

Healing after Rape

Edna B. Foa

Department of Psychiatry

University of Pennsylvania

Outline of Lecture

- **What is a trauma?**
- **What are common reactions to trauma?**
- **Why some people do not recover?**
- **How can we help them heal?**

What is a Traumatic Experience?

- **Experiencing or witnessing an event that involves actual or threat of death or injury to oneself or to another person**

and

- **Feeling horrified, terrified or helpless during or after the event (also shame, guilt, sadness, anger)**

Thus

- **Not every stressful experience is traumatic**

Common Potentially Traumatic Events

- **Natural Disasters (e.g., fire , flood, earthquake)**
- **Living in a war zone**
- **Life-threatening accidents (e.g., motor vehicle accidents)**
- **Serious injury to self or others**
- **Physical attack**
- **Threat by weapons**
- **Sudden death of a loved one**
- **Rape**
- **Combat exposure**

The Collapse of World Trade Center



The Destruction in New Orleans



Common Reactions During Trauma

- **Feeling horrified and terrified**
- **Grief and deep sadness**
- **Disbelief, shock, and helplessness**

Expression of Horror Watching the WTC Collapsing



AP PHOTO

Expression of Grief Watching the WTC Collapsing



Expression of Hopelessness After Katrina



Common Psychological Reactions to Trauma

- **Post-traumatic Stress symptoms**
- **Traumatic Grief symptoms**
- **Depression**
- **Alcohol or substance abuse**
- **Impaired functioning**

PTSD Symptoms

- **A. Reexperiencing:** Distressing thoughts and feelings about the trauma, nightmares, and flashbacks
- **B. Avoidance and numbing:** avoiding trauma-related situations, thoughts and activities, diminished interest in activities, detachment from others, and restricted range of affect
- **C. Increased arousal:** Sleep disturbances, outbursts of anger, difficulty concentrating, hypervigilance

Prevalence of PTSD

PTSD as a Worldwide Problem

Germany

1.3%

USA

7.8%

Ethiopia

15.8%

Cambodia

28.4%

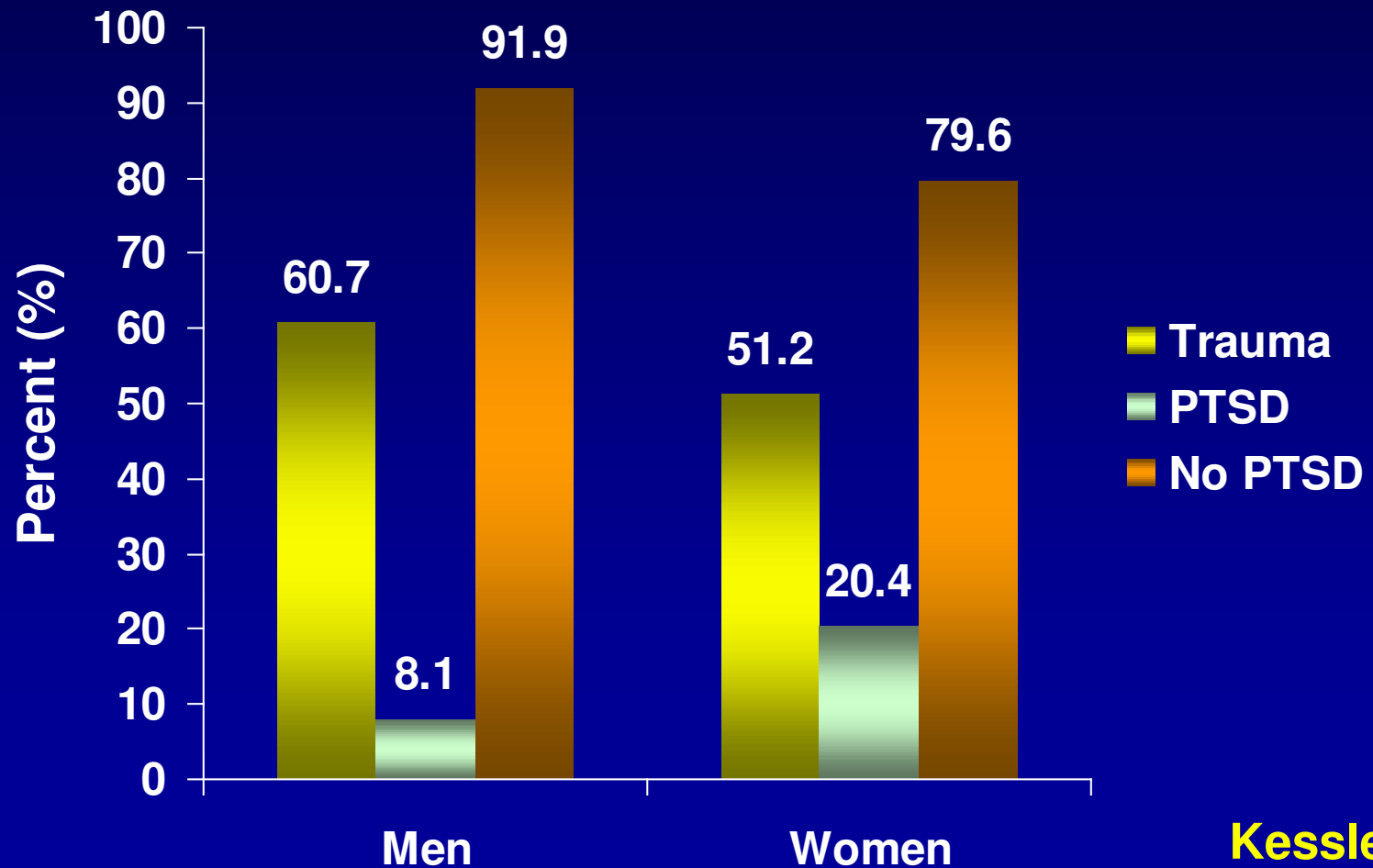
Algeria

37.4%



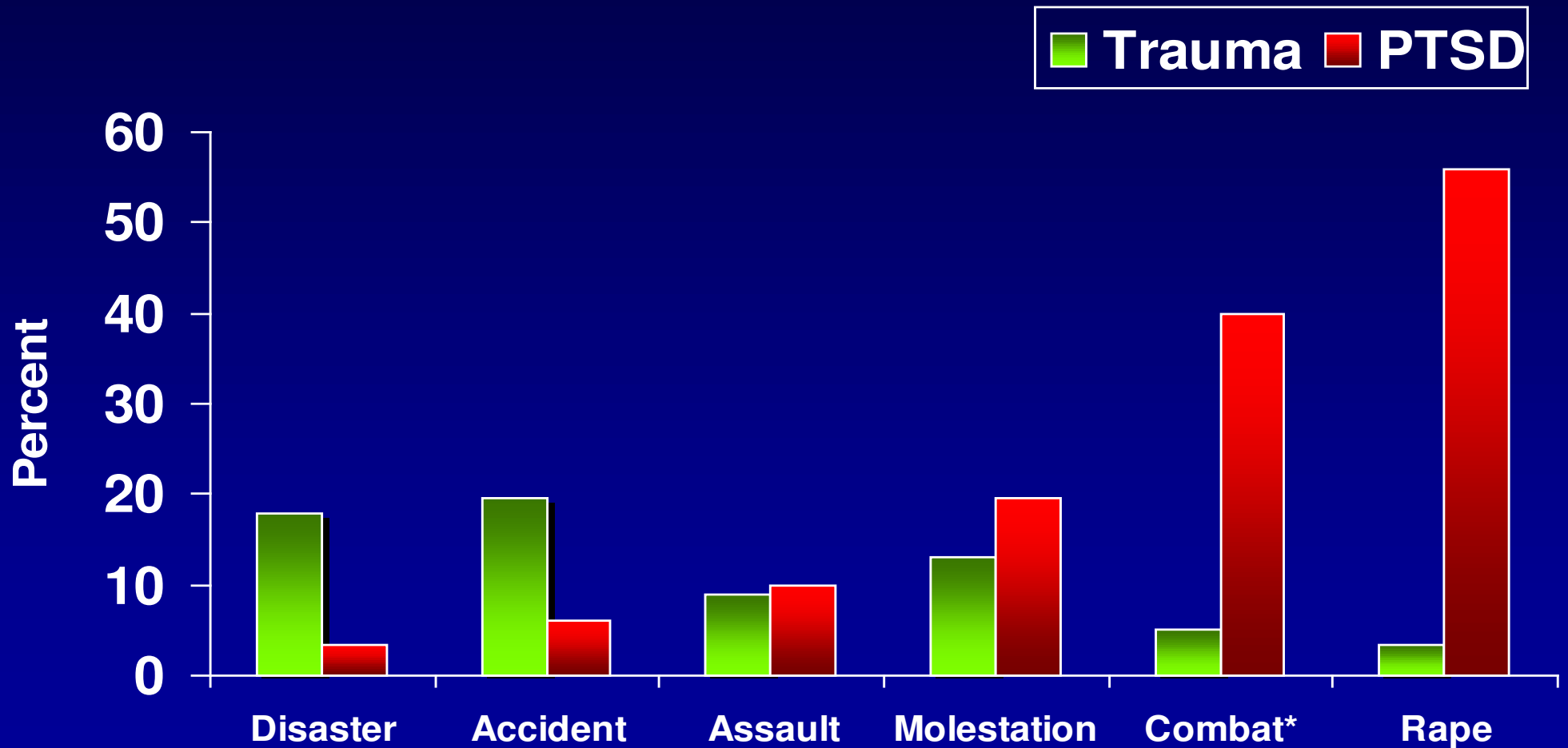
de Jong et al., 2001; Kessler et al, 1995; Perkonig et al., 2000

Prevalence of Trauma and PTSD in Men and Women in the US



Kessler 1995

Rate of PTSD is Influenced by the Nature of the Trauma



Kessler et al., 1995.

Lifetime Prevalence of Traumas and their Association with PTSD (%)

	Men		Women	
	Event	PTSD	Event	PTSD
Natural disaster	18.9	3.7	15.2	5.4
Criminal assault	11.1	1.8	6.9	21.3
Combat	6.4	38.8	0.0	-
Rape	0.7	65.0	9.2	49.5
Any Trauma	60.7	8.1	51.2	20.4

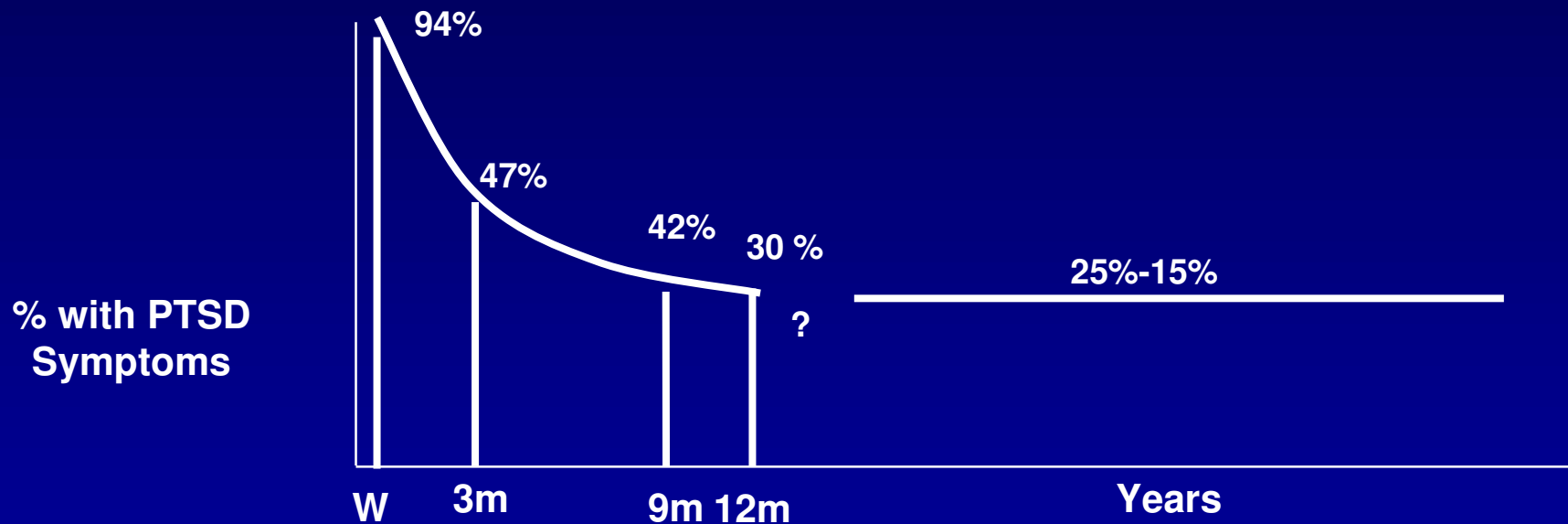
Kessler, et al, 1995

Responses to Mass Trauma

- **Specific psychological problems** 74%
 - **PTSD** 64%
 - **Depression** 37%
 - **Anxiety disorders** 19%
- **Non - specific distress** 39%
- **Health problems and concerns** 25%

Norris et al, 2002

Rate of Recovery After Rape



Data from Rothbaum et al., 1992

Recovery From PTSD Related to 9/11 in New York City

- **1-2 months** **7.5%** **Manhattan alone**
- **6-9 months** **1.45%** **Greater New York area**

Summary of Reactions to Trauma

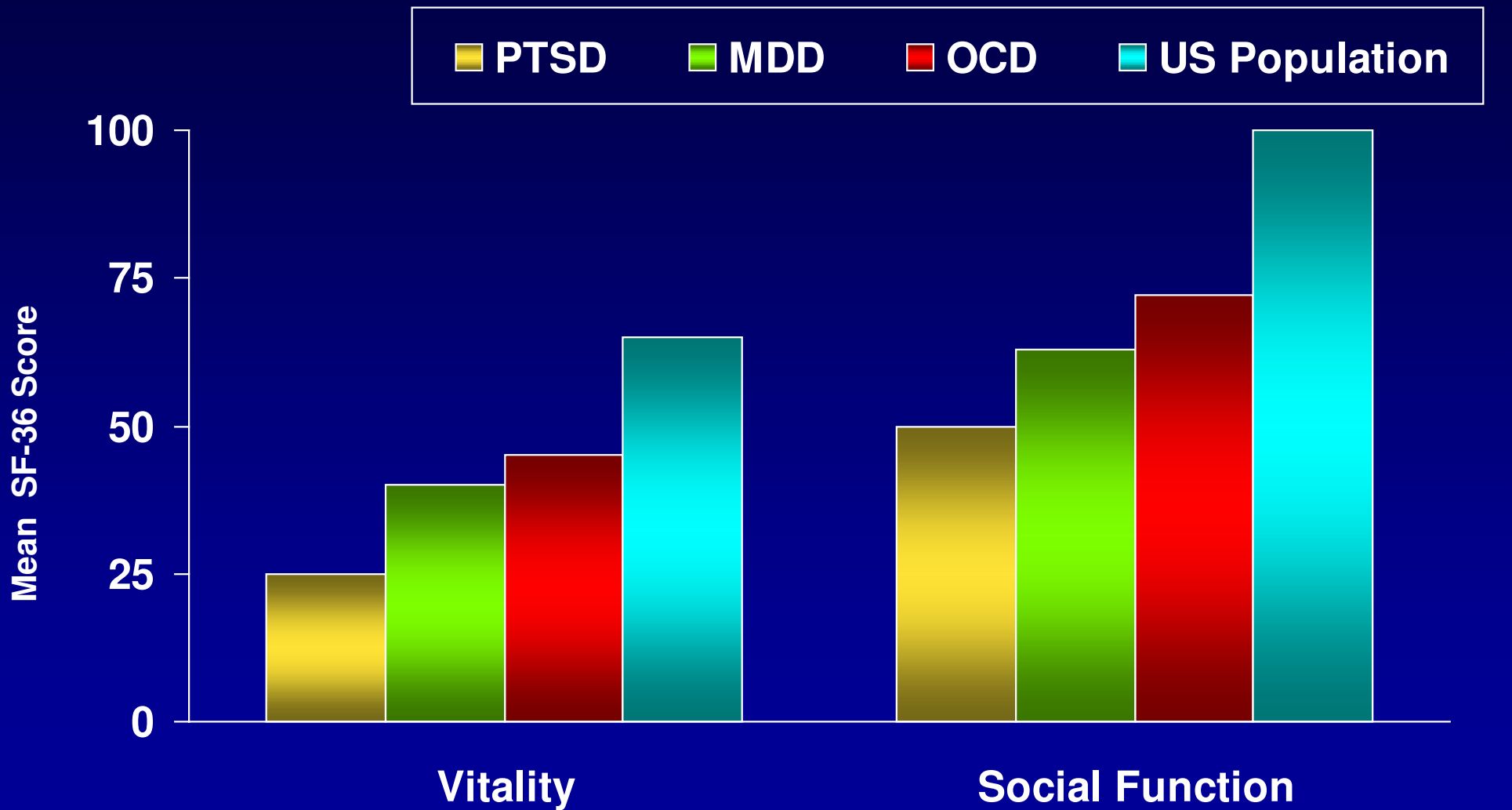
- **The majority of trauma victims recover with time**
- **PTSD represents a failure of natural recovery**
- **After one year, PTSD does not remit without treatment**
- **PTSD is highly distressing and debilitating disorder**

When Recovery From Rape Fails

When Recovery From The Loss of a Loved One Fails

Socioeconomic and Human Costs of PTSD

Impaired Quality of Life with PTSD



SF-36 = 36-item short form health survey; lower score = more impairment.

Rates of PTSD After Severe Floods in Mexico

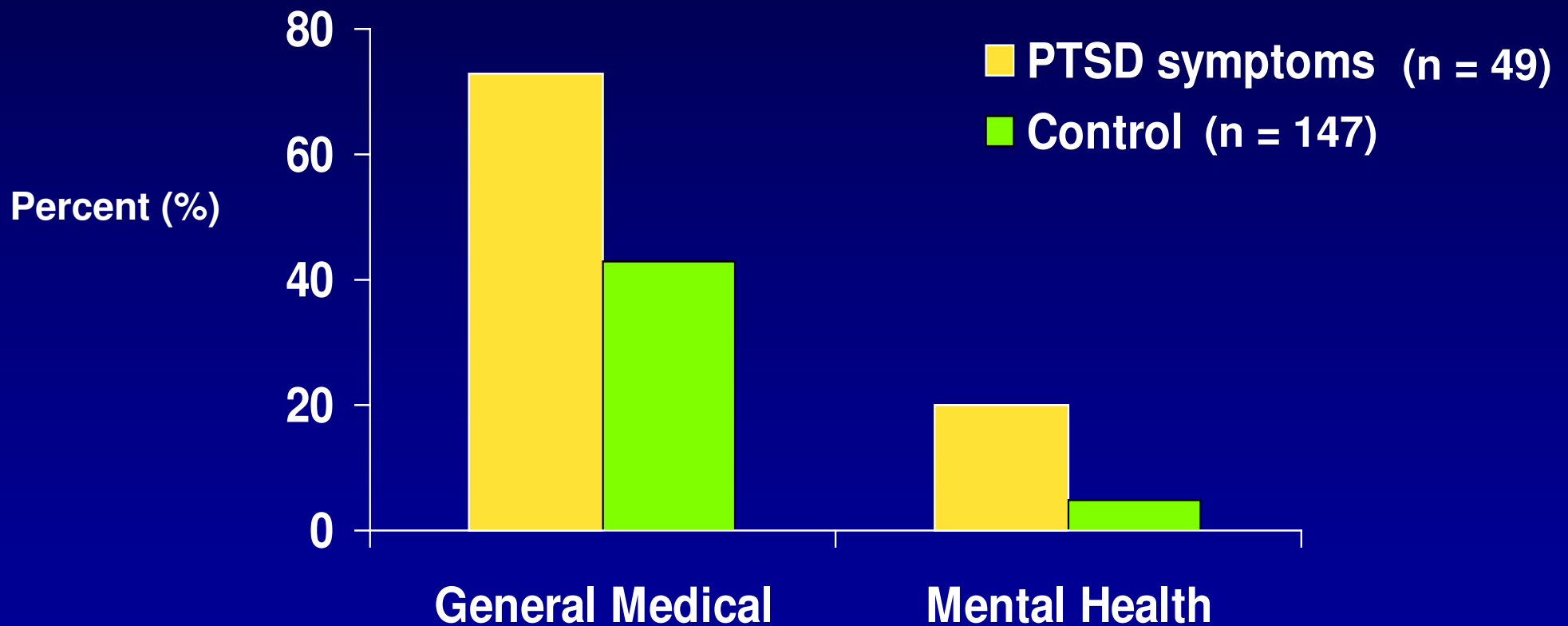
- **PTSD – 24% at one year; 11% at two years**
- **Recovery is unlikely after 18 months**
- **Rates varied according to extent of damage in communities (18- 51%)**

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Norris et al, 2002

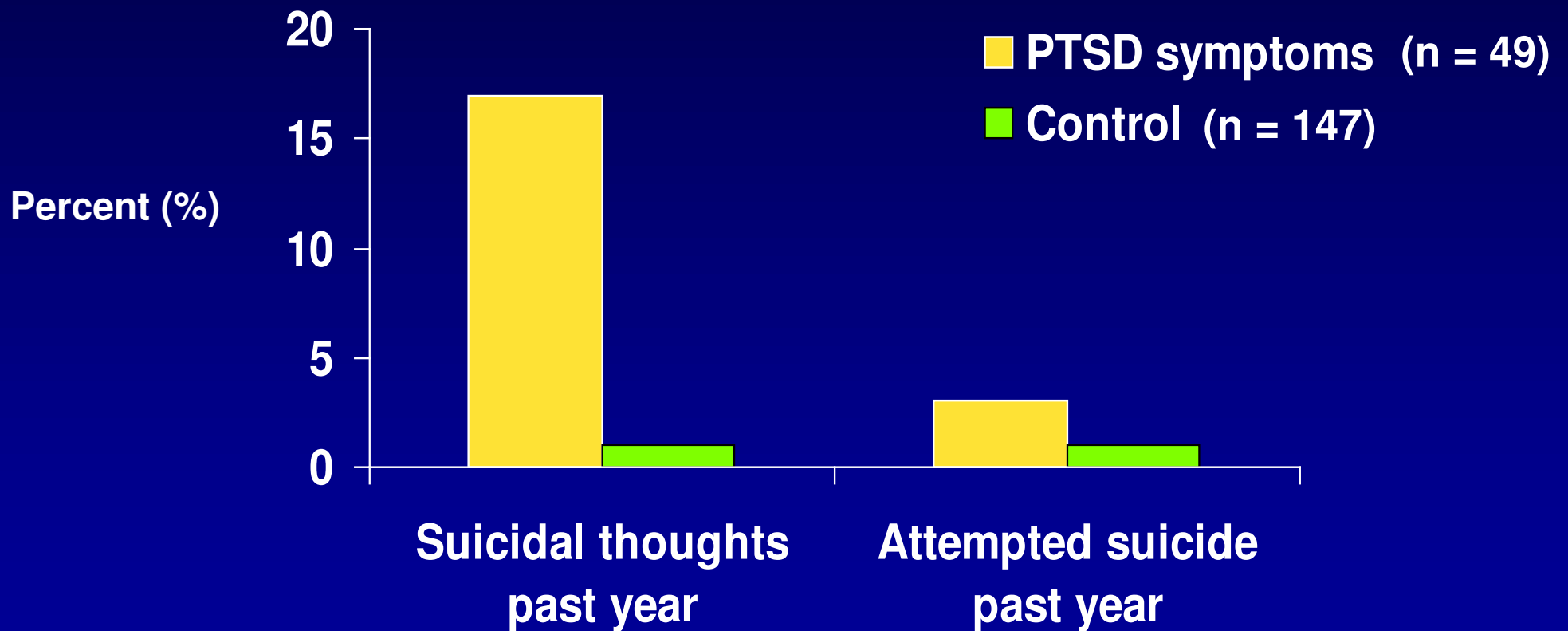
Outpatient Health Service Utilization*



* Past 6 months

Amaya-Jackson et al, 1998

Suicidality in the Past Year



Amaya-Jackson et al, 1998

Economic Burden of PTSD

- Average work loss = 3.6 days/month
- Annual productivity loss = \$ 3 billion
- Medical utilization: mean number of general medical visits in past year
 - PTSD 5.3
 - Any anxiety disorder 4.4
 - Major depression 3.4

**Processes of Natural Recovery:
When Do They Succeed and
When Do They Fail?**

Common Cognitions Shortly After a Traumatic Experience

- **Safe situations are viewed as dangerous**
- **Normal responses during the trauma (crying, freezing) are viewed as signs of incompetence**
- **The traumatic memory is fragmented and poorly organized**

Thus

- **Trauma temporarily promotes the perception the the world is extremely dangerous and that the victim is extremely incompetent**

Recovery Processes: Confronting Trauma Reminders

- **Continued normal activities promote realization that a traumatic event is unique and rare**
- **The beliefs that the world is extremely dangerous and oneself is incompetent are then disconfirmed**
- **Processing the traumatic memory (e.g., talking and thinking about it) promotes an organized, coherent narrative of the event**

Factors Leading to Chronic PTSD

- Persistent cognitive and behavioral **avoidance** prevents recovery by:
 - Limiting exposure to corrective experiences
 - Preventing the organization of the memory
- Avoidance maintains the person's perception that the world is extremely dangerous and that he/she is unable to cope effectively with stress

Individual Differences in Tolerating Distress Lead to Avoidance

- Most people resume normal activities and face trauma reminders despite the associated distress**
- Individual factors render some people especially intolerant of distress**
- These people avoid trauma reminders at all cost in order to minimize distress**

Dysfunctional, Negative Cognitions Underlying PTSD

- **The world is extremely dangerous**
 - People are untrustworthy
 - No place is safe
- **I (the victim) am extremely incompetent**
 - PTSD symptoms are a sign of weakness
 - Other people would have prevented the trauma

**How Can We Help Heal those who
Failed to Recover from a Trauma
or a Loss of a Loved One?**

Healing Interventions

- Individual counseling
- Support groups
- Psychodynamic psychotherapy (e.g., psychoanalysis)
- Hypnotherapy
- **Short-term cognitive behavioral Therapy**
 - The only type of psychotherapy that was systematically studied
 - Very effective in 10 to 15 sessions

Empirical Evidence for the Efficacy of Prolonged Exposure

Exposure Therapy

- A set of techniques that are designed to reduce pathological, dysfunctional anxiety and dysfunctional cognitions by encouraging patients to repeatedly confront **safe**, trauma-related feared objects, situations, memories, and images;
- Exposure helps patients realized that their feared consequences do not occur and therefore are unrealistic

Published Randomized Studies on Exposure Therapy (EX) Only and EX Plus SIT or CR

Chronic PTSD:

- EX therapy only 23 studies
- Ex therapy + SIT and/or CR 26 studies

Acute PTSD or ASD

- EX only 2 study
- Ex therapy + SIT and/or CR 6 studies

2008 Institute of Medicine Report

“The committee finds that the evidence is sufficient to conclude the efficacy of exposure therapies in the treatment of PTSD” (chapter 4, p. 97)

Reference:

Institute of Medicine (IOM): 2008. *Treatment of posttraumatic stress disorder: An assessment of the evidence*. Washington, DC: The National Academies Press.

Prolonged Exposure for PTSD: Treatment Procedures

- **Psychoeducation:** Education about common reactions to trauma; rationale for how PE help decrease PTSD; breathing training
- **Imaginal exposure** to trauma memory (revisiting and recounting)
- **Repeated *in vivo*** exposure to safe situations that are avoided because of trauma-related fear
- Treatment consists of an average of 10 90-minute sessions

Prolonged Exposure

The two primary procedures are:

- **Imaginal exposure**: repeated revising, recounting, and processing of the traumatic event. The imaginal encounter enhances the emotional processing of the trauma memories and helps attain a realistic perspective on the trauma
- **In-vivo exposure**: repeated confrontation with situations, activities, places that are avoided because they are trauma reminders. These encounters reduce trauma-related distress and enable the patient to realize that the avoided situations are not dangerous and that he/she is able to cope with distress

Recounting The Trauma of The Loss of a Loved One

Recounting The Trauma of Rape

Study I With Women Assault Victims

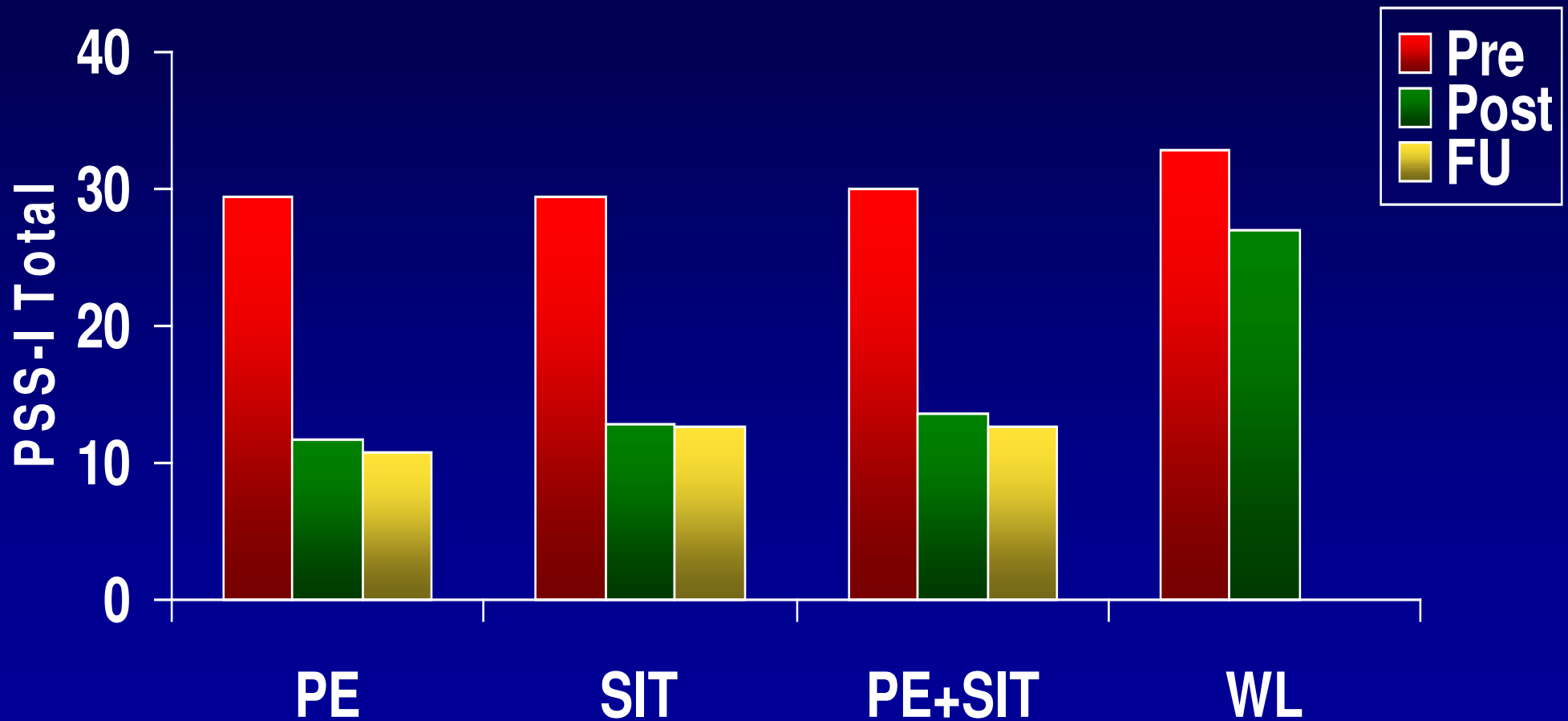
Treatments:

- Prolonged Exposure (PE)
- Stress Inoculation Training (SIT)
- SIT + PE
- Wait List Controls

Treatments included 9 sessions conducted over 5 weeks

Foa et al., 1999

Comparison of PE, SIT, PE/SIT, and Waitlist With Female Assault Survivors



Foa et al., 1999

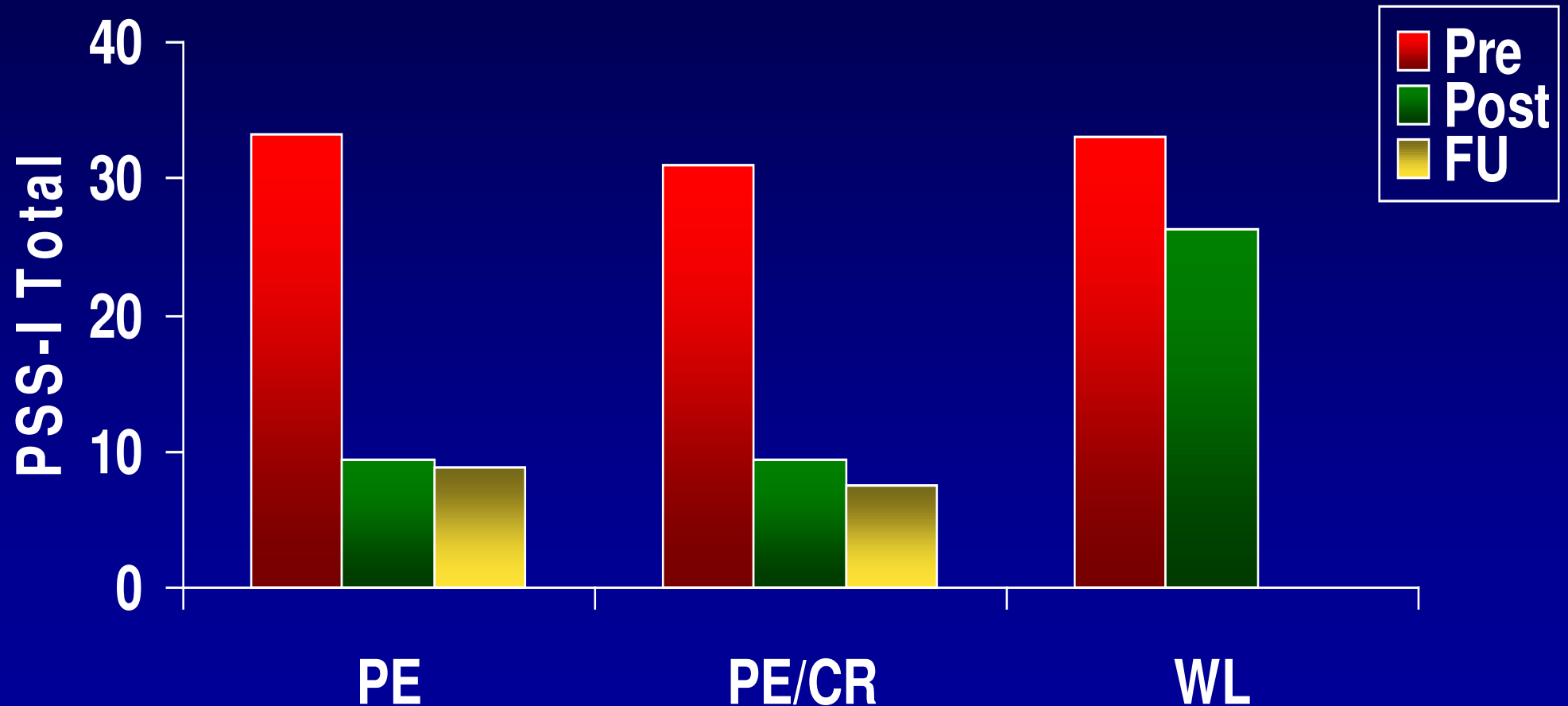
Study II With Women Assault Victims

Treatments:

- Exposure (PE) alone
- PE + Cognitive Restructuring (PE/CR)
- Wait List (WL)

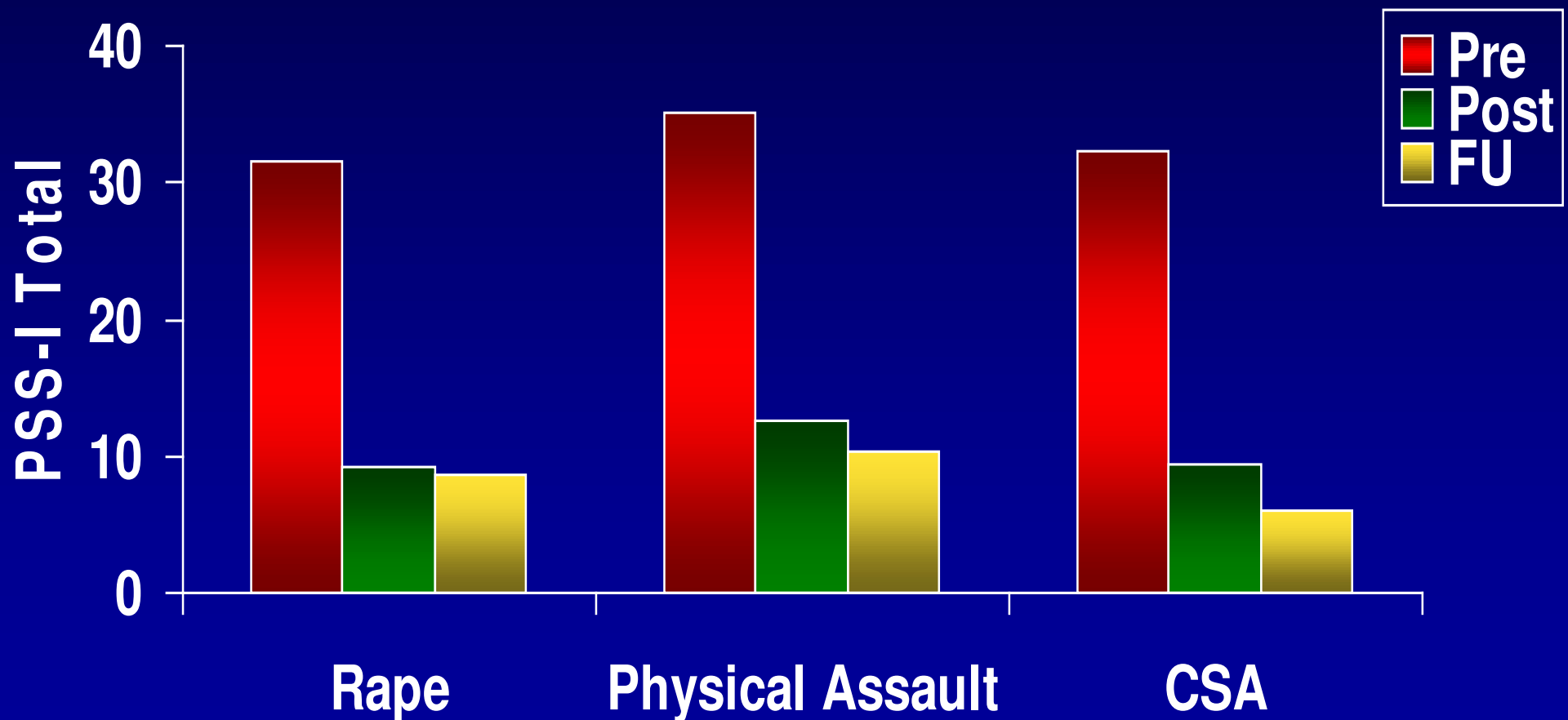
Treatment includes 9 weekly sessions, extended to 12 for partial responders (< 70% improvement)

Comparison of PE, PE/CR, and Waitlist With Female Assault Survivors



Foa et al., 2005

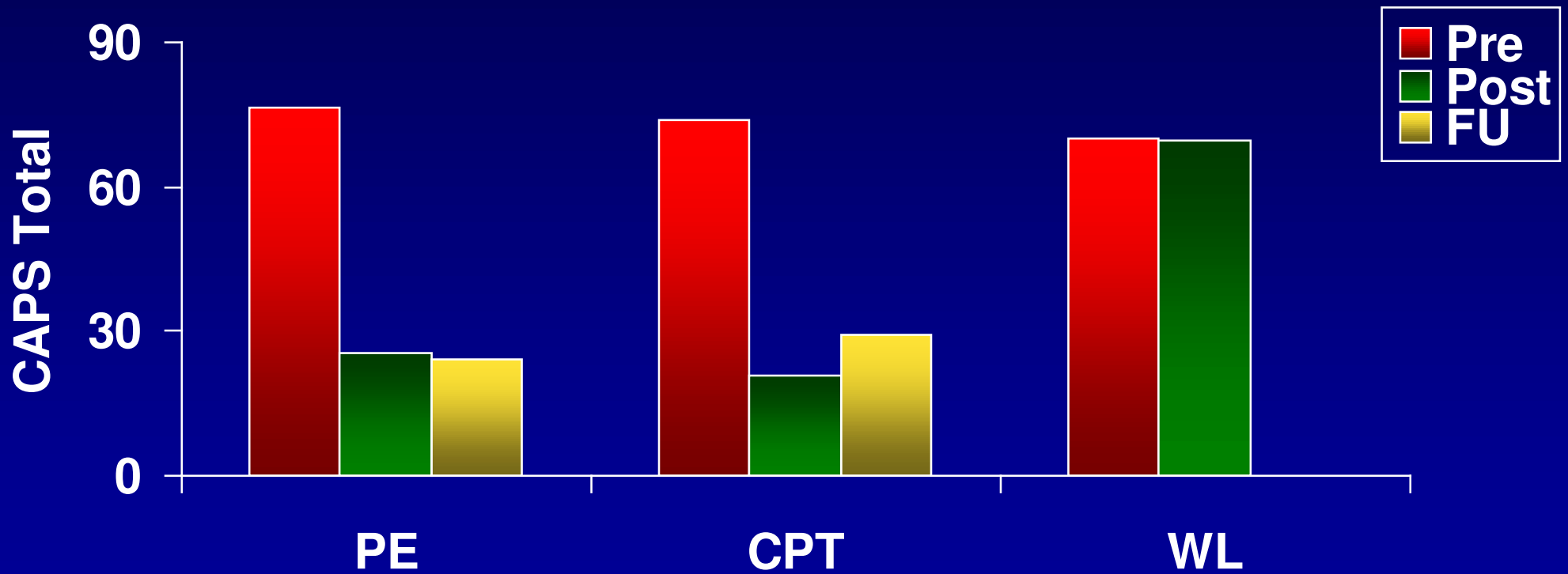
Comparison of PE and PE/CR for Female Survivors of Rape, Physical Assault, and Childhood Sexual Abuse



Cognitive Processing Therapy

- **Cognitive restructuring (Beck, Ellis) focusing on:**
 - Safety**
 - Trust**
 - Power**
 - Esteem**
 - Intimacy**
- **Repeated writing of the traumatic experience**
- **Treatment consists of 12 weekly sessions**

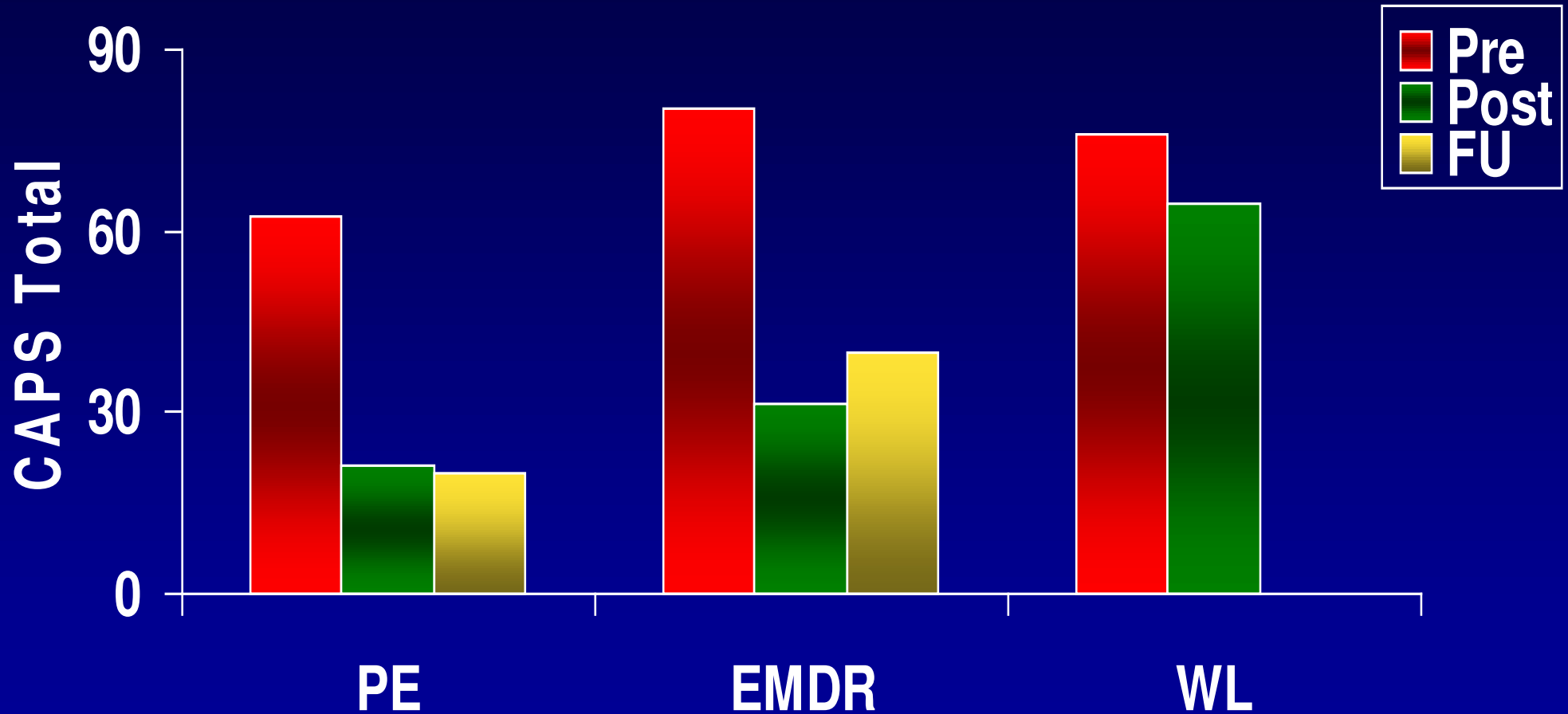
Comparison of 9 PE Sessions, 12 CPT Sessions, and Waitlist With Female Assault Survivors



Resick et al., 2002

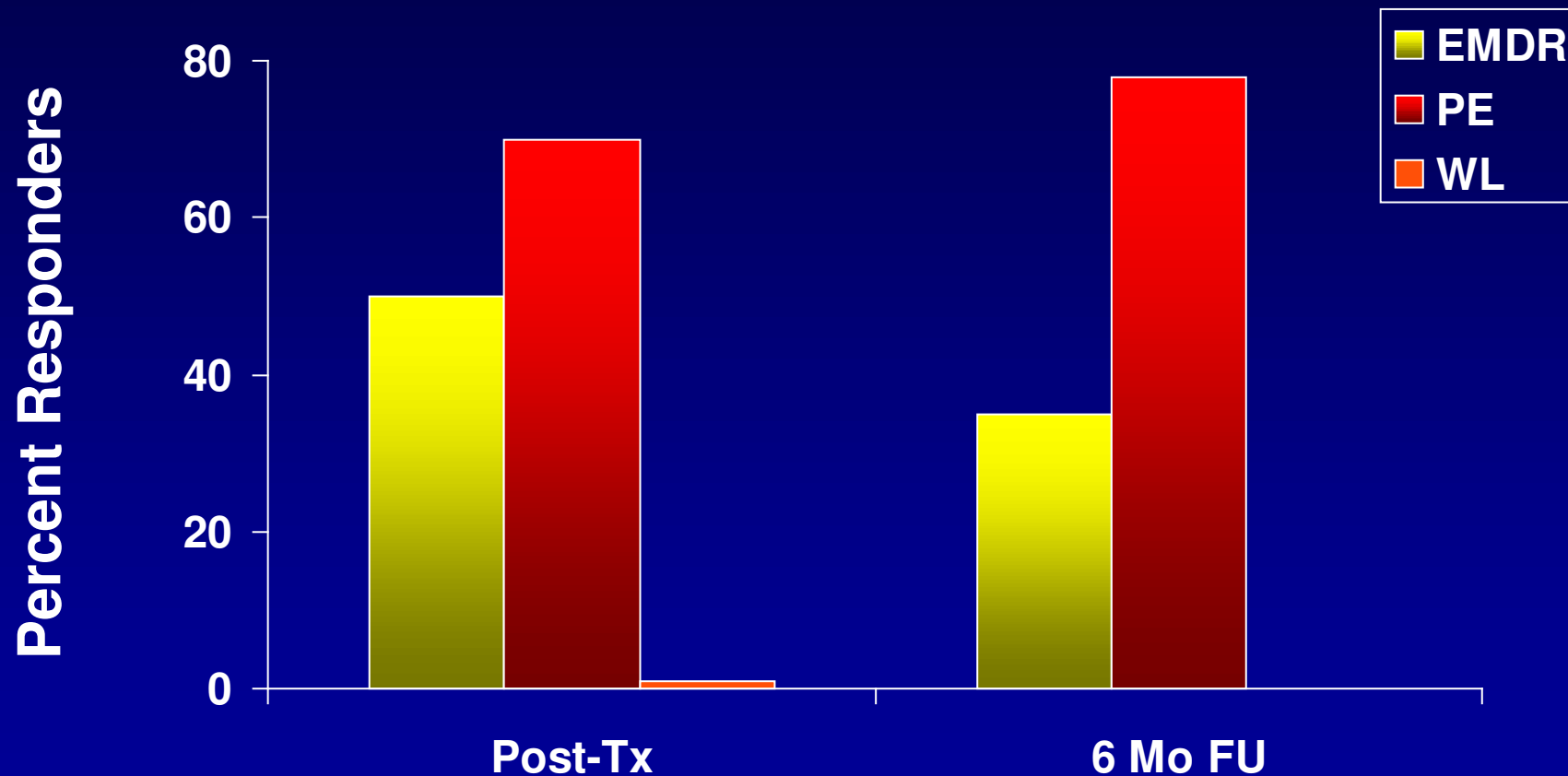
PE = CPT

Comparison of PE, EMDR, and Waitlist With Female Assault Survivors



Rothbaum et al., 2005

PE Vs EMDR: Good End State Functioning*



*CAPS 50% ↓ ; BDI ≤ 10; STAI-S ≤ 40

Rothbaum et al., 2005

Conclusion

- **Several CBT programs are quite effective for PTSD**
- **PE has received the most empirical evidence with a wide range of traumas**
- **Treatments that include both in vivo and imaginal exposure produce excellent outcome and do not benefit from the addition of cognitive therapy or anxiety management**

Does Treatment Work?

Testimonies of Patients

Recovery After a Loss of a Loved One

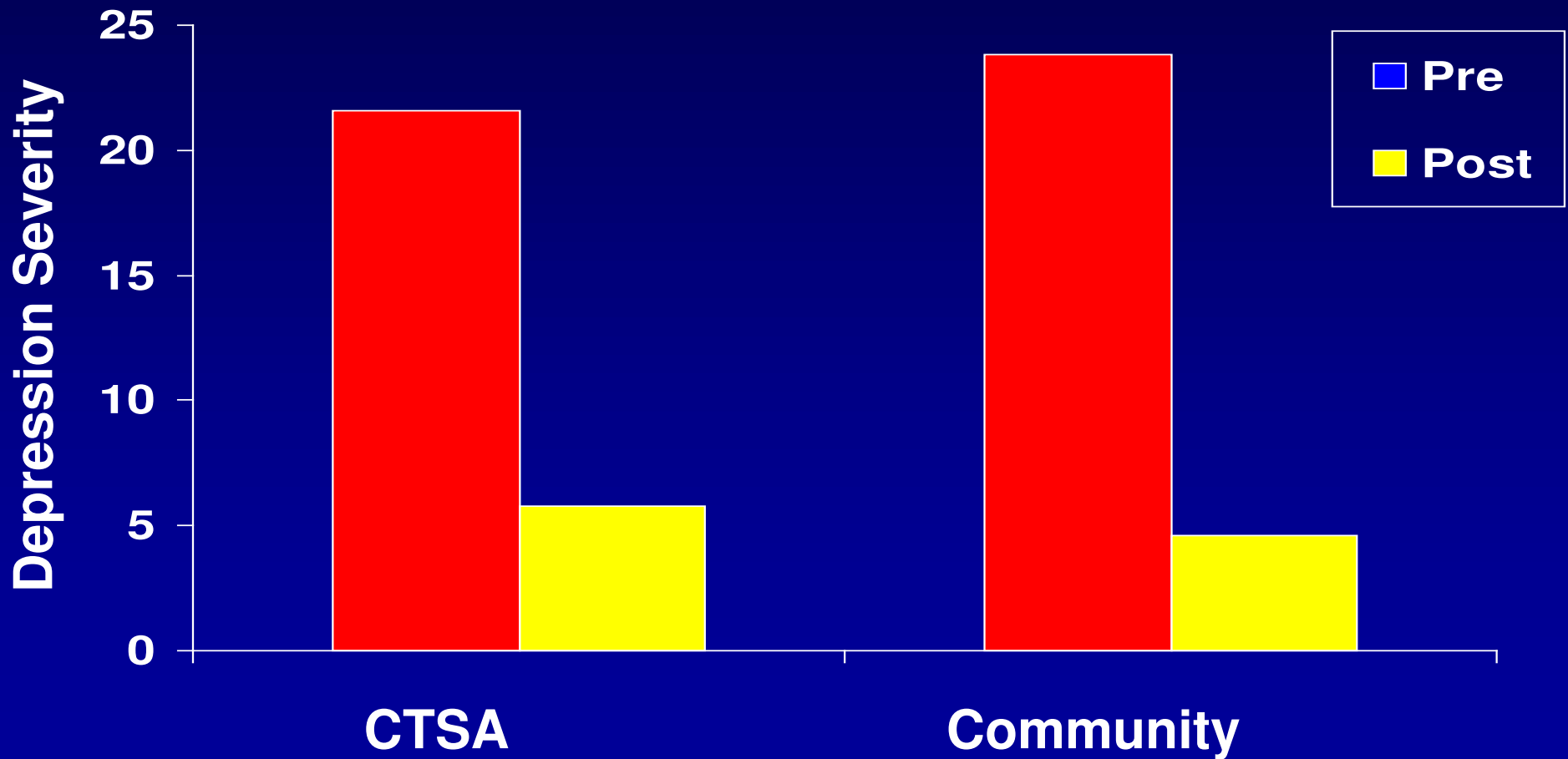
Reclaiming Life After Rape

Dissemination of Prolonged Exposure to non-CBT Clinicians

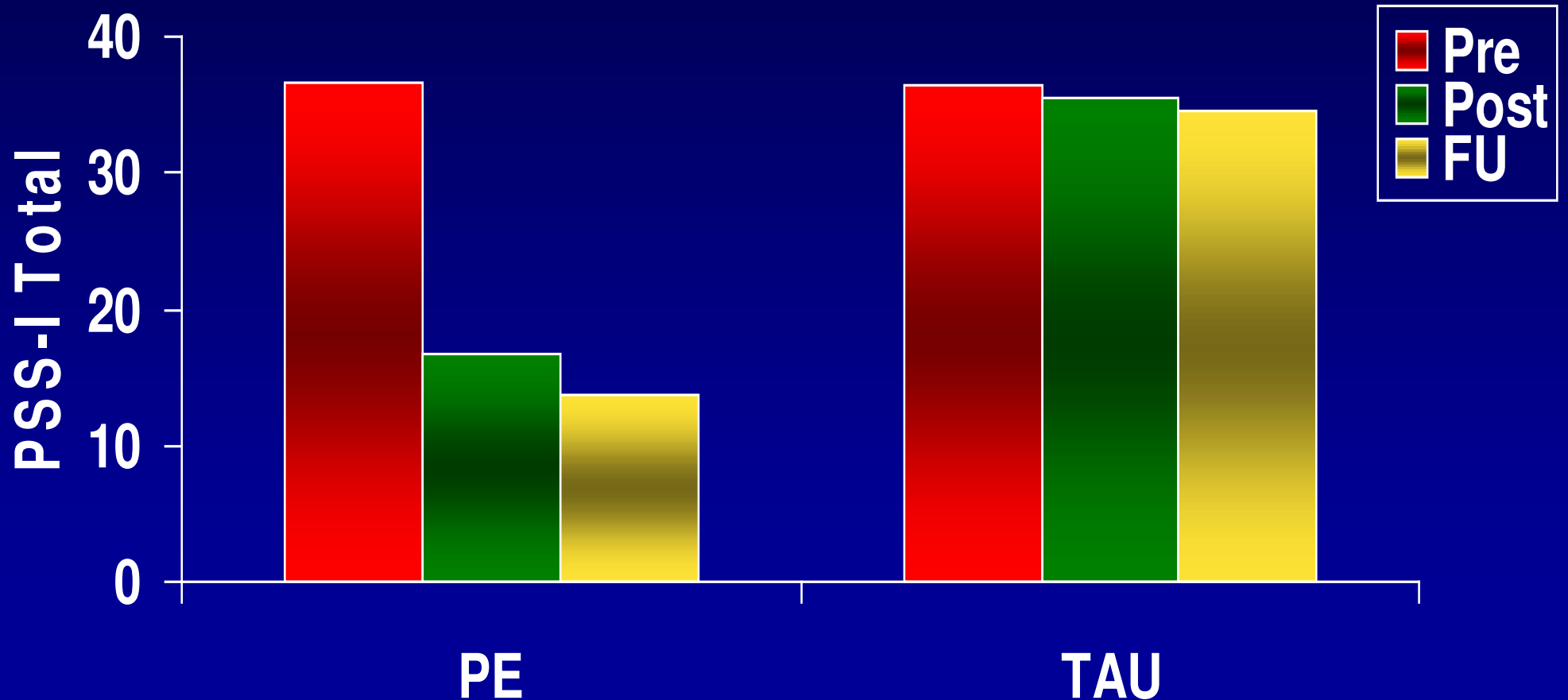
Dissemination Methods: Training Therapists and Supervisors

- **2-4 week training of community supervisor at Penn**
- **4- 5 days of intensive training of community therapists by Penn expert with assistance of community supervisor**
- **Community supervisor directly supervises community therapists and occasionally consults with Penn expert**

PE Effectiveness on Depression in CTSA and Community Therapists with Female Assault Survivors in Philadelphia

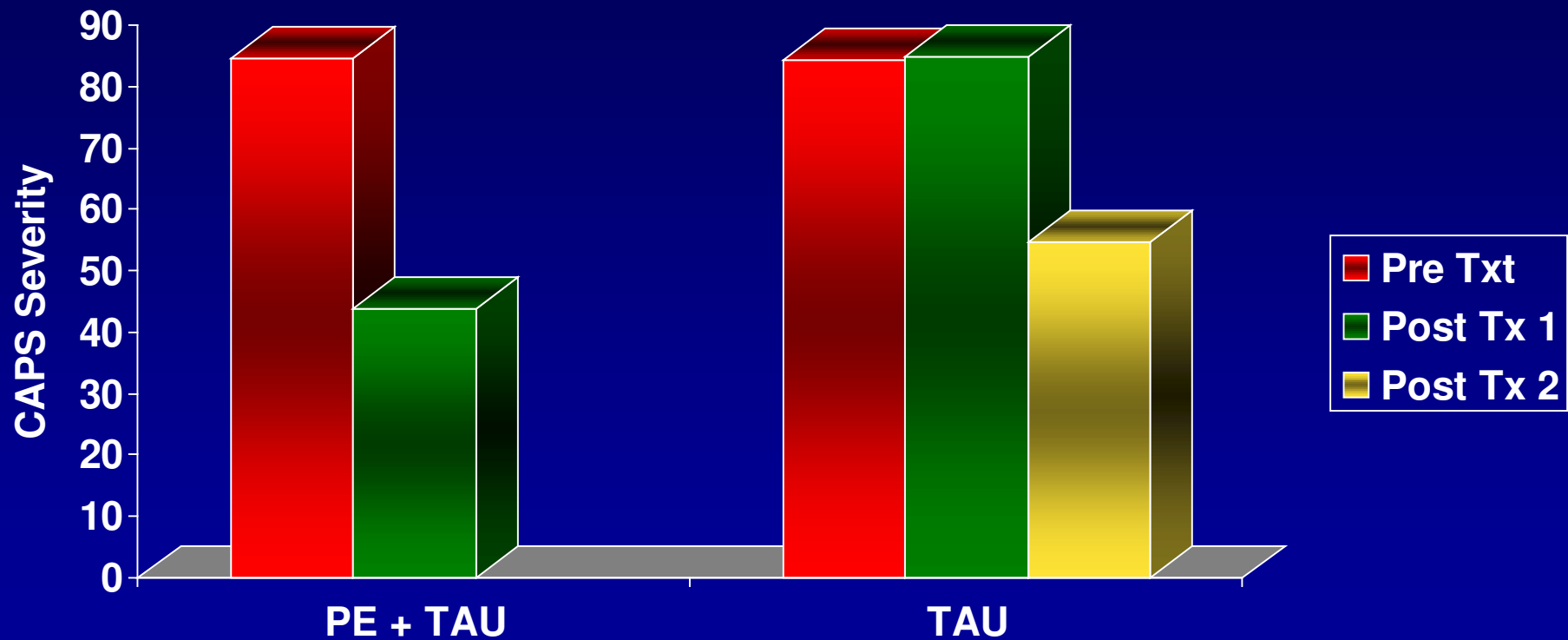


Comparison of PE and Treatment as Usual (TAU) in Israel



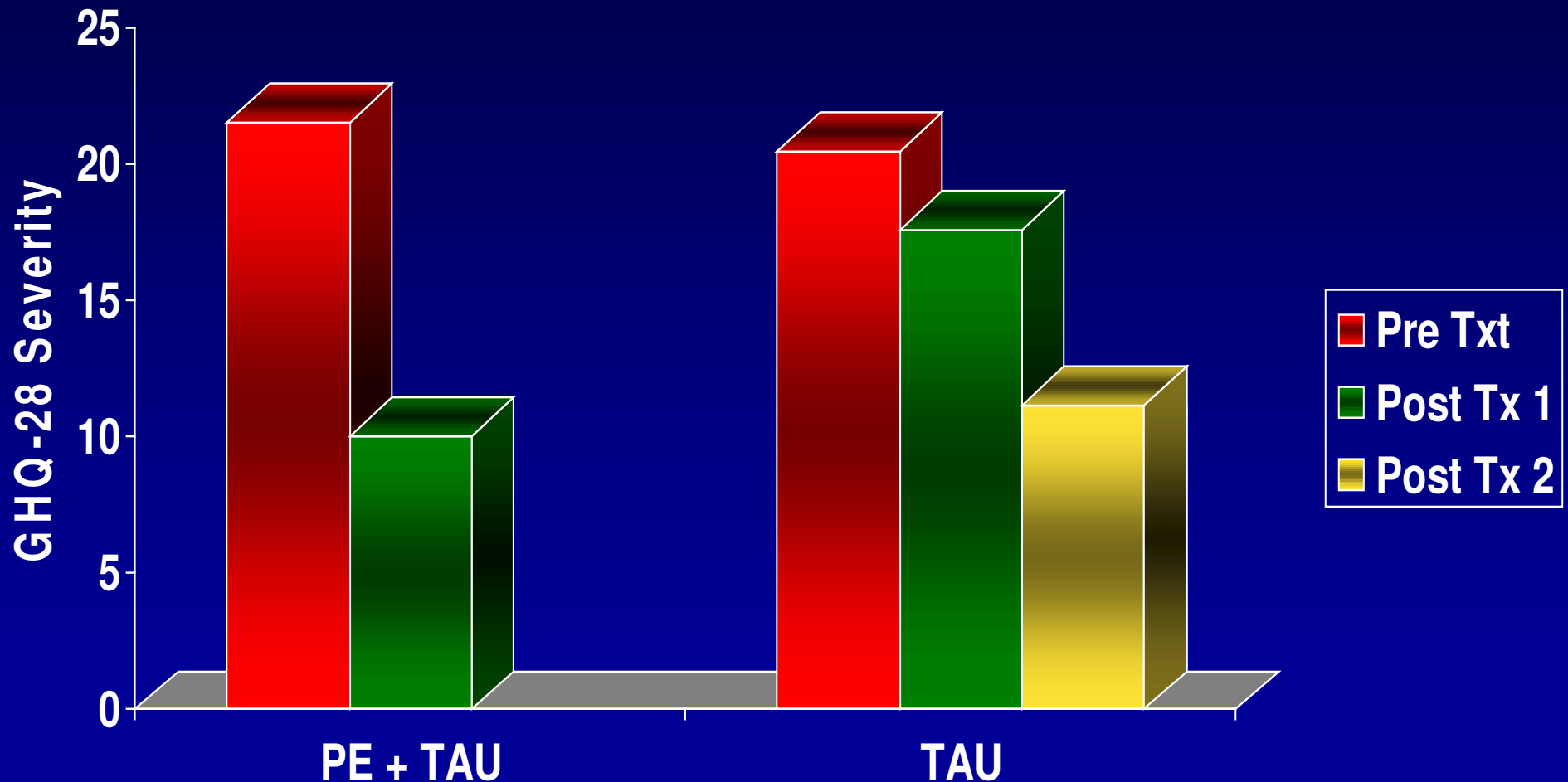
Nacasch et al., unpublished data

Effects of Treatment as Usual (TAU) vs. PE on PTSD Severity in Japan



Nozomu, unpublished data, 2008

Effects of Treatment as Usual (TAU) vs. PE On General Functioning



Nozomu, unpublished data, 2008

GHQ-28: General Health Questionnaire 28

Summary of Successes in Disseminating PE

- PE can be successfully disseminated to community clinics with non-CBT experts as therapists
- PE is more effective than treatment as usual
- PE can be disseminated effectively over long distances and across cultures

PTSD Sufferers Are Reluctant to Engage in Treatment

- **They believe they will be able to “get over” their symptoms on their own**
- **They may feel guilty about the event and therefore deserve to suffer**
- **Therapy will require thinking about the event**
- **They often do not associate their symptoms with the traumatic event**
- **They do not believe that there are effective treatments**

Message to Trauma Sufferers

- **Seek treatments that help you confront your traumatic experience and the trauma–related situations you are avoiding**
- **These treatments will help you reclaim your life**