Student Affairs

Sexual and Relationship Violence Center



Rape Trauma Syndrome

What is Rape Trauma Syndrome?

While victims/survivors of rape react in different ways, a pattern of responses has been identified. With symptoms like Post-Traumatic Stress Disorder (PTSD), Rape Trauma Syndrome is a term coined in reference to a common response pattern experienced by victims/survivors of rape but is not an official mental health diagnosis or disorder. Rape Trauma Syndrome is based on descriptions of common experiences specific of those who have been raped. Some victims/survivors experiencing Rape Trauma Syndrome may eventually be officially diagnosed with PTSD.

Trauma-informed victim advocates can lend much support and play an important role along the victim/survivor's healing path, but it is important to remember that they are not mental health counselors. Often people suffering from Rape Trauma Syndrome benefit from counseling. When choosing a professional mental health counselor, it's important to consider the type of counseling or therapy that the counselor, social worker, or psychologist focuses on and has experience with. Professionals with experience in helping people who have suffered trauma are recommended.

Rape Trauma Syndrome presents as three phases:

1) Impact Phase, 2) Acute Phase, and 3) Integration Phase. Although each phase is distinctive by responses experienced during the recovery process following a sexual assault, there is not a definitive period of time for each phase. The amount of time that each phase lasts is dependent upon the individual, whether help has been sought or not, available support systems, and other variables that may aid with or detract from the recovery process.

First: The Impact Phase. During the hours and days following rape, individuals may respond with shock, disbelief, confusion, agitation, crying, anger, fear, and even laughing. Some appear to be very controlled and calm. Some may also experience the physical symptoms of pain, soreness, bruising, vaginal or rectal bleeding, and headaches. Difficulty resuming everyday routines may occur. All of these are naturally common responses to a life-threatening trauma. Having someone to provide support for and care for the one who has been raped will help with these difficult days.

Second: The Acute Phase. After the initial shock passes, symptoms often next experienced may include nightmares, flashbacks, insomnia, loss of appetite, mood swings, depression, anxiety, phobias, humiliation, and self-blame. These responses are common as part of working through the trauma. Another reaction for some may be denial. Victims/survivors often try to forget about the rape and "move on with their lives." Although this may appear to be a resolution to the crisis, it typically is not. The individual may continue to experience difficulties, despite a normal outward appearance. When denial is broken through, the person may appear to be backsliding in their healing process. This reaction is a sign that the feelings brought on by the rape are now being confronted.

Third: The Integration Phase. In this final phase of healing, the survivor/victim comes to integrate the overall effects that the victimization has had. During this phase, the victim truly becomes the survivor of sexual assault. The survivor may come through this process with a new self-concept and will likely feel stronger as an individual with greater self-knowledge and awareness. Also, relationships with those who provided support, patience, and care during the healing process are often strengthened.

Common Reactions to Trauma

Each person's experience is unique; however, there are some common reactions among people who have experienced a traumatic event. It can be reassuring to know that these reactions are not unusual. Recognizing "normal" reactions and emotions that may occur following an "abnormal" event can help with the recovery process.

Some common reactions and feelings with regards to experiencing a traumatic event may include:

- Shock/Disbelief
- Fear/Vulnerability
- Anger/Rage
- Helplessness
- Sadness/Crying Episodes
- Shame/Self-Blame
- Behavior Changes
- Sleep Disturbances
- Nightmares/Dreams
- Flashbacks
- Irritability
- Disturbance of Appetite
- Social Withdrawal
- Depression
- Thoughts of Self-harm or Suicide

Help is available.

You are not alone. If you are experiencing any of the various effects of trauma, need someone to listen, and want to learn of resources, help is available. Confidential victim advocates of the Sexual and Relationship Violence Center (SRVC) are ready to listen and help connect you with available resources. To learn more, call (479) 575-4000 or email (survivor@uark.edu). You may also contact a local crisis center where you are.

Campus Resources

SRVC	479-575-4000
Advocacy email	survivor@uark.edu
Education programs email	respect@uark.edu
CAPS 24 HR Crisis Line	479-575-5276
(Counseling & Psychological Services)	
Pat Walker Health Center	479-575-4451
(University Health Services)	
U of A Cares	479-575-5004
University Police	479-575-2222
Title IX	479-575-7111
	titleIX@uark.edu
Student Accountability	479-575-5170
	judicial@uark.edu
Reports for Any Concern	report.uark.edu

In the event of an emergency, call 911

CONFIDENTIAL Campus Resource Options

If you want to speak on campus with someone *confidentially* about sexual or relationship violence, you may do so with a victim advocate at the SRVC or a mental health counselor. Faculty and staff are required by university policy to report incidents of sexual or relationship violence to the Title IX coordinator for the University to investigate. An advocate is available through the SRVC and may be reached by emailing survivor@uark.edu or calling 479-575-4000.

For more information, visit srvc.uark.edu

Forensic Evidence Collection ("a Rape Kit") is available by appointment at the NWA Center for Sexual Assault, 1670 W. Sunset, Suite B, Springdale, AR 72762. Call 1-800-794-4175 to arrange for an appointment or contact the campus SRVC for assistance with this.