Introduction

- EMDR rape treatment generally follows the standard protocol
- While being highly effective in many respects, it may not always resolve some central rape-specific symptoms
- For the sake of optimizing rape treatment
- The current study set out to detect rape-specific pathogenic processes linking peritraumatic reactions to postrape symptoms
- Through the testing a theory-based model of possible pathways linking rape to symptoms
Etiology of PTSD

- The trauma literature focuses primarily on the disruption in the sense of safety and efficacy that occurs in exposure to trauma.
- Fear and helplessness are identified accordingly as central peritraumatic correlates of post-trauma symptoms.
- Much less attention has been paid to several other peritraumatic components of the traumatic experience that might be equally involved in producing symptoms.
- Particularly in the case of sexual trauma.

The current model

- Several peritraumatic reactions are presumed to be central correlates of post-rape symptoms.
- These are the experience of dehumanization and humiliation.
- Which may lead to paralyzing freezing.
- That, in turn, might contribute to post-rape self-blame.
- And play a central pathogenic role in the development of PTSD.
- We now examine the components of this model.
Rape and Dehumanization

- Rape involves a profound sense of dehumanization and objectification
- Being a brutal interpersonal invasion into both body and soul, it essentially denies the victim’s humanity
- Entailing a complete disregard for the victim’s human feelings and needs, it transmit to her a sense that her existence simply does not matter
- She is placed in the position of an object rather than a human being
- This complete indifference towards her reactions, makes her feel degraded and belittled
- Leading to a profound sense of humiliation
- All of this is true whether the attack is by a person known to the victim or a stranger

In keeping with rape survivors’ reports of the centrality of the sense of dehumanization and accompanying humiliation in their experience
- This construct is conceptualized in the present model as being a central predictor of post-trauma symptoms
- Both directly as well as through its effect on the freeze response and self-blame
- Moreover, the sense of dehumanization is expected to be considerably more pronounced among rape survivors in comparison to victims of other traumas
Rape and the freeze response

- Peritraumatic tonic immobility is common during rape
- A state of paralysis that prevents any type of active reaction
- The literature generally ties it to fear and restraint
- In the current model it is viewed as stemming also from peritraumatic dehumanization and humiliation
- The unexpected shock and dismay of being treated as less than a person, in such an uncontrollable manner, can lead to an inability to respond
- This explains why PTSD is equally severe following acquaintance rape where fear may be less of a factor

Post-rape self-blame and PTSD

- Self-blame is a well-documented sequel to sexual assault
- It has been linked to various peritraumatic and post-traumatic aspects of the abuse
- However, no study to date has investigated its relationship to the sense of being dehumanized
- Nor to the freeze response per se (although it has been linked to counterfactual cognitions regarding assault prevention in general)
- The current model conceptualizes self-blame as resulting from all these factors
- And as a central determinant of PTSD
- Namely, a central post-rape risk factor
Structural equation model testing

- The conceptual model was tested using AMOS (similar to path analysis), yielding a very good fit
- Peritraumatic dehumanization, humiliation, and traumatic paralysis, were all identified as significant precursors of post-traumatic stress
- Both directly, as well as through their impact on post-rape self-blame
- Dehumanization is thus shown to be a significant peritraumatic predictor of post-rape distress
- Significantly, this model showed a poor fit to all of the other, none interpersonal, traumas

Model of best fit
Intercorrelations between predictor and criterion variables

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The pathogenic role of fear

- The inclusion of fear, as well as helplessness, in the original model reduced its fit considerably
- A separate model including these two predictors, alongside tonic immobility and self-blame, yielded a rather good fit for all, albeit of a lesser magnitude
- The alternate model makes clear that the psychogenic role of fear is not negated by this conceptualization
- Apparently, in cases rape, there are two independent pathways leading from trauma to symptoms
- The unique contribution of this study is the addition of a central construct to the fear focused conception of peritraumatic distress during rape
Implications for treatment

- Given the distinct nature of the trauma of rape, treatment must be matched specifically to the particular needs of rape survivors
- Over and above the regular protocol
- As dehumanization appears to be a strong and central peritraumatic correlate of post-rape PTSD
- Treatment must address this rape-specific reaction and all its derivatives

- These elements should be addressed on both the relational and content levels
- Interpersonally, the therapeutic relationship aught to counter the client’s sense of dehumanization, through the provision of unwavering, basic human respect
- In terms of content, therapeutic interweaves can be used to address false beliefs and negative self appraisals, resulting from the dehumanization and its correlates
- Such as worthlessness, culpability, shame, and the like
The relational aspects

- The establishment of a respectful therapeutic relation is central to the process of restoring survivors’ sense of human dignity
- Continuously throughout the treatment we must be attuned to what the client says and needs
- We must never impose on her our own agenda
- Nor are we to proceed with any aspects of the protocol that are objectionable to her
- As she must never feel that she is being disregarded yet again

Dual attention as a means to restoring self-dignity

- We generally think of dual attention as addressing the need for safety in the ‘here and now’
- This is undoubtedly one of its primary functions, in cases of rape, as in all others
- However, in the case of rape, it is also very conducive to the alleviation of the sense of dehumanization and humiliation
As the survivor reconnects to the devastating memories of the rape, the experience of being disregarded and degraded resurfaces as well.

While these are being relived, the client’s awareness of our validating, compassionate, and respectful presence can counter the sense of dehumanization. Thereby helping to restore her human dignity.

Similar to safety enhancing remarks that we provide throughout processing.

It is helpful to voice our genuine respect for her and all the choices that she has made.

This way we can make sure that she knows that she is seen and heard by us.

In complete opposition to the disregard that she experienced in the assault.

We impart to her that what she feels and says truly matters and is fully recognized.
## Processing the peritraumatic dehumanization and humiliation

- Some rape-specific symptoms resulting from the peritraumatic dehumanization and humiliation may need to be processed directly.
- Most notably those taking the form of self-blame and worthlessness.
- They may require the use of cognitive interweaves, guided imagery, ego states, etc.
- All intended to counter these beliefs.
- Many of these interweaves will essentially question how any of this can be her fault when in reality her needs and will were completely disregarded.

## Processing the freeze response

- The highly prevalent freeze response in rape routinely leads to extreme self-blame.
- One of our central tasks in therapy is to normalize it for the client, so as to alleviate her of all symptoms created by its occurrence.
- For her to understand that it is a highly prevalent response to rape, involuntary and expected.
- Can free her of the related negative self appraisal.
- Moreover, reframing it as a form of resistance and survival gives her a sense of mastery and acceptance.
Conclusions

- The most important thing to take note of is that several peritraumatic responses and post traumatic symptoms ordinarily attributed to fear and helplessness also have additional determinants in cases of sexual assault.
- These are: Dehumanization and humiliation, along with a related freeze response.
- All of which play a central role in the formation of post-rape self-blame and PTSD.
- This must be kept in mind when devising and implementing treatment, so as to provide survivors with the most optimal care, over and above the standard protocol, which obviously remains necessary as well.