are

believed, by these young men, to be normal and ultimately endorse aggressive behavior (Mouilso, & Calhoun, 2013).

A recent study, among college students, discovered that 25 to 60 percent of male subjects are reported to have exhibited at least one form of sexually aggressive behavior. These forms of sexual contact ranged, specifically, from unwanted kisses to vaginal penetration. Eight to 14 percent, of these young men, have openly admitted to have done acts that can be legally defined as rape (Mouilso, & Calhoun, 2013). This justification followed the individual interpretations of sexual aggression or approval of rape myths. These myths are based on potentially false claims that are based on sexual aggression perpetrated against women. This theory includes the beliefs that women lie about sexual assaults, candidly want to be raped, deserve to be raped and downplay the severity of this violent crime. This information was gathered in Georgia but appears to go well with Judge Aaron Persky's decision in the case against Brock Turner in California. Also reported were the facts those college predators display aggressive psychopathy behaviors, a lack of empathy, impulsivity, and a strong willingness to manipulate others (Mouilso, & Calhoun, 2013).

This additional information makes it easy to locate a Rape Crisis Center for Brock Turner's victim. The human services professionals are trained to accommodate a vast array of sexual assault victims. These advocates often predict that extensive sexual assault counseling sessions are required and that is expected. A whole host of states require 24 hour hotlines, individual and group counseling, crisis counseling, and an on-site advocate to oversee investigative interviews and medical examinations (Martin, 2007).

Axis IV Psychosocial and Environmental Problems have a great deal of categories, and factors, to contend with. Problems with the primary support group has a few categories that can determine which psychological approach to incorporate. The identifiers for these support groups have childhood, adult, and parent-child points of entry. They all weigh on the diagnosis, treatment, or end result, of a client's disorder and must be considered. Sexual abuse of a child is examined at the parent-child juncture. Researchers have indicated that childhood sexual abuse causes individuals to overreact to almost any situation when they reach adulthood. This is largely due to hypersensitivity through the sympathetic nervous system (Halgin & Whitbourne, 2010). Earlier it was established that paraphilia combines para, meaning faulty, and philia, which means attraction. There are several attractions that are very abnormal and the statistics are equally alarming. Two-thirds of all reported sexual assault victims are with children and adolescents. Four year-olds are the most common child victims, 14-year olds are the most common adolescent victims, two-thirds of the victims are female and one-third of the offenders are related to the child. A child is a youngster under 12 years of age and adolescents are between 12 and 17. Paraphilias is an individual, over 16 years of age that has uncontrollable sexual desires toward children. Hebephilias have the same desires toward adolescents and ephebophilias are attracted exclusively to boys (Halgin & Whitbourne, 2010).

There are also different fetishes associated with pedophilia that involve inclinations to molest children and fantasies. Predators who act on their impulses are aroused with attempting anal or vaginal intercourse, undressing the child, forcing oral sex, and touching the child's genitals. Child molesters, preference molesters, and situational molesters dig an even deeper hole in the pedophilic world. A child molester performs violent sexual acts on children. The preference molester is a narcissist that sees nothing wrong with his illness and expects society to accept his sexual preferences. The situational molester appears normal, and has traditional sexual interests, but when stressed they have uncontrollable desires to mate with babies (Halgin & Whitbourne, 2010).

A psychopathic lifestyle can be developed through the family environment and socialization experiences. Additionally, sociocultural perspectives, on antisocial personality disorder, can be developed in that very same

atmosphere. Childhood victimizations are the driving forces behind that disorder but placement programs can assist preventing future problems. Boarding schools, group homes, and foster care, place a great deal of attention on alleviating the sociopathic behaviors that were developed (Halgin & Whitbourne, 2010).

The third factor bearing on the psychological effects of sexual assault addressed paranoid schizophrenia being invoked by a sexual assault from a potential step-parent. One of the key factors is to clinically assess the victim because there are four addition subtypes of schizophrenia. In addition to paranoid there are also residual, undifferentiated, catatonic and disorganized types of this illness. Anger, anxiety, delusions, and persecution are signs that this condition potentially exists (Bernstein, 2010). One of many PTSD symptoms includes acting, or feeling, if an event will reoccur. These symptoms are omnipresent, immediately after the incident, but the intensity decreases as time goes on (Foa, Chrestman, & Gildoia-Schechtman, 2009). This is a portion of the diagnostic criteria for PTSD and specifics must be observed. If the symptoms last less than three months it is acute, three or more months display a chronic condition, and six months display a delayed onset. The treatment will be allocated to conquer the situation at hand. Prolonged exposure has four phases and has fared well for our military members after leaving Afghanistan. The four phase process has a minimum of 11 sessions and a maximum of 18 (Foa, Chrestman, & Gildoia-Schechtman, 2009).

Pre-treatment preparation, psychoeducation and treatment, exposures, and relapse prevention are the phases of prolonged exposure that work the best with the maturity of the patient being taken into consideration. Another element to consider, in reference to the maturity of the victim, is poly-victimization. Poly-victimization is the term utilized to address multiple abusive incidents. Getting to the root of the assault will allow a practitioner to effectively diagnose a mental illness and implement the appropriate treatment methods. Trauma symptomatology is the study, and classification, of the indicators of the responsive mentality of an individual after a catastrophic event. In many cases victimization is reported to be more of a condition than it is an event (Finkelhor, Ormrod, & Turner, 2007).

In cases with multiple stressful events, numerous locations, and ample personnel, the ability to apply normal coping skills is hindered. The introduction of inconsistency, and distractions are constant reminders that also build a tolerance that eventually develops into these children blaming themselves for these incidents. Young minds aren't culpable enough to deal with the embarrassment of reported abuses. This is why they sometimes either remain silent or utilize the same misfortune of others as a buffer to measure their situations. Children exposed to various forms of abuse, and abusers, are more adversely affected that those suffering from one form of abuse or by one specific individual. Children abused in four different manners, within a 12 month period, are defined as poly-victims (Finkelhor, Ormrod, & Turner, 2007). There are several factors that can impact the treatment of PTSD and the nature of the event is one of them. Rape victims are more likely to develop PTSD than individuals who were physically assaulted or injured in combat (Halgin & Whitbourne, 2010).

Psychologically traumatizing activities, within the family unit, has the potential to force children into a dissociative state of mind. That condition provides them with a form of escape, from the rigors of their lives, through personal fantasies (Halgin & Whitbourne, 2010). A child originally diagnosed with PTSD will now be treated for Dissociative Post Traumatic Stress Disorder (DPTSD). Poly-victimization adds even more of a burden to that reality versus fantasy coping mechanism and Dissociative Identity Disorder (DID) is merged into the pre-existing Post-Traumatic Stress Disorder. The dissociative element alters the child's ability to develop a sense of self- worth and the fact versus fiction contradiction wages war in the mind of a child. Hypnotherapy is the most common form of treatment, for this disorder, and, because of the diversity among people, not all results are the

same (Halgin & Whitbourne, 2010).

## 2. Literature Review

Anxiety, depressive symptoms, and anger/aggression are the scales that mental health symptoms are measured by for children. The Trauma Symptoms Checklist for Young Children (TYSCYC) is utilized for the caregivers of respondents 2 to 9 years of age. Another checklist, the Trauma Systems Checklist (TSCC) is for respondents 10 to 17 years of age and are utilized to tie the responses to traumatic events to specific symptom domains. The older children are presented a list of how often specific events have happened to them within the past month. This particular list is compiled of feelings, behaviors, and thoughts with documented examples being mean, afraid, or weeping. The caregivers provide information collected from the younger kids with the fear of being alone, hit by adults, and sadness topping their list. Children fit into various categories, of victimization, to include, “not victimized, single victim, chronic victim, low-poly victim, or high poly victim” (Finkelhor, Ormrod, & Turner, p. 15). Single victims suffered one assault, chronic more than one, and low and high-poly victims have experienced multiple abuses (Finkelhor, Ormrod, & Turner).

Witnessing an abusive act, and being a victim of one, is far worse than experiencing one, or the other, by itself. Poly-victims merit priority attention because of their higher levels of traumatic symptomatology. The most recent findings, from Finkelhor, Ormrod, and Turner, reveals those males are more likely to be poly-victims than females. Young men reportedly experience more peer pressure assaults than females and their pride often make matters worse (Finkelhor, Ormrod, & Turner). Additionally, young men are also most likely to experience the externalized Attention Deficit Hyperactivity Disorder (ADHD). There is a small portion of the brain, called the locus coeruleus that controls attention. Once this character is adversely affected it allows attention deficit hyperactivity to evolve (Martin, 2007).

Child abuse can sometimes be an intergenerational cycle that actually happens by accident. A child that witnesses domestic violence, and then becomes physically abused, is classified as a low poly-victim. Add some derogatory comments, and demoralizing titles, and a high-poly victim is officially created. This setting involves both biological parents and sets a young person up for the ability to transfer abuse. Parents cannot effectively raise their children if a whole bunch of wrongdoing is omnipresent. An abusive home environment produces offspring that breeds unstable self-identity, difficulty attaching to others, problems with emotional regulation, impulse control problems, inability to delay gratification, displaced anger, and low frustration tolerance (Martin, 2007). This was introduced as accidentally transpiring because it began with one parent directing disheartening comments to the other and it trickling down to the kids. It began with biological parents because there is no way people who love others will mistreat them.

Rape trauma syndrome (RTS) has some side effects that follow the trauma syndrome checklist utilized for children and their caregivers. Those emotions are being evil, afraid, or even weeping. Rape trauma syndrome symptoms are sleep disturbances, consistent crying, and extreme fear (Martin, 2007). Living at home, with a victim, gives someone who is operating in a parental role somewhat of an advantage. That child becomes an easy target because of their vulnerability and innocence. Statistically these poor youngsters are being set up for failure by parents who are simply being themselves. Abused, and neglected children, have an increased likelihood of arrest, as a juvenile, by 59 percent. In adulthood that increase is 28 percent and the chances of becoming a violent criminal are increased by 30 percent (Meadows, 2010). Child sexual abuse survivors have displayed aversion to

sex and depression. These post-traumatic symptoms have also supported victimization, criminal activity, and runaways. Their low self-esteem and constant betrayal promote surprising behavioral traits for these unfortunate souls. 95 percent of teenaged prostitutes were once victims of sexual abuse (Meadows, 2010). Commercial sexual exploitation of children (CSES) takes place on several levels and is a worldwide business. There are local, small regional and large national, or international components in these horrific syndicates. Ten to fifteen percent, of children living on the streets, in the United States, have been imported here for sexual purposes. India, Mexico, and Argentina are a few of those countries involved and broken promises have assured either employment or monetary rewards for parents. These young people were abused either by a parent, or caretaker, and a very high percentage of it took place while they were living at home.

Male sexual assaults are alleged to be severely underreported. Tewksbury (2007) also indicated that men suffer more physical injuries, during sexual assaults, than women. His reports also confirm that weapons are commonly involved but males normally refuse to seek medical attention. The black eyes, broken bones, and bruises are called submissive injuries and true signs that these were violent encounters (Tewksbury, 2007). For Lesbian, Gay, Bi-Sexual, and Transgender (LGBT) victims, the root of their assailants behavior is homophobia. The largest percentage of these criminals either know, or are related to, their victims. Customers, someone else, and their pimps are the top three attackers for these victims (Stozer, 2009). This course of study gets the short end of the stick because of the stigma affiliated with being the victim of a male-on-male sexual assault (Martin, 2007).

The legal definition of a rape, in many states, doesn't even account for males being considered as victims. In 2007 these types of assaults were referred to as a fairly recent development. Up until then this form of victimization was lagging far behind those concerning women and children and even referred to as a phenomenon. Any individual who is assaulted suffers psychological and emotional distress and must make adjustments in an attempt to exist in society. Available resources, for these circumstances, are available but very difficult to pinpoint. Sexual assaults against males were visible, in prisons, but male rapes, in the community didn't really appear until the early 1980's. The way a community responds to these cases is predicated upon the perpetrator's gender and victim's sexual orientation (Tewksbury, 2007).

A significant number of men report at least one sexual assault. In Los Angeles 7.2 percent of men have confessed to being sexually assaulted, at least once, after the age of 15. A random report revealed that 3.8 percent of males admit to sexual victimization during adulthood and 61 percent were taken advantage of as a child. One survey, in particular, informed us that 6.7 percent of male members of the United States Army were victims of sexual assaulted. For college students one in five, and one in 11 were attacked with 8.3 percent of the undergraduates experiencing serious sexual assaults. Gay/bisexual men, who were dating, or in same sex relationships reported their unpleasant experiences at a rate between 12 and 27.6 percent. This is above a one in four percentage rate but still severely under reported (Tewksbury, 2007). The premise of these forms of assaults occur, primarily, between homosexual men with strong similarities pointing toward heterosexual date rapes. One interesting discovery is that a high percentage of these victims have been assaulted during their childhood. Studies conducted in the United Kingdom, and the United States, showed that 61 percent of the males who reported their attacks also suffered the same fate as a child. Individuals who were molested, at an early age, are more likely to seek mental health assistance than those whose first time incidents transpired during adulthood. Having their sexuality questioned, fear, and shame, are reasons why those first time victims keep silent. The potential to break what appears to be an unpleasant circle is justification for the ploy-victims but they normally take their time to find help. In New York City; however, 94 percent of male sexual assault victims sought assistance within 36 hours

(Tewksbury, 2007).

Victims anticipate rejection, or rumors of false claims, and often disregard the reporting process. To further support their beliefs. Many rape crisis centers are highly insensitive to a male victim's needs and refuse services all together. These reports showed that only five percent of the programs, that support male victims, have the proper treatment resources available to these men. These encounters are highly likely to be very violent and have the use of weapons at the scene. Weapons are more likely to be used by strangers and bodily injuries, other than genital, are more often reported after male on male assaults. Weapons are less likely used in correctional facility assaults whereas a community encounter increases the presence of foreign objects. One third of these individuals are restrained and common injuries include black eyes, broken bones, bruises, and abrasions on the abdomen and throat. In the aftermath colitis, ulcers, nausea, and tension headaches are post assault symptoms (Tewksbury, 2007).

Substance abuse, depression, and anxiety disorders are more likely to occur in males who were poly-victims that those who were assaulted only once. Rape trauma syndrome, outbursts of anger, and questioning their sexuality are the most common actions these targets mentally process. Being placed in a homosexual, or feminine, role left 70 percent of individuals questioning their sexual orientation and 68 percent questioning their masculinity. This is a long term condition that is suffered by both gay/bisexual, and heterosexual subjects. Additional effects, for heterosexual males, include impotence, sexual dysfunction, sexual anxieties and consensual same sex encounters (Tewksbury, 2007). In the information currently documented the question of sex is clear. There are people whose gender is in a state of nonconformity and these folks are referred to as transgender. They are destined to face high poly-victimization and it will last as long as they shall live (Stotzer, 2009).

The umbrella that falls under transgender covers various titles to include; drag queens, transsexuals, cross-dressers, and gender neutral personnel. Transgender high school students suffer physical violence and constant threats of sexual assault, physical assault, and coercive sex. They were constantly grabbed, and fondled, and two teenagers were set on fire, while on school property. As of this writing only 10 states have gender identity stipulations in their hate crime laws. One individual spoke of their neighborhood and stated that people either want to fight you or a free blow job. Sexual assaults, and rape, are the most common documented complaints from people choosing to exist under the transgender umbrella. This information comes from the Department of Public Health and the criteria is directed toward the prevention of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). Points of interest includes sexual behavior, anal sex, unprotected sex, and condom usage. This is vital because if the human immunodeficiency virus is left untreated it could develop into acquired immunodeficiency syndrome (Stotzer, 2009).

The most common complaint is that 50 percent of transgender personnel report unwanted sexual activity. In mid-west 66 percent of their respondents claim that they had either been the victim of, or witnessed, sexually violent acts and 23 percent have been high poly-victims. Males transitioning to females (MTF) are reported to be forced into sexual encounters at a 69 percent rate and females transitioning to males (FTM) are at 30 percent. One fifteen year old transgender male was beaten by three young men, with a belt, while his "friend" sat back and watched. It was his birthday and he believes the justification was his sexuality and gender expression. Known acquaintances are the biggest predators in this arena followed by strangers. Living a normal life, with a heightened level of harassment, has to be mentally exhausting.



### 3. Recommendations

The first course of action would be to evaluate the victim, physically, mentally, and emotionally, to determine, and prioritize, proper treatment procedures. Many states have legislated testing the offenders, and victims, for HIV/AIDS because the threat of exchanging these diseases increase during sexual activity (Meadows, 2010). It is important to identify these viruses because they are life threatening infections and must be approached aggressively. After a physical assessment the causes of the patient's mental condition are taken into consideration with their emotional state being visual (Bernstein, 2010). The expressive condition, from a rape, could vary because a child abused, for the first time, would be in a state of shock as opposed to a poly-victim that can tap into inner strength with a dissociative state of mind. This is how Lashon was able to survive her encounters while participating in prostitution.

The doctors treat the viruses, and chemical imbalances, with drugs while psychologists combat the psychological damage with psychotherapy (Bernstein, 2010). These persons can be assisted as either inpatients or outpatients. Inpatients are restricted to hospitals, or institutions, if warranted. Outpatients have less severe disorder symptoms and function better in our society. Their condition allows them to receive prescription drugs, and psychotherapy, while continuing to reside within a community (Bernstein, 2010). One of the best places to assist, after the initial police, and hospital visits, would be a rape crisis center. The human services professionals there have sexual assault advocacy programs, 24 hour hotlines, and individual and group counseling available (Martin, 2007). Post-traumatic stress disorder has practically become a household term after the wars, in the Middle East, were fought. This is because it is the most common negative psychological outcome of traumatic experiences. It is now included in the Diagnostic and Statistical Manual for Medical Disorders, Fourth Edition, Text Version (DSM-IV-TR) (Foa, Chrestman, & Gildoa-Schechtman, 2009). The three categorized symptoms, of post-traumatic stress disorder, are re-experiencing, hyperarousal, and avoidance. This disorder induces momentous public health and economic consequences lasting very long periods of time. Horror, terror, and helplessness are the results of the emotions provoked through specific incidents. Cognitive-behavioral therapy (CBT) and Prolonged Exposure (PE) are forms of treatment that have been successful methods for negative experiences (Foa, Chrestman, & Gildoa-Schechtman, 2009).

The symptoms for post-traumatic stress disorder are more intense immediately after a traumatic experience. Over time the impact can decrease and effective cognitive therapy is the remedy. Prolonged exposure is a technique that encourages patients to speak about their experiences. It is a trauma focused cognitive-behavioral therapy (TF-CBT) and is utilized, extensively at Veteran's Administration (VA) hospitals. The more victims talk about their series of events, the less painful these actions become. This neurobiological stimulation subconsciously conditions the mind to familiarize itself with what transpired and eventually allows victims to counsel others under similar circumstances. The psychological effects of sexual assaults can interfere with an individual, and the community they reside in, for a lifetime. Proper diagnosis, treatment and recovery programs can address the emotional processing of traumatic experiences and transform a former victim into an experience therapist (Foa, Chrestman, & Gildoa-Schechtman, 2009).

#### 4. Conclusion

The psychological effects of sexual assaults are conditions that effect individuals for a lifetime. There is no telling how a person's mind processes thought and how they will react to such horrific situations. A young man who witnesses, and is a victim of, family abuse will either follow suit or do the exact opposite in life. A woman who is sexually assaulted, at a young age, could turn to lesbianism, become a prostitute, or advocate against rapists. A man who is sexually assaulted could have a nervous breakdown, explore the option of homosexuality, or begin raping transgender people.

Lashon is 46 years old and has five children. Four of them were taken by child protective Services (CPS) and the fifth was granted custody to live with her father. She has been married four times with her second, third, and fourth husbands being within a five year period. She was raped, for years, by her aunt's husband, and told her father of these atrocities. He adopted her when she was two but did nothing to help his "daughter". She had several abortions, before she was 15, and eventually had a child by her uncle. She quickly learned to block out real life incidents during sex with her grossly overweight relative. This instinct made her a highly sought after prostitute with the ability to provide for herself. Had her father stepped in, when she was 13, Lashon may have a better understanding of what love is and could have been potentially healed of her dependency personality disorder. She constantly seeks a positive male role model as a husband but looks for love in all the wrong places. This scenario is a life situation that displays the visible effects of the lack of cognitive therapy. One of the best learning experiences is actually watching people and determining which, if any, psychological disorders are present. While tuning in to the Presidential Debates I personally feel that Donald J. Trump has narcissistic personality disorder (NPD) and Hillary R. Clinton has obsessive-compulsive personality disorder (OCPD). Proper cognitive therapy could make everyone mentioned great again.

#### References

- Bernstein D. (2010). *Essentials of Psychology*, Mason, OH. Cengage.
- Cevallos D. (June 11, 2016). "Judge Persky's sentence in Stanford rape case unpopular but legal", *Cable News Network*, available online at: <http://www.cnn.com/2016/06/10/opinions/stanford-rape-case-cevallos>.
- Davies M. and Rogers P. (2006). "Perceptions of male victims in depicted sexual assaults: A review of the literature", *Aggression and Violent Behavior*, Vol. 11, No. 4, pp. 367–377, available online at: [https://www.researchgate.net/profile/Michelle\\_Lowe7/publication/222600153\\_Perceptions\\_of\\_male\\_victims\\_in\\_depicted\\_sexual\\_assaults\\_A\\_review\\_of\\_the\\_literature/links/559ebbe308ae97223ddc4e76.pdf](https://www.researchgate.net/profile/Michelle_Lowe7/publication/222600153_Perceptions_of_male_victims_in_depicted_sexual_assaults_A_review_of_the_literature/links/559ebbe308ae97223ddc4e76.pdf).
- Finkelhor D., Ormrod R. K. and Turner H. A. (2007). "Poly-victimization: A neglected component in child victimization", *Child Abuse & Neglect*, Vol. 31, No. 1, pp. 7–26, available online at: <http://www.sciencedirect.com/science/article/pii/S0145213406003346>.
- Foa E., Chrestman K. and Gildoa-Schechtman E. (2009). *Prolonged Exposure Therapy for Adolescents with PTSD: Emotional Processing of Traumatic Experiences*, New York, N.Y. Oxford University Press.
- Haglin R. and Whitbourne S. (2010). *Abnormal Psychology, Clinical Perspectives on Psychological Disorders* (6th ed.), New York, N.Y. McGraw-Hill.
- Kendall D. (2010). *Social Problems in A Diverse Society* (5th ed.), Boston, MA. Allyn & Bacon.
- Martin M. (2007). *Introduction to Human Services through the Eyes of Practice Settings*, Boston.
- Meadows R. (2010). *Understanding Violence and Victimization* (5th ed.), Upper Saddle River, N.J. Prentice.
- Mouilso E. and Calhoun K. (2013). "The role of rape myth acceptance and psychopathy in sexual assault perpetration", *Journal of Aggression, Maltreatment & Trauma*, Vol. 22, No. 2, pp. 159–174, available online at: <http://www.tandfonline.com/doi/full/10.1080/10926771.2013.743937>

- Mouilso E., Calhoun K. and Gidycz C. (2011). "Effects of participation in a sexual assault risk reduction program on psychological distress following revictimization", *Journal of Interpersonal Violence*, Vol. 26, No. 4, pp. 769–788.
- National Institute of Justice (ND). Available online at: <http://www.nij.gov/topics/crime/rape-sexual-violence/pages/rape-notification.aspx>.
- Patrick C. (2007). *Handbook of Psychopathy*, New York, N.Y. The Guilford Press.
- Stotzer R. (2009). "Violence against transgender people: A review of United States data", *Aggression and Violent Behavior*, Vol. 14, No. 3, pp. 170–179, available online at: <http://faculty.mu.edu.sa/public/uploads/1425310920.5389violence%20transgender.pdf>.
- Tewksbury R. (2007). "Effects of sexual assaults on men: Physical, mental and sexual consequences", *International Journal of Men's Health*, Vol. 6, No. 1, p. 22, available online at: <http://search.proquest.com/openview/347ea0e8fccbf8cc2a07a3b872fe389a/1?pq-origsite=gscholar&cbl=25645>.