PSYCHOLOGICAL IMPACT OF TRAUMA AMONG ABUSED WOMEN

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Abstract : Women in their lifetime have to undergo different experiences and play numerous roles like wife, mother and primary caregiver. Not only this, history evidently portrays the social and economic inequality that women have been facing making them more vulnerable to violence. Violence against women can be physical, sexual, psychological, and threat of physical or sexual violence. Any such event can be extremely traumatic that can have long –lasting physical and mental ill consequences that can disrupt day to day functioning. Effects may include depression, suicides, inability to develop and maintain relationships, alcohol abuse and overall lack of subjective well – being. Post traumatic stress is a psychological condition arising in response to an unexpected terrifying or traumatic event that undermines one's trust in normalcy. The psychological literature is indicative of the fact that women are twice as likely to develop Post- Traumatic Stress Disorder (PTSD) and experience a longer duration of post-traumatic stress symptoms. The purpose of the research was to investigate the psychological impact of trauma in terms of stress, mental health and subjective well- being. A sample comprising of 60 abused women was taken that included 30 sexually assaulted and 30 domestic violence victims in the age group of 16-35 years residing in social institutions. They were administrated Stress Symptoms Rating Scale, Perceived Stress Scale (Cohen et al., 1988), Beck Depression Inventory (Beck, 2008), Impact of Event Scale - Revised (Weiss and Marmar, 1997), Positivity and Negativity Affectively Scale (Watson et al., 1988) and Satisfaction with Life Scale (Diener et al., 1985). Results clearly showed negative impact of traumatic experiences as hypothesized.

Introduction: A traumatic event involves a singular experience or enduring event or events that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved with that experience. It can be a physical or psychological unexpected terrifying threat or assault to one's physical integrity, sense of self, safety or survival that challenges one's belief in normalcy. Traumatic events may arise when an individual is confronted with actual or threatened death or serious injury or some other threat to one's physical integrity. It also may occur by witnessing these events occurring to others. (American Psychiatric Association, 1994)

As a result of trauma or crisis, there emerges Post-Traumatic Stress (PTS) which is the recurrent experience of psychological, psychophysical, and/or social symptoms varying from anxiety, fear, and nightmares to lowered aspirations and non-efficiency in school or workplace or any other setup. It tends to persist after a traumatic incident has ended and continues to affect one's capacity to function normally. Eventually these enduring symptoms can take shape of Post traumatic stress disorder (PTSD). (Tedeschi and Calhoun, 1998)

Those who are traumatized will develop characteristic symptoms that can be listed as:

- *Intrusive symptoms* involve the persistent re-experiencing of the event in images, thoughts, recollections, day dreams, and nightmares. Victims may act or feel as if they were reliving these events, and may experience great distress in the face of events that remind the victim of the trauma.
- *Avoidance symptoms* involve avoiding places and thoughts associated with the trauma, problems in recall of the event, a marked loss of interest in other significant aspects of the person's life, restricted emotions, and the sense of a foreshortened future.
- *Arousal symptoms* include difficulties with sleep, hyper vigilance, exaggerated startle response, difficulty concentrating, and irritability or angry outbursts. (American Psychiatric Association,1994)

These three symptom clusters may be found in states of Acute Stress Disorder, and in acute, chronic, and delayed onset PTSD.

Women and Trauma: The different life experiences and roles of women - wife, mother and primary caregiver combined with social and economic inequality have made women more vulnerable to violence and sexual abuse throughout history. Violence against women can be physical, sexual, psychological, and threat of physical or sexual violence. Physical violence includes acts of physical aggression such as slapping, hitting, kicking and beating. Physical Abuse or Assault refers to the actual or attempted infliction of physical pain with or without use of an object or weapon and including use of severe corporal punishment (National Traumatic Stress Network, 2009). Domestic violence is one such instance wherein such a kind of assault is used. The common sexual abuses women endure are forced intercourse, and other forms of sexual coercion. In this regard, the traumatic events particularly for women include rapes, sexual assault, Intimate

Partner Sexual Violence (IPSV) and domestic violence.

According to Indian Criminal Law (Amendment) Act, 2013, a man is said to said to commit "rape" if he:

(a) penetrates his penis, to any extent, into the vagina, mouth, urethera or anus of a woman or makes her to do so with him or any other person; or

(b) inserts, to any extent, any object or a part of the body (other than the penis) into the vagina or anus or urethra of a woman or makes her to do so with him or any other person; or

(c) manipulates any part of the body of a woman so as to cause penetration of the vagina or anus or the urethra of a woman or makes her to do so with him or any other person; or

(d) applies his mouth to the vagina, anus, urethra of a woman or makes her to do so with him or any other person.

Just as women are more likely to experience violence than men, women are more likely to experience a mental disorder (CMHA, Ontario, 2003). For women, depression, anxiety, posttraumatic stress disorder, personality disorders, dissociative identity disorder, psychosis, and eating disorders are the problems most commonly associated with the experience of violence (Morrow & Chappell, 1999). Women who reported childhood sexual abuse were five times more likely to be diagnosed with PTSD compared to non victims (Coid et al., 2003). Another study showed that the lifetime rate of a PTSD diagnosis was over three times greater among women who were raped in childhood compared to non victimized women (Saunders et al., 1999).

The focus of the current investigation was to study the psychological impact of trauma in terms of stress, mental health and subjective well- being among victims of sexual assault and domestic violence.

REVIEW OF LITERATURE Gold (2000) found that trauma leaves distinct imprints on survivors, differentiating it from other challenging or momentous experiences. Those who are exposed to events that threaten their own or others' life or physical integrity are likely to be affected by the experience and will show signs of distress and disturbance. The common responses to trauma are sleeplessness, fearfulness and flashbacks affecting the well-being of the victim. Moreover, **Wijma et al. (2000)** concluded that the recency of violence is related to the frequency of PTSD symptoms among physically or sexually abused women.

Scaer (2001) asserts that the determining factor for traumatization must be based on the response of the individual victim to a traumatically stressful event or to the individual's habitual and cumulative response to stress over an extended period of time. **Chamberlain and Moore (2002)** note that stress-reactivity, developmental lags, and impairment put girls at risk for "intra and inter-relational chaos," which can in turn result in involvement in ongoing relational and social aggression as victim and perpetrator.

In their research, **Basile et al., (2004)** concluded that the cumulative effect of multiple forms of intimate partner violence (physical, sexual, and psychological abuse) seems to contribute to a greater risk of mental health and substance abuse problems. Severe trauma may produce a state of sensitization, vulnerability or diminished reserve capacity to stress that results in an overwhelming physiological stress response that is not recognized until a much later stressor triggers an acute or prolonged (and seemingly unrelated) stress response.

Ehrensaft et al. (2006) found in a longitudinal study that young adult women who became involved in an abusive sexual relationship were more likely than other women to subsequently develop multiple disorders. The specific disorders they were at higher risk for included: a major depressive disorder, marijuana dependence, PTSD and generalized anxiety disorder. **Macy et al. (2009)** reported that domestic violence can result in depression, anxiety, and posttraumatic stress disorder (PTSD).

Hypotheses: Based upon previous literature, it was expected that the two groups of trauma victims, that is, sexually assaulted female victims and domestic violence female victims will differ on stress, mental health and dimensions of subjective well-being.

Method: The purpose of this study was to investigate the psychological impact of trauma in terms of perceived stress, stress symptoms, depression and subjective well- being among abused women.

Sample: The sample comprised of 60 abused women that consisted of 30 female sexually assaulted victims and 30 female domestic violence victims who have been residing in the social institutions. The age range was 16 – 35 years.

Tests and Tools: The following standardized tests were administered:

- Impact of Event Scale - Revised (Weiss and Marmar, 1997)
- Stress Symptoms Rating Scale (Heilebrun and Pepe, 1985)
- Perceived Stress Scale (Cohen et al., 1988)
- Beck Depression Inventory (Beck, 2008)
- Positive and Negative Affectively Scale (Watson et al., 1988)
- Satisfaction with Life Scale (Diener et al., 1985

Results and Discussion: The results are presented in Table 1 showing mean, standard deviation and t-ratios between the sexually assaulted and domestic violence victims.

Table 1 shows mean, standard deviation and t-ratios between the sexually assaulted and domestic violence victims.

	Sexually Assaulted Victims		Domestic Violence Victims		
	Mean	***SD***	***Mean***	***SD***	***t-ratios***
Intrusion	26.4	2.75	16.1	3.38	3.42**
Avoidance	14.53	2.48	12.67	3.85	0.06
Hyper arousal	21	2.47	13.8	3.49	2.16*
Total Impact of Event	60.93	5.66	43.27	7.9	5.91**
Stress Symptoms	68.13	8.3	40	9.06	6.37**
Perceived Stress	7.06	4	22.2	4.13	0.001
Depression	41.87	6.4	28.47	4.72	2.16*
Positive Affect	17.73	2.66	18	3.16	3.09**
Negative Affect	39.53	8.24	26.2	4.31	3.09**
Satisfaction with Life	10.47	4.66	16.2	1.93	7.08**

**0.05 level significant* ***0.01 level significant*

The results revealed that the ***t-ratios and means came to be significantly higher for the sexually assaulted victims*** in comparison to the domestic violence victims in particular to intrusion, avoidance, hyperarousal, total impact of event, stress symptons, perceived stress, depression and negative affect while in the case of positive affect and satisfaction with life scale the domestic violence victims scored higher. The comparison revealed the t-ratios to be significant on Intrusive Symptoms (t=3.42, p<.01), Hyperarousal symptoms (t=2.16, p<.05), total impact of event (t=5.91, p<.01), Stress Symptoms (t=6.37, p<.01), Depression (t=2.16, p<.05), positive affect and negative affect (t=3.09, p<.01) and satisfaction with life scale (t=7.08, p<.01). However, the t-ratios were not significant for Avoidance symptoms and Perceived Stress at any level. It is thus, evident that the impact of trauma as experienced by sexually assaulted victims was much higher than that of the domestic violence victims.

From the above analysis, the scores of the sexually assaulted victims in terms of intrusive, avoidance and hyper arousal symptoms in addition to the overall impact of trauma was comparatively higher compared to domestic violence victims. Previous findings indicated that sleep difficulties, irritability and anger, intrusive recollections, impaired concentration, emotional and physical reactions to reminders, flashbacks and distressing dreams were most commonly reported by sexually assaulted victims than domestic violence victims (**Rothbaum, 1992).** Sexually assaulted victims have reported most frequently physical symptoms varying from a variety of bodily systems, including respiratory, gastrointestinal, gynecological, dermatological, and musculoskeletal systems **(Kimerling and Calhoun, 1994; Clum et al., 2000)** An examination of the frequently reported symptoms indicated that while some symptoms are specific to PTSD, others are more common to psychiatric disorders in general. Both Western and Indian studies have found hyper arousal, re-experiencing and avoidance to be common **(Mehta et al. 2005; Krause et al. 2006).** Furthermore, the stress and depression among sexually assaulted victims was also higher. **Frank et al. (1988)** found a 43% prevalence rate of depression among women who had experienced sexual violence than physical violence.

Nishith et al. (2000) reported the possibility that symptoms of unresolved traumatic stressors, including depression, dissociation, anxiety, posttraumatic stress symptoms and substance abuse may interfere with the cognitive appraisal of the victim in comparison to the domestic violence victims. Risk of developing mental health problems after rape is related, in part, to the severity of the assault and the presence of other negative life experiences. In addition to this, sexual assault coupled with substantial use of verbal and physical force have been shown to exacerbate the trauma of the victim **(Bennice et al., 2003) .Campbell and Lewandowski (1997)** have reported that a number of studies suggested a strong correlation between domestic violence victimization and mental health concerns. These studies suggested increased rates of depression (both short-term and long-term) and post-traumatic stress disorder.

There was something unique to the experience of sexual violence that results in more severe PTSD. Consistent with this explanation, **Kessler et al., (1995)** found rape to be most likely associated with PTSD for men and women. Among women who reported rape to be their most upsetting trauma, 45.9% developed PTSD. In contrast, for women who

considered physical attacks to be most upsetting, only 21.3% developed PTSD. These findings lend support to the notion that there indeed may be something unique to the experience of sexual violence that increases the likelihood of developing PTSD.

The way the survivors mentally process their experiences of sexual trauma was also related to mental health consequences **(Halligan et al., 2003). Kessler et al., (1995)** have reported that the negativity among sexually assaulted victims is much higher than the domestic violence victims as in battering, the victim is still able to reconcile the negative thoughts and affective states while in the case of sexually assaulted victims, it disrupts the victim's belief in self-worth and belief.

Briere and Jordan (2004) concluded that physical and sexual assault within and outside of marriage have been associated repeatedly with increased anxiety, depression, cognitive disturbance such as hopelessness and low self-esteem, post-traumatic stress, dissociation, somatization, sexual problems and substance abuse and suicidality. **Ellsberg et al. (2008)** found that the detrimental effects of violence are reflected not only in victims' physical, psychological, and sexual health, but also in victims' subjective evaluations of health or subjective well-being (SWB). The abuse victims reported their current health as "poor" or "very poor" more often than individuals who did not report abuse.

Conclusion

It can be concluded thereby that the sexually assaulted victims face more trauma in comparison to the domestic violence victims. The offence of sexual assault includes all forms of non-consensual, penetrative or non-penetrative touching of sexual nature that encroaches one's perception of self and others, cognitive schema, self-esteem and subjective well-being. Domestic Violence in the form of physical abuse or assault by one partner against other in an intimate relationship leads to less trauma. Although the sample was small, however, the results have indicated that the experience of trauma by sexually assaulted victims is more than that of the domestic violence victims as evident in the psychological literature.

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