



“PSYCHOLOGICAL IMPACT OF SEXUAL ASSAULTS ON ITS SURVIVORS”

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ABSTRACT

The dissertation titled " **psychological impact of sexual assaults on its survivors** " examines the psychological impact of sexual assaults on its survivors. This study aims to explore severity of psychological impacts ,coping mechanisms through quantitative research methods, including surveys and statistical analyses. To comprehensively understand the psychological impacts of sexual assaults on its survivors. Assess the effective the coping mechanisms used by sexual assaults victims. The findings contribute to existing literature on psychological impact of sexual assaults , supporting the development of targeted interventions to enhance survivors well-being and developing coping mechanisms and preventions for the sexual assaults .

Keywords – psychological impacts, sexual assaults, survivors

CHAPTER I INTRODUCTION

INTRODUCTION

psychological impact of sexual assaults on its survivors

Sexual attack is an inescapable and profoundly upsetting issue with significant psychological consequences for its survivors. Whereas there is a significant body of writing looking at the psychological affect of sexual ambush, holes stay in understanding the complexities of survivors' encounters, adapting components, and long-term recuperation. This proposition points to address these holes by conducting an progressed investigation of the mental affect of sexual assaults on survivors. Sexual ambush alludes to any undesirable sexual contact or conduct that occurs without the unequivocal assent of the beneficiary. It can include a wide run of actions, from non- consensual touching to assault. Sexual attack is a genuine infringement and can have long lasting physical, passionate, and mental impacts on the casualty. It's a wrongdoing in most jurisdictions and can result in legitimate results for the culprit. Sexual ambush is a broad term utilized to portray different shapes of non-consensual sexual action or conduct.

1.1 Types of Sexual Assault

It can encompass a extend of activities, from undesirable touching to assault. Here's a more detailed breakdown:

- Non-consensual touching: This incorporates any frame of physical contact of a sexual nature that happens without the assent of the other individual. It may include grabbing, fondling, or any other sort of insinuate touching without permission.
- . Constrained sexual intercut (assault): Assault is a shape of sexual attack that involves penetration of the victim's body, whether vaginal, butt-centric, or verbal, without their consent. This can include physical drive, impelling, dangers, or crippling through drugs or alcohol.
- Endeavoured assault: Indeed if infiltration does not happen, endeavouring to drive somebody into sexual intercut against their will is considered sexual assault.
- Sexual restraint: This includes utilizing weight, control, dangers, or other implies to force somebody into sexual movement against their will. This can incorporate emotional black mail, terrorizing, or abusing a control dynamic.
- Sexual badgering: Whereas not continuously categorized as sexual attack, sexual harassment involves undesirable sexual progresses, comments, or practices that make a antagonistic or uncomfortable environment for the casualty. It can happen in different settings, counting the workplace, schools, or open spaces.⁶ Child

sexual manhandle: This alludes to any sexual action with a child who cannot legally consent due to their age. Child sexual mishandle can include a wide extend of behaviours, from unseemly touching to assault, and can have extreme and enduring results forthe victim.

- **Sexual attack by double dealing:** This happens when a individual is hoodwinked or deluded into sexual activity beneath wrong pretenses. For case, somebody may lie approximately their identity, relationship status, or eagerly to coerce somebody into sexual activity. Sexual attack is not constrained to physical savagery and can include mental manipulation, emotional manhandle, and misuse. It's a infringement of the victim's independence and respect, and it can have annihilating impacts on their physical and mental well-being. Also, sexual assault can happen in any case of the relationship between the casualty and the culprit, and it can happen to anybody, in any case of age, sexual orientation, or sexual introduction. Sexual ambush can take various shapes, each with its possess characteristics and affect on the casualty.

1.2 Common Sorts Of Sexual Assaults

- **Associate Sexual Ambush:** This sort of sexual attack happens when the culprit is known to the casualty, such as a companion, co-worker, classmate, or colleague. It can involve circumstances where believe is sold out, boundaries are damaged, and assent is disregarded.

- **Stranger Sexual Attack:** Stranger sexual ambush happens when the culprit is unknown to the casualty. It frequently includes a arbitrary or chance experience with somebody who perpetrates sexual savagery without any earlier association to the victim.

- **Date Assault:** Date assault is a shape of colleague sexual attack that happens amid a social or sentimental experience, such as a date or a party. The culprit may utilize alcohol, drugs, impelling, or control to encourage the assault.

- **Drug-Facilitated Sexual Ambush:** This sort of sexual ambush includes the utilize of drugs or alcohol to debilitate the casualty, making them incapable to stand up to or assent to sexual activity. Common drugs utilized in these attacks incorporate Rohypnol (roofies), GHB, and ketamine.

- **Pack Assault:** Pack assault includes different culprits who sexually attack a single victim. It regularly happens in social settings or as a shape of start into a gather, and it can be especially traumatic due to the number of aggressors and the sense of powerlessness experienced by the victim.

- **Conjugal or Hint Accomplice Sexual Attack:** This sort of sexual ambush happens inside the context of a conjugal or insinuates relationship. It includes sexual movement without the consent of one accomplice and can incorporate restraint, control, or physical force.

- **Child Sexual Manhandle:** Child sexual mishandle includes sexual movement with a child who is not legally able to assent due to their age. It can incorporate a wide extend of behaviors, from inappropriate touching to assault, and it regularly includes a culprit who holds a position of believe or specialist over the child.
- **Sexual Badgering:** Whereas not continuously classified as sexual attack, sexual harassment involves undesirable sexual progresses, comments, or behaviors that make a antagonistic or uncomfortable environment for the casualty. It can happen in different settings, counting the workplace, schools, or open spaces.

These are fair a few of the sorts of sexual attacks that can happen, and each has its possess unique dynamics and results for the casualty. It's critical to recognize and address all shapes of sexual viciousness to anticipate encourage hurt and bolster survivors in their recovery. These are fair a few of the sorts of sexual attacks that can happen, and each has its possess unique dynamics and results for the casualty. It's critical to recognize and address all shapes of sexual viciousness to avoid assist hurt and bolster survivors in their recovery.

1.3 Psychological Affect of Sexual Assault

- **Prompt Impact**

Traumatic Push Reactions: Investigate the prompt mental reactions such as shock, fear, and intense stretch experienced by survivors in the consequence of sexual assault.

- **Short-Term Mental Consequences**

Post-Traumatic Push Clutter (PTSD): Look at the predominance and improvement of PTSD symptoms in the weeks and months taking after sexual assault.

- **Long-Term Impact**

Chronic Mental Wellbeing Conditions: Investigate the improvement and tirelessness of inveterate mental health conditions, such as sadness, uneasiness, and PTSD, in survivors over an expanded period. **Impact on Every day Working:** Examine how the long-term mental results affect survivors' day by day working, counting work, instruction, and connections.

The Long-Term psychological affect of sexual attack can be significant and long-lasting, influencing survivors in various ways. Here are a few common mental effects:

1.Post-Traumatic Stretch Clutter (PTSD): Numerous survivors of sexual attack experience symptoms of PTSD, counting meddling recollections, flashbacks, bad dreams, and severe emotional trouble. These side effects can meddled with every day working and lead to feelings of fear, hyper watchfulness, and shirking of triggers related to the assault.

2. Uneasiness and Freeze Disarranges: Survivors may create uneasiness clutters, including generalized uneasiness clutter (GAD), freeze clutter, and particular fears. They may experience increased levels of uneasiness, freeze assaults, and overpowering sentiments of fear and fear, especially in circumstances that remind them of the assault.

3. Sadness: Sexual ambush can trigger or worsen sadness in survivors. They may experience sentiments of pity, sadness, blame, disgrace, and worthlessness. Depression can affect their capacity to appreciate exercises, keep up connections, and engage in everyday life.

4. Self-Blame and Blame: Survivors frequently battle with sentiments of self-blame and guilt, questioning whether they might have avoided the ambush or by one means or another merited it. These sentiments can weaken their self-esteem and contribute to a sense of disgrace and unworthiness.

5. Doubt and Disloyalty: Sexual ambush can smash a survivor's sense of believe in others and in the world around them. They may battle to believe hint accomplices, companions, or even family individuals, dreading that they will be deceived or hurt again.

6. Sexual Brokenness: Survivors may encounter sexual brokenness, counting difficulties with excitement, want, orgasm, and torment amid intercut. These issues can stem from physical wounds maintained amid the ambush, as well as mental components such as fear, anxiety, and negative affiliations with sex.

7. Substance Mishandle: A few survivors turn to liquor, drugs, or other substances as a way to cope with the enthusiastic torment and injury of sexual attack. Substance manhandle can provide temporary help but can too lead to habit, reliance, and assist wellbeing and social problems.

8. Eating Disarranges: Survivors may create eating disarranges as a way to adapt with feelings of misfortune of control, disgrace, and self-hatred. They may utilize nourishment as a implies of consolation or punishment, driving to cluttered eating designs and negative results for their physical and mental health.

9. Self-destructive Ideation and Self-Harm: The injury of sexual attack can increment the hazard of suicidal ideation and self-harm among survivors. They may encounter overwhelming feelings of lose hope, sadness, and uselessness, driving them to mull over or attempt suicide or lock in in self-destructive behaviors.

10. Bad dreams: Bad dreams are a common involvement for numerous survivors of sexual assault and can be a troubling side effect of post-traumatic stretch clutter (PTSD) or other trauma-related conditions. Bad dreams related to sexual attack frequently include striking and disturbing dreams or recollections of the ambush itself or other traumatic experiences. These bad dreams can shift in concentrated and recurrence, but they frequently share common themes, such as feeling defenseless, caught, or undermined by the culprit. Survivors may remember the details of the ambush or involvement varieties of the occasion in their dreams, which can trigger feelings of fear, uneasiness, and trouble upon waking.

11. Nightmares can have a critical affect on a survivor's rest quality, by and large well- being, and ability to work amid the day. They may lead to trouble falling snoozing, visit awakenings during the night, and sentiments of fatigue and weariness amid the day. In expansion to PTSD, bad dreams related to sexual attack can moreover be related with othermental wellbeing conditions, such as sadness, uneasiness clutters, and rest disorders.

12. Fears are strongly and nonsensical fears of particular objects, circumstances, or exercises. They are a sort of uneasiness clutter and can altogether meddled with a person's every day life and functioning. Fears can create as a result of different components, counting genetics, learned behavior, traumatic encounters, or a combination of these factors. In the setting of sexual attack, survivors may create particular fears related to their traumatic involvement. These fears can show in distinctive ways and may include fear or avoidance of certain individuals, places, or circumstances that remind them of the ambush.

1.4 Common Fears Experienced By Survivors Of Sexual Attack Include:

- Fear of closeness: Survivors may create a fear of closeness or closeness with others, especially in sentimental or sexual connections. They may dodge physical contact or emotional closeness as a way to ensure themselves from defenselessness or potential harm.
- Fear of being alone: A few survivors may create a fear of being alone, especially in situations where they feel powerless or uncovered. They may fear being alone at night or in new situations, which can lead to sentiments of uneasiness and hypervigilance.
- Fear of certain places or exercises: Survivors may create fears related to specific places or exercises related with the attack. For illustration, they may maintain a strategic distance from going to certain areas where the attack happened or taking an interest in exercises that remind them of the traumatic event.
- Fear of certain individuals or bunches: Survivors may create a fear of certain people or groups of individuals who remind them of the culprit or who they see as potential dangers. This can lead to social withdrawal, segregation, or shirking of certain social situations.
- Fear of triggers or updates: Survivors may create a fear of triggers or reminders associated with the ambush, such as particular smells, sounds, or objects. These triggers can inspire seriously uneasiness and trouble, driving to evasion behaviors and hypervigilance.

1.5 Disorders Can Be Related To Sexual Assault:

- Post-Traumatic Stress Disorder (PTSD): PTSD is one of the most common anxiety Disorders related with sexual attack. Survivors may involvement meddling memories, Flashbacks, bad dreams, and serious uneasiness related to the attack. They may moreover avoid People, places, or circumstances that remind them of the injury

and may feel always on Edge or hyperaroused.

- **Generalized Uneasiness Clutter (GAD):** Survivors of sexual attack may create generalized Anxiety clutter characterized by over the top stress and uneasiness around different perspectives of Life. They may encounter incessant sentiments of pressure, eagerness, crabbiness, and trouble controlling their stresses, which can essentially impede their capacity to function In day by day life.
- **Social Anxiety Disorder:** Social uneasiness clutter can create in survivors of sexual Assault, especially if the ambush happened in a social or open setting. They may Experience strongly fear and uneasiness in social circumstances, dreading judgment, Embarrassment, or mortification by others. This fear may lead to evasion of social Interactions, confinement, and troubles shaping or keeping up relationships.
- **Particular Fears:** Survivors may create particular fears related to objects, situations, Or exercises that remind them of the ambush. For illustration, they may create a fear of Being alone, fear of certain places or exercises, or fear of certain individuals or groups Associated with the culprit or the assault.
- **Panic Disorder:** Panic attacks are common among survivors of sexual ambush and can be Triggered by updates of the injury or by circumstances that inspire sentiments of vulnerability Or risk. Survivors may encounter sudden and strongly scenes of fear or discomfort, Accompanied by physical indications such as fast pulse, shortness of breath, Trembling, and sweating.
- **Obsessive-Compulsive Clutter (OCD):** OCD side effects can create or decline following Sexual ambush, especially if the survivor encounters meddling considerations or fears related To the injury. They may lock in in compulsive behaviors or customs as a way to adapt with Their uneasiness and distress.
- Sleep disorders are common among survivors of sexual attack and can be a result of the Trauma and its mental impacts. Here are a few rest clutters that may be related To sexual assault:
 - **A sleeping disorder:** A sleeping disorder includes trouble falling snoozing, remaining snoozing, or experiencing Non-restorative rest. Survivors of sexual ambush may battle with sleep deprivation due to Intrusive contemplations, bad dreams, uneasiness, and hyperarousal related to the injury. They May discover it challenging to unwind and feel secure sufficient to rest, driving to incessant sleep Disturbances.
 - **Nightmares:** Bad dreams are distinctive and troubling dreams that regularly include remembering the Traumatic occasion, such as the sexual attack. Survivors may involvement visit bad dreams, flashbacks, or night dread, which can disturb their rest and lead to Feelings of fear, uneasiness, and helplessness.
 - **Sleep Paralysis:** Rest loss of motion is a transitory failure to move or talk whereas falling Asleep or waking up. It can be went with by visualizations and a sense of impending Danger. Survivors of sexual ambush may involvement rest loss of motion as a result of Heightened excitement and hypervigilance, driving to sentiments

of helplessness and fear.

- **Hypersomnia:** Hypersomnia includes over the top daytime languor and prolonged Nighttime rest, in spite of satisfactory rest openings. Survivors of sexual attack may Experience hypersomnia as a way to adapt with the passionate and physical exhaustion Associated with the injury. They may utilize rest as a implies of elude or avoidance From troubling considerations and feelings.
- **Sleep Disturbances:** Survivors of sexual attack may involvement different sleep Disturbances, such as visit arousals, eager rest, and trouble keeping up a Consistent rest plan. These unsettling influences can be activated by hyperarousal, Anxiety, bad dreams, or other indications of post-traumatic stretch clutter (PTSD) and Can altogether affect their by and large rest quality and well-being.
- **Sleep-Related Development Disarranges:** A few survivors of sexual attack may experience Sleep- related development disarranges, such as anxious legs disorder (RLS) or intermittent limb\ Movement clutter (PLMD). These clutters include automatic developments or Sensations in the legs amid rest, which can disturb rest and lead to daytime fatigue And discomfort.
- **Sleep Disordered Breathing:** Survivors of sexual ambush may be at expanded hazard for Sleep cluttered breathing, such as obstructive rest apnea (OSA), due to stressrelated changes in breathing designs, muscle pressure, or weight. OSA can cause Intermittent delays in breathing amid rest, driving to divided rest, daytime Sleepiness, and other wellbeing problems. It's fundamental for survivors encountering rest unsettling influences to look for bolster from healthcare Professionals who can survey their side effects and give fitting treatment and Management methodologies. Treatment choices may incorporate treatment, pharmaceutical, lifestyle Modifications, and unwinding strategies to progress rest quality and generally well-being. Additionally, tending to the basic injury through treatment and bolster bunches can help Survivors adapt with their side effects and recover a sense of security and control in their lives.

1.6 Characteristics Of Mental And Behavioural Highlights Shown By Sexual Attack Survivors

Survivors of sexual attack can show a assortment of mental and behavioral characteristics As they explore the consequence of their injury. These characteristics can be complex and Multifaceted, reflecting the significant affect that sexual ambush has on an individual's mental Health, conduct, and in general well-being.

- **Post-Traumatic Stress Clutter (PTSD) Characteristics**

Intrusive Contemplations : Repetitive, undesirable recollections of the traumatic occasion, regularly accompanied By seriously distress. **Nightmares :** Exasperating dreams related to the trauma. **Flashbacks :** Remembering the injury as if it is happening once more, which can be activated by reminders Of the event. **Avoidance :** Endeavors to dodge contemplations, sentiments, discussions, exercises, places, or individuals that

Trigger recollections of the trauma.

Hyperarousal :Increased state of sharpness, trouble resting, peevishness, and being easily Startled.

- Discouragement Characteristics

Persistent Pity : Constant sentiments of pity, misery, and emptiness. Loss of Intrigued : Decreased intrigued or delight in exercises that were once enjoyed. Changes in Craving: Critical weight misfortune or pick up disconnected to dieting. Sleep Unsettling influences : Sleep deprivation or over the top sleeping. Fatigue : Determined tiredness and need of energy. Feelings of Uselessness : Seriously sentiments of blame or worthlessness.

- Uneasiness Clutters Characteristics

Excessive Stress : Wild and determined stress approximately different viewpoints of life. Panic Assaults : Sudden scenes of seriously fear went with by physical indications such as Heart palpitations, sweating, and shortness of breath. Phobias : Silly fears of particular circumstances or objects that are avoided.

- Separation Characteristics

Depersonalization: Feeling withdrawn from oneself, as if watching oneself from outside. Derealization: Feeling confined from one's environment, as if the world is unbelievable or dreamlike.

- Self-Blame and Blame Characteristics

Negative Self-Perceptions : Persistent feelings of blame, disgrace, and self-blame related to the Assault. Distorted Beliefs : Beliefs that one is capable for the attack or ought to have been able to Prevent it.

- Avoidant Behaviors Characteristics

Avoiding Triggers : Think evasion of places, exercises, or individuals that remind the survivor Of the assault. Social Isolation : Pulling back from social intelligent and activities.Substance Abuse: Utilizing drugs or liquor to numb passionate torment and maintain a strategic distance from managing with the Trauma.

- Self-Harm and Unsafe Behaviors Characteristics

Self-Injury: Locks in in behaviors such as cutting or burning to adapt with seriously emotions. Risky Sexual Behavior : Locks in in hazardous or high-risk sexual exercises, regularly as a way to regain Control over one's body or due to sentiments of worthlessness.

- Disturbance in Every day Working Characteristics

Academic and Work Challenges: Issues with concentration, memory, and inspiration, leading To destitute performance. Social Withdrawal : Decreased interest in social exercises and relationships.

- Physical Wellbeing Side effects Characteristics

Somatic Complaints: Physical side effects such as migraines, stomach throbs, and persistent pain that need a clear restorative cause but are connected to mental distress. Sleep Unsettling influences: Sleep deprivation, bad dreams, and other rest clutters influencing by and large health.

- Interpersonal Features Characteristics

Trust Issues : Trouble trusting others, driving to challenges in shaping and maintaining Relationships. Fear of Closeness: Shirking of hint connections and sexual movement due to fear of being Hurt once more or activating injury memories.

- Emotional Features Characteristics

Emotional Desensitizing : Trouble encountering positive feelings and a common sense of Detachment. Irritability and Outrage : Expanded fractiousness and scenes of outrage or aggression. Fear and Hypervigilance: Diligent sentiments of fear and being continually on protect. The characteristics of mental and behavioral highlights shown by sexual ambush survivors Are differing and complex.

These characteristics reflect the significant affect that injury can Have on an individual's mental wellbeing, behavior, and by and large well-being. Understanding these Characteristics is fundamental for giving fitting back and mediations to help in their recovery. It's imperative to recognize that each survivor's involvement is interesting, and not all people will Experience the same mental impacts.

1.7 Consequences

- Interpersonal Relationships:

1.Impact on Intimate Relationships: Investigate how sexual attack influencessurvivors' capacity to shape and keep up insinuate connections over the long term.

2.Social Isolation: Examine the potential social separation experienced by survivorsand its commitment to long-term mental consequences.

- Cognitive and Emotional Processes:

1. Cognitive Distortions: Look at cognitive forms, counting misshaped beliefs about self and others, and their part in propagating long-term psychological distress.

2. Emotional Regulation: Explore the affect of sexual ambush on survivors' emotional control over an amplified period. Survivors may too encounter troubles with believe, closeness, and self-esteem, making it crucial for them to look for back from mental wellbeing experts, companions or back bunches. In afterward along time, the Me-too advancement has shed light on the prevalence of sexual assault and Badgering, engaging survivors to share their experiences and hold offenders mindful. By Understanding the prevalence and impact of sexual trap, social orders can work towards Making an environment where all individuals are secure, respected, and empowered. In plunging into the Repercussions of sexual assault, there`s a fundamental require for in-depth ask almost to loosen up the Complicated web of mental comes about that survivors as often as possible drive forward. In-depth ask about can shed light on these nuances, making a distinction clinicians, policymakers, and bolster Frameworks tailor their approaches to address the varying needs of survivors.

1.8 Coping Mechanisms

Survivors of sexual assault utilize a assortment of adapting components to oversee the psychological and enthusiastic repercussions of their encounters. These instruments can be categorized into adaptive (supportive) and maladaptive (possibly destructive) techniques. Viable adapting strategies are significant for long-term recuperation and resilience.

Adaptive Coping Mechanisms

Psychological and Passionate Coping Therapeutic Mediations : Locks in in psychotherapy, such as cognitive-behavioral therapy (CBT), delayed introduction treatment (PE), and eye development desensitization and reprocessing (EMDR), makes a difference survivors handle injury and create solid adapting skills.

- Mindfulness and Contemplation : Hones like mindfulness contemplation and yoga can reduce symptoms of uneasiness and misery, progress enthusiastic direction, and upgrade in general wellbeing.
- Journaling : Expressive composing and journaling permit survivors to verbalize their considerations and feelings, which can encourage passionate handling and give a sense of control .

social and Interpersonal Coping

- Support Bunches : Taking an interest in bolster bunches for survivors of sexual attack gives a sense of community, approval, and shared encounters, which can be vital for healing.

- Building Social Bolster Systems : Setting up solid, steady connections with friends, family, and trusted people can give enthusiastic bolster and diminish sentiments of confinement .
- Advocacy and Peer Back : Locks in in promotion and peer back exercises can empower survivors, give a sense of reason, and offer assistance them recapture a sense of control over their lives

Behavioural and Way of life Coping

- Exercise and Physical Action : Customary physical action can diminish side effects of depression and uneasiness, move forward disposition, and upgrade physical health.
- Healthy Way of life Choices : Keeping up a solid count calories, getting satisfactory rest, and avoiding substance manhandle are vital for in general well-being and resilience
- Creative Expression : Locks in in imaginative exercises such as craftsmanship, music, and move can providean outlet for feelings and encourage healing.

Maladaptive Coping Mechanisms

- Substance Mishandle: A few survivors may turn to liquor or drugs as a way to numb emotional pain, which can lead to habit and decline mental distress.
- Self-Harm: Locks in in self-harming behaviors, such as cutting or burning, is a way some survivors adapt with strongly enthusiastic torment, but it can be perilous and counterproductive.
- Avoidance: Maintaining a strategic distance from updates of the injury, counting individuals, places, and exercises, can provide brief alleviation but regularly worsens PTSD indications inthe long run.
- Role of Therapeutic Interventions in Improving Adapting Mechanisms Cognitive-BehavioralTreatment (CBT)
- Reframing Cognitive Twists: CBT makes a difference survivors distinguish and challenge maladaptive thoughts and convictions, such as self-blame and blame, and supplant them with more adjusted and rational thoughts.
- Confronting Injury Recollections: PE includes slow introduction to injury recollections and reminders in a secure and controlled way, which can diminish shirking behaviors and PTSD symptoms .
- Decreasing Uneasiness: By more than once standing up to trauma-related jolts, survivors can reduce their uneasiness reaction over time and pick up a more noteworthy sense of control.

- Eye Development Desensitization and Reprocessing (EMDR) Processing Traumatic Recollections: EMDR includes reviewing traumatic recollections whereas locks in in bilateral incitement (e.g., eye developments), which can offer assistance reprocess and coordinated traumatic experiences.
- Alleviating Trouble: EMDR can diminish the escalated of traumatic recollections and associated distress, permitting survivors to move forward in their recovery.
- Strengthening Connections: Building more profound, more important connections and a greater appreciation for life are common angles of PTG .

Empowerment and Advocacy

- Survivor Promotion: Getting to be included in backing and raising mindfulness around sexual assault can enable survivors, deliver them a sense of reason, and offer assistance them recapture control over their narrative .
- Legal Promotion: Exploring the legitimate framework with the offer assistance of legitimate advocates can give a sense of equity and closure for a few survivors .

Coping components for survivors of sexual attack run from versatile methodologies such as therapy, mindfulness, and social bolster to maladaptive practices like substance mishandle and avoidance. Viable restorative mediations, counting CBT, PE, and EMDR, play a vital role in improving versatile adapting and encouraging recuperation. Building versatility and experiencing post-traumatic development are vital perspectives of long-term recuperation, with strengthening and advocacy serving as effective devices for numerous survivors. Comprehensive, trauma-informed care is essential to back survivors in their recuperating journey.

1.9 Psychological And Behavioral Highlights Displayed By Sexual Attack Survivors

Survivors of sexual attack frequently show a wide extend of mental and behavioral features as they adapt with and react to their injury. These highlights can change broadly based on individual contrasts, the nature of the ambush, and the back frameworks accessible to the survivor.

1. Psychological Features

- Post-Traumatic Stretch Clutter (PTSD) Intrusive Considerations: Undesirable, troubling recollections of the ambush that interfere into the survivor's awareness, regularly in the frame of flashbacks or nightmares.
- Avoidance: Endeavors to dodge contemplations, sentiments, discussions, exercises, places, or individuals that trigger recollections of the assault.

- Hyperarousal : Expanded excitement indications such as being effectively startled, feeling tense or "on edge," trouble resting, and irritability.
- Depression
- Persistent Pity : Delayed sentiments of pity, misery, and a need of intrigued or pleasure in exercises that were once enjoyed.
- Changes in Craving and Rest : Noteworthy changes in eating and resting designs, such as insomnia or over the top resting, and misfortune of craving or gorging .
- Anxiety Disorders
- Generalized Uneasiness : Intemperate and wild stress almost different angles of life, including safety, connections, and future events.
- Panic Assaults: Sudden scenes of seriously fear or distress went with by physical symptoms such as heart palpitations, sweating, trembling, and shortness of breath. Dissociation
- Depersonalization: Feeling segregated from oneself, as if observing oneself from exterior one'sbody.
- Derealization: A sense of unreality or separation from one's environment, feeling like the world around is unbelievable or dreamlike.
- Self-Blame and Guilt
- Negative Self-Perceptions: Tireless sentiments of blame, disgrace, and self-blame related to the assault, frequently went with by mutilated convictions almost individual duty .

2.. Behavioral Features

- Avoidant Behaviors
- Avoiding Triggers: Consider evasion of places, exercises, or individuals that remind the survivor of the attack, which can lead to social segregation and withdrawal .
- Substance Manhandle: Utilizing drugs or liquor to numb passionate torment and dodge managing with the trauma, which can lead to enslavement and advance wellbeing problem.
- Self-Harm and Unsafe Behaviors

- Self-Injury : Locks in in self-harm behaviors such as cutting or burning as a way to adapt with intense feelings and recapture a sense of control .
- Risky Sexual Behavior : Locks in in risky or high-risk sexual exercises, which may stem from feelings of uselessness or as a confused endeavor to recapture control over one's body .
- Disruption in Day by day Functioning
- Academic and Work Troubles: Issues with concentration, memory, and inspiration that can lead to destitute execution in school or at work .
- Social Withdrawal : Decreased cooperation in social exercises and withdrawal from relationships with family and companions .
- Physical Wellbeing Symptoms
- Somatic Complaints: Physical side effects such as cerebral pains, stomach throbs, and constant pain that do not have a clear therapeutic cause but are connected to mental distress.
- Sleep Unsettling influences: Sleep deprivation, bad dreams, and other rest disarranges that can significantly impact generally wellbeing and every day working .

3. Interpersonal Features

- Trust Issues
- Difficulty Trusting Others : Survivors may have noteworthy trouble trusting others, driving to challenges in shaping and keeping up insinuate relationships.
- Fear of Closeness: Shirking of hint connections and sexual movement due to fear of being hurt once more or activating injury recollections .
- Altered Social Interactions
- Withdrawal and Separation : Expanded separation and withdrawal from social intelligent to avoid potential triggers and ensure oneself from assist hurt .
- Dependency : In a few cases, survivors may gotten to be excessively subordinate on others for emotional support and consolation .

4. Enthusiastic Features

- Emotional Numbing
- Lack of Passionate Responsiveness : Trouble encountering positive feelings and a general sense of enthusiastic deadness or separation. Heightened Passionate Responses
- Irritability and Outrage : Expanded crabbiness and scenes of outrage or animosity, frequently as a response to feeling undermined or reminded of the trauma.
- Fear and Hyper carefulness: Determined sentiments of fear and being always on watch, anticipating danger or harm.

Survivors of sexual attack display a wide extend of mental, behavioral, interpersonal, and passionate highlights as they explore the consequence of their injury. These highlights include PTSD, misery, uneasiness, separation, self-blame, and different adapting instruments, both adaptive and maladaptive. Understanding these highlights is pivotal for giving appropriate support and intercessions to help in their recovery.

1.10 Theoretical Outline Works

Our investigate on the mental impacts of sexual ambush draws on a few established theoretical viewpoints to make a vigorous system that enlightens the multifaceted nature of survivors' experiences.

- Injury Hypothesis: At the center of our hypothetical system lies injury hypothesis, this provides a focal point to get it the significant mental impacts of sexual ambush. We embrace the introduce that sexual ambush is a traumatic occasion that can lead to longlasting mental results, affecting cognitive, enthusiastic, and behavioural aspects of survivors.
- Biological Frameworks Hypothesis: To comprehend the broader relevant variables shaping survivors' mental reactions, we utilize Bronfenbrenner's Environmental Systems Theory. This system permits us to look at the transaction between individual, interpersonal, community, and societal impacts, giving a all encompassing understanding of the survivor's environment.
- Resilience and Post-Traumatic Development Models: Coordination components of strength and post-traumatic development models into our system recognizes the energetic nature of survivors' mental ventures. This viewpoint permits us to investigate not as it were the negative results but too the potential for individual development, versatility, and transformative alter in the repercussions of trauma.

- **Trauma-Informed Care:** Central to our hypothetical system is the Trauma-Informed Care point of view, emphasizing an understanding of sexual ambush as a unavoidable and enduring injury. This system guides our investigation of how survivors' psychological impacts are molded by injury, guaranteeing a compassionate and delicate approach to research and interventions.
- **Women's activist Hypothesis:** Grounded in women's activist hypothesis, our system recognizes the gendered nature of sexual ambush and considers control elements, societal expectations, and sex parts. This viewpoint makes a difference disentangle how societal structures contribute to the mental results experienced by survivors.
- **Social Cognitive Theory:** Leveraging Social Cognitive Hypothesis, we investigate how survivors' psychological reactions are impacted by observational learning, self-efficacy, and the social setting.

This system permits us to dig into the cognitive forms through which survivors decipher and adjust to their experiences.

1.11 Conceptual Framework

Building on conceptual system recognizes key concepts and factors that shape the research plan and investigation. Sexual victimizers may adapt with their trouble in various ways, counting refusal, rationalization, or looking for proficient offer assistance through treatment or support bunches. A few may moreover lock in in destructive practices such as substance abuse or hostility as a maladaptive way of adapting. It's basic for them to address their underlying issues and look for back to avoid assist hurt to themselves and others. Sexual victimizers may adapt with their trouble in a few ways, frequently affected by individual characteristics, past encounters, and natural factors:

- **Denial and Rationalization:** A few culprits may deny their activities or rationalize them to legitimize their conduct, minimizing the hurt they caused. They may convince themselves that their activities were not as extreme as seen or that the victim somehow merited it.
- **Minimization:** Culprits may make light of the affect of their activities on the casualty or the seriousness of the offense to lighten their blame or disgrace. They may tell themselves that what they did was not as destructive as it really was.
- **Projection:** Culprits may venture their blame or fault onto the casualty, denouncing them of inciting or enticing the damaging conduct. By moving obligation onto the victim they can avoid going up against their claim activities and the consequences. □ **Diversion:** A few people may adapt with trouble by locks in in diverting activities or practices, such as substance manhandle, over the top work, or looking for consistent stimulation. These diversions incidentally reduce their passionate torment but do not address the root cause of

their distress.

- **Separation:** Culprits may disconnect themselves from others to dodge confronting the consequences of their activities or to anticipate others from finding their behaviour. This confinement can encourage compound sentiments of blame, disgrace, and loneliness.
 - **Seeking Professional Offer assistance:** In a few cases, sexual victimizers may recognize the require for Help and look for bolster from mental wellbeing experts, such as advisors or Counsellors. Treatment can give a secure space to investigate basic issues, develop Copingmethodologies, and work towards conduct change.
 - **Joining Bolster Bunches:** Bolster bunches particularly custom-made for people who have Engaged in sexually destructive conduct can give a sense of community and Accountability. These bunches offer openings for culprits to share their Experiences, get criticism, and learn from others who have gone through similar Struggles.
 - **Acceptance and Accountability:** Eventually, tending to trouble and adapting with harmful Behaviour requires acknowledgment of obligation and responsibility for one's activities. This May include recognizing the hurt caused, communicating veritable regret, and Committing to making revises and avoiding future harm.
- It's important to note that not all culprits will adapt with trouble in the same way, And intercessions ought to be custom fitted to person needs and circumstances. Additionally, Seeking proficient offer assistance and locks in in restorative mediations are vital steps Towards understanding and tending to the basic components contributing to sexually Harmful behaviour.

CHAPTER II REVIEW OF LITERATURE

Review of Literature

- Baillo, Brian, Marx and Sloan(2005) studies the inspected psycho physiological relates of chance acknowledgment in sexual victimization. Casualties and non-victims of sexual attack tuned in to a theoretical date assault interaction and were inquired to demonstrate the point at which the man had gotten to be sexually improper. Subjective and objective (physiology) measures of reacting as well as a degree of hazard acknowledgment in response to the date assault situation were analysed to assess both between and within-subjects' contrasts. Comes about appeared that, relative to non-victims, casualties of sexual ambush shown critical contrasts in chance acknowledgment as well as both subjective and objective measures of physiological reactivity. By and large, the comes about demonstrate that changed physiological reacting to pertinent danger prompts may be related to individuals' capacity to distinguish and respond to debilitating sexual circumstances.

- Clum(2000) studies the Survivors often report physical symptoms such as chronic pain, gastrointestinal issues, and headaches. These somatic symptoms are closely linked to the psychological stress of the trauma.
- Najdowski&Ullman,(2009).studies the There is an increased likelihood of engaging in health- risk behaviors such as substance abuse and unsafe sexual practices, often as a means of coping with the trauma.
- Davis(1997) studies the Effective coping strategies include seeking psychological therapy, participating in support groups, and developing strong social support networks.
- Tedeschi& Calhoun, (1996) studies the Some survivors experience post-traumatic growth, finding new meaning and strength in life despite the trauma. This can be facilitated by supportive relationships and effective therapy.
- Lindsay,Orchowski and Gidycz(2015) explained the prospective design was utilized to explore the impact of social reactions to sexual assault disclosure among college women who experienced sexual victimization over a 4-month academic quarter. Women completed baseline, 4- and 7-month assessments of symptomatology, beliefs about why sexual assault occurs, victimization, and social reactions to sexual assault disclosure. Accounting for symptomatology or beliefs reported prior to the assault, positive social reactions were not associated with victims' subsequent symptomatology or beliefs. However, accounting for symptomatology or beliefs reported prior to the assault, higher negative social reactions were associated with victims' post-assault reports of hostility, fear, and beliefs about why sexual assault occurs.
- Bryant, (2003) studies the Acute Stress Disorder (ASD) ,Immediate reactions to sexual assault often include symptoms of ASD such as dissociation, hyper vigilance, and intrusive thoughts. These reactions are the body's immediate response to trauma.
- Ahrens, Stanselland Jennings(2010) explained the There`s a developing body of investigate analyzing sexual ambush divulgence Survivors too contrast in how long they proceed to reveal, to whom they unveil, and the responses they inspire amid revelation (e.g , who is told and how they react) and contrasts in how these revelation designs are related to physical and mental wellbeing results. Attack characteristics and confirmation of assault recognized non- disclosers and moderate starters from the other two revelation bunches moderate starters were moreover less likely to uncover their explanations to police and restorative staff and were less likely to respond contrarily, whereas non-responders experienced more side effects of depression and post-traumatic stretch than other bunches. There's a developing body of investigate looking at the divulgence of sexual ambush. Survivors moreover vary in how long they proceed to reveal, to whom they uncover, and the sorts of responses gotten amid divulgence. Attack characteristics and assault affirmation recognized non-disclosers and moderate starters from the other two divulgence bunches. Miller (2007).studied The internalization of blame and guilt can lead to a negative self- concept, affecting the survivor's overall identity and self-esteem

- Feiring (2002) studied Trust issues are common, affecting survivors' ability to form and maintain intimate relationships. This can lead to feelings of isolation and loneliness.
- Littleton (2006) explained the fear of judgment or not being believed can lead survivors to withdraw from social interactions, exacerbating feelings of isolation and loneliness.
- Ullman (2007) Explained the Survivors are at an increased risk for major depressive disorder (MDD). Longitudinal studies have shown that depression can persist for years post-assault if not adequately addressed.
- Cohen and Roth (2011) explained the Person contrasts in side effect seriousness were related to age, financial status, time since assault, viciousness utilized amid assault, and history of sexual attack the address of whether assaults were detailed to the police and how long it took for ladies to trust in another individual too depends on the current level of execution both approach and avoidant adapting methodologies were watched to have a negative affiliation with recuperation. Person contrasts in seriousness of side effects were related to age, financial status, time since assault, constrain utilized amid the assault, earlier history of sexual attack. Too related to current level of working were whether or not and assaults were detailed to the police and the sum of time ladies took some time recently trusting in another individual.
- Frazier (2003) explained the Survivors often struggle with self-blame and guilt, exacerbated by societal stigma and victim-blaming attitudes. These feelings can hinder the recovery process and lead to prolonged psychological distress.
- Kilpatrick (1992) explained the Survivors may initially experience shock and emotional numbness, which can affect their ability to process the assault and respond to immediate needs.
- Stein (2004) explained the Longitudinal studies indicate that survivors often suffer from persistent depressive symptoms that can affect their daily functioning and quality of life .
- Campbell (2009) explained the also prevalent among survivors, with symptoms such as chronic worry, restlessness, and muscle tension.
- Davis a, APetretic and Jacksona (2011) explained the observational demonstrate with regard to survivors` interpersonal inconvenience as communicated in their hint and sexual associations to start with, current conceptualizations of the relationship between CSA and interpersonal associations are looked into, centering on the theoretical models that appear up to have proposals for the long-term interpersonal comes about related with CSA. At long final, the interpersonal issues acknowledged to be most imperative to CSA survivors inside the helpful setting are talked almost, at the side proposals for the client-therapist relationship. The various considers approximately that have assessed the long-term influence of child sexual misuse (CSA) on grown-up working have fundamentally centered on the person inconvenience of survivors, to a awesome degree neglecting the influence of CSA on interpersonal associations.

To start with, current conceptualizations of the relationship between CSA and interpersonal associations are studied, with a center on the speculative models that appear up to have recommendations for the long-term interpersonal shrieked related with CSA.

- Marx and Sloan (2002) studied the hypothesized that experiential avoidance and expressiveness would mediate the relationship between CSA states and psychological distress.

It was hypothesized that experiential avoidance and expressiveness would mediate the relationship between CSA states and psychological distress. Results indicated that CSA status, experiential avoidance, and emotional expressiveness were significantly related to psychological distress. However, only experiential avoidance mediated the relationship between CSA status and distress.

- Cahill, Llewelyn, Pearson (1991) studied about the mental issues and troubles experienced by grown-ups who report having been sexually manhandled in childhood are checked on. The mental issues and troubles experienced by grown-ups who report having been sexually manhandled in childhood are looked into. Common showing issues of casualties of childhood sexual mishandle (CSA) are portrayed.

- Hyman (2003) studied the Strong social support from friends, family, and support groups is crucial for recovery. Social support has been shown to buffer the impact of trauma and enhance resilience.

- Krakow (2002) researched about the Sleep disturbances, including insomnia and nightmares, are common among survivors and can significantly impact overall health and wellbeing

- Leserman (1996) researched about the Survivors are at an increased risk for chronic health problems, including cardiovascular issues, gastrointestinal disorders, and chronic pain conditions. These physical health problems are often linked to the sustained stress response from the trauma

- Cloitre (2005) researched about the Survivors often face challenges in intimate relationships, including difficulties with trust, intimacy, and sexual dysfunction. These issues can strain relationships and lead to isolation

- Ullman (2010) researched about the The social stigma associated with sexual assault can result in survivors feeling unsupported and misunderstood by their communities. This lack of support can exacerbate psychological distress .

- Feiring&Taska (2005) researched about the Feelings of guilt and shame can severely undermine a survivor's self-worth and contribute to ongoing emotional distress.

- Janoff-Bulman (1992) researched about the Cognitive explained that distortions such as self-blame and guilt are prevalent among survivors. These distorted beliefs can be challenging to address and often require

cognitive-behavioral interventions to correct .

- Harvey, Orbuch, Chwaliszand Garwoodl(2024) researched about the curious about the parts of account-making and trusting as portion of the adapting reaction to sexual ambush. For our members the sexual nature of the attack, and the negative suggestions of this occasion for the improvement of believe in near others, may have counterbalanced any obvious positive pick up from account-making over time on near connections. Report on that male's reaction since we accept that other agents may experience this difficulty in securing male members and ought to go to incredible lengths to enrol a test of male sexualambush survivors. This survey article analyses assault victims' encounters looking for post ambush help from the lawful, therapeutic, and mental wellbeing frameworks and how those intelligent affect their psychological well-being. Most detailed assaults are not arraigned, victims treated in clinic crisis offices don't get comprehensive restorative care, and numerous casualties don't have get to quality mental wellbeing administrations. In reaction to developing concerns around the community reaction to assault, modern intercessions and programs have developed that look for to progress administrations and avoid auxiliary victimization. Assault casualties experience noteworthy challenges getting offer assistance from the lawful, therapeutic, and mental wellbeing frameworks, and what offer assistance they do get can take off them feeling faulted, questioned, and re- victimized. The community reaction to assault isn't erratic: certain casualties and certain sorts of ambushes are more likely to get systemic consideration. But one must remember that numerous casualties, without a doubt most, don't look for offer assistance from the le-lady, restorative, and mental wellbeing frameworks.

- Howe and Dowrkin(2024)researched about the sexual assault is associated with a significant increase in risk for developing posttraumatic stress disorder and related concerns(e.g. alcohol misuse). Cross-sectional and longitudinal evidence suggests that social support may be both broadly protective against and eroded by posttraumatic stress symptoms. However, little is known about how different aspects of social support and posttraumatic stress symptoms influence each other in the weeks and months immediately following sexual assault, when posttraumatic stress (PTS) symptoms first emerge. Findings suggest that increasing the quantity and pleasantness of social interactions soon after sexual assaultmight protect against worsening posttraumatic stress symptoms.

- Ahrens and Aldana(2012) researched about the developing body of investigate proposes that the sort of social responses sexual attack survivors get from others can have a significant affect on their wellbeing and well-being. Distant less is known approximately the affect of social responses on the following relationship between survivors and the individuals to whom they unveil. The current consider looked for to address this hole within the writing by looking at the affect of divulgence on survivors' connections with companions, family individuals, and sentimental accomplices. A add up to of 76 assault survivors portrayed 153 diverse divulgences to casual back suppliers. Subjective examination recommended that most connections either were reinforced or remained solid taking after the revelation, but a considerable number of survivors depicted connections that disintegrated or remained destitute taking after the revelation. These results were related to the quality of the relationship earlier to the revelation and to survivors' discernments of the responses they gotten

amid the divulgence. Suggestions of these discoveries for investigate and hone are talked about.

Research Gaps in Existing Knowledge:

Despite the developing body of inquire about on the mental impacts of sexual attack, there Exists a eminent investigate hole in a few pivotal ranges. One conspicuous hole lies in the nuanced Exploration of long-term directions of post-traumatic stress disorder (PTSD) and associated Mental wellbeing conditions among survivors. Understanding how these psychological Consequences advance over time, taking into account different impacting components, is fundamental for Tailoring successful mediations. Moreover, there is a require for more in-depth inquire about into The adapting components utilized by survivors. Whereas existing thinks about recognize the variety Of adapting techniques, a comprehensive examination of versatile and maladaptive mechanisms, And their affect on long-term mental well-being, remains constrained. Disentangling these Coping elements can educate helpful approaches that reverberate with survivors' unique Needs. The intersectionality of sexual ambush encounters too speaks to a striking research Gap.

Ponders frequently need a comprehensive examination of how components such as age, sexual orientation, race, And socio-economic status meet to shape the mental results of assault. Recognizing and tending to the interesting challenges confronted by diverse statistic bunches isCrucial for creating comprehensive and viable back instruments. Besides, there is a Dearth of investigate into the part of post-traumatic development and versatility in the repercussions of Sexual attack. Whereas injury is without a doubt obliterating, understanding how a few survivors Navigate towards quality and individual development is an region that requests more noteworthy exploration.

Identifying defensive components contributing to strength can offer profitable experiences for preventive Measures and the improvement of focused on intercessions. The affect of sexual attack on survivors' self-esteem, personality, and interpersonal connections is another viewpoint where Research remains insulant investigated. A more profound understanding of how these components are Influenced by the ambush and advance over time can advise intercessions that encourage healing And reproduction of a positive self-concept. Finally, the societal setting and its impact on The mental results of sexual ambush require more comprehensive exploration. Research ought to dig into the part of societal demeanors, marks of shame, and bolster frameworks in Shaping survivors' mental wellbeing results. This understanding is significant for cultivating a more Compassionate and compassionate environment that encourages survivors' mending forms. In Addressing these investigate holes, researchers and specialists can contribute essentially to the Development of evidence-based hones, arrangements, and bolster frameworks that holistically Address the mental impacts of sexual attack on survivors. Closing these crevices is essential For making a more educated, sympathetic, and successful reaction to the complex and varied

Psychological repercussions of sexual assault.

- **Longitudinal Studies:** Limited longitudinal considers following survivors over amplified periods To get it the advancement of mental results and recognize components influencing Long-term outcomes.
- **Intersectionality and Diversity:** Insufficient investigation of the intersectionality of components such As race, ethnicity, sexual introduction, and sexual orientation personality in forming the psychological Impact, coming about in a need of assorted perspectives.
- **Social Varieties:** Insufficient investigate on how social contrasts and shifting societal Attitudes towards sexual attack contribute to assorted mental results among Survivors globally.
- **Understudied Populaces:** Restricted center on particular populaces, such as men, non-binary Individuals, and those from marginalized communities, driving to crevices in understanding the Unique mental challenges they may face.
- **Preventive Measures:** Deficiently investigate on compelling preventive measures and early Interventions to minimize the mental affect of sexual attack, emphasizing a more Proactive approach.
- **Affect on Hint Connections:** Restricted investigation of the nuanced ways sexual assault Influences survivors' capacity to frame and keep up hint connections over time, with a Need for more in-depth considers in this area.
- **Bio psychosocial Variables:** Fragmented understanding of the exchange between biological, Psychological, and social variables in forming the seriousness and determination of psychological Consequences.
- **Adapting Instruments and Flexibility:** Constrained inquire about on the differences of adapting mechanisms Employed by survivors and the variables contributing to strength, ruining the development Of focused on interventions.
- **Technology-Mediated Ambushes:** Rising issues related to technology-mediated sexual Assaults, such as online badgering and image-based mishandle, require advance examination to Understand their one of a kind mental impact.
- **Affect on Scholastic and Proficient Interests:** Lacking investigation of how sexual Assault influences survivors' scholastic and proficient yearnings, ruining their capacity to Achieve their objectives and aspirations.
- **Adequacy of Bolster Administrations:** Constrained inquire about evaluating the adequacy of various Support administrations and restorative mediations in tending to the assorted psychological Needs of survivors. Closing these holes through devoted investigate endeavors will contribute altogether to a more Comprehensive understanding of the mental affect of sexual attacks on survivors, Ultimately advising more focused on and compelling intercessions and bolster systems.

CHAPTER III

RESEARCH METHODOLOGY

3.1 Significance of The Research

Sexual casualties can have a significant affect on society in different ways,like

- Physical and Mental Health,
- Social and Interpersonal Relationships,
- Economic Consequences,
- Public Health and Safety,
- Cultural and Societal Norms,
- Legal and Equity System and Equity Reforms,
- Community Trust and Safety,
- Empathy and Support,
- Challenging Shame and Victim Blaming,
- Social Shifts,
- Community Healing and Resilience etc.

Overall, the affect of sexual casualties on society is multifaceted, affecting attitudes, Policies, and hones related to sexual savagery avoidance, reaction, and back. Their Voices play a vital part in driving positive social alter and making a more secure, more supportive Environment for all individuals. Overall, the affect of sexual casualties on society is multifaceted, Influencing states of mind, approaches, and hones related to sexual savagery avoidance, response, And bolster. Their voices play a significant part in driving positive social alter and making a Safer, more strong environment for all individuals. Sexual casualties may experience a extend of experiences,

- Feelings, and challenges, counting Trauma, Emotional Distress, Physical Effects Psychological Impact, Social and Interpersonal Challenges, Cognitive Effects, Spiritual and Existential Crisis, Loss of Trust, Identity Crisis,

Coping Components, Survivors may Encounter challenges in exploring frameworks and getting to bolster administrations, including Healthcare, legitimate help, and advising. Obstructions such as disgrace, need of resources, And organization disappointments can compound survivors' trouble and ruin their recovery Process. Each survivor's encounter is one of a kind, and the ways in which they adapt and explore their Healing travel may shift.

Giving survivors with compassion, approval, and bolster is essential In making a difference them mend and revamp their lives in the consequence of sexual victimization. By tending to the mental wellbeing needs of sexual casualties with affectability, Injury Assessment, Safety and Stabilization ,Enthusiastic Direction, Cognitive Handling , Presentation and Desensitization , Interpersonal Aptitudes ,Self-Care and Strengthening ,Collaborative Care ,empathy, And evidence-based intercessions, through all this as a clinician can play a pivotal part in Supporting survivors' recuperating, flexibility, and recuperation from trauma. As a analyst, need to make the well-being of sexual casualties from a all encompassing perspective, Taking into account their physical, enthusiastic, mental, and social needs.The well-being of

Sexual casualties like

- Safety,
- Injury Recovery,
- Enthusiastic Support,
- Equity and Empowerment,
- Social Support,
- Physical Health,
- Versatility and Coping,

Through a comprehensive approach to sexual victims' well-being that might be Addresses their different needs and encounters, analyst can play a significant part in supporting Survivors on their travel toward recuperating, flexibility, and empowerment.

3.2 Aim

- Aim to study the psychological impact of sexual assault on its survivors.

3.3 Research Question

- What are the psychological impacts of sexual assaults on its survivors?

- What are the coping mechanisms used by sexual assault victims?

3.4 Objectives

- To comprehensively understand the psychological impacts of sexual assaults on its survivors
- .Assess the effective the coping mechanisms used by sexual assaults victims.

3.5 Hypothesis

- There will be significant negative effect of sexual assaults on its victims.
- There will be significant gender difference in psychological impacts of its sexual assaults on its victims or survivors.

3.6 Variables

SEXUAL ASSAULTS

PSYCHOLOGICAL IMPACTS

Independent variable

dependent variable

3.7 Procedure

The methodology for studying the psychological impacts of sexual assault on survivors could involve a method Quantitative measures, such as standardized assessments of PTSD, depression, and anxiety, will be administered to a sample of survivors recruited from community organizations, support groups, and online forums. Ethical considerations and participant well-being should be prioritized throughout the research process. This methodology aims to provide a holistic understanding of the psychological impacts of sexual assault on survivors, capturing the intricacies of their experiences through quantitative lenses. Quantitative Data Collection: Conduct a baseline assessment using standardized psychological instruments (e.g., PTSD scales, depression inventories) to measure initial psychological states. Administer follow-up surveys at predetermined intervals (e.g., 3 months, 6 months, 1 year or more than 1 year) to track changes in psychological well-being over time.

- **Consent Process:** Participants are provided with a consent form explaining the study's purpose, procedures and confidentiality measures before proceeding to the survey.
- **Socio-demographic Data Sheet:** Semi structured form gathering essential information about participants to understand their background and context.

- Google Form Survey: SASS(74)

3.8 Research Design

Utilize a longitudinal mixed-methods design to capture both quantitative and qualitative data, allowing for a comprehensive exploration of the psychological impacts of sexual assault over time and coping mechanisms.

Sampling

The sampling size for the topic would be the individuals with/falling under the category of the target population for this study is survivors aged 18 and above of experienced sexual assault either before or after attaining legal age from the diverse genders and including both married and unmarried individuals

.The size of sample would be 25 participants or more depending on the collected data during the collection.

Sampling Techniques

Purposive Sampling: Purposefully select participants who have experienced sexual assault and meet specific criteria relevant to the research objectives. This technique allows for a targeted approach to recruit individuals with diverse backgrounds, ensuring a rich and varied dataset. Through these sampling techniques, the research can ensure a diverse, representative, and well-rounded participant group, contributing to a comprehensive understanding of the psychological impacts of sexual assault on survivors.

Participants Inclusion Criteria

Individuals aged 18 and above of experienced sexual assault either before or after attaining legal age from diverse genders, and including married and unmarried individuals.

Participant's Exclusion Criteria

Individuals aged 18 and above of who haven't experienced sexual assault either before or after attaining legal age from diverse genders, and including married and unmarried individuals .

3.9 Tools of Data Analysis

Sexual Assault Severity Scale (SASS-74)

Introduction:

Sexual Assault Severity Scale (SASS-74) is developed by Kushner, Riggs, Foa, and Miller (1993) Many studies in the sexual assault literature have found a significant relationship between sexual assault severity and psychological distress, specifically PTSD and suicidality. However, in the current literature, there is an

inconsistent and incomplete definition of the construct of assault severity.

Description of the scale

The present study aims to create a comprehensive self-report questionnaire, called the Sexual Assault Severity Scale (SASS) that includes assault characteristics, such as victim-offender relationship, substance use, and peritraumatic responses, and cognitive variables, such as posttraumatic schema disruptions and coping self-efficacy in the conceptualization of assault severity. Two models evaluating the relationship between assault severity and post assault distress were compared, one using the SASS to measure assault severity and the other using the Sexual Experiences Scale-Long Form Victimization (SES-LFV; Koss et al., 2007). The results of the psychometric analysis suggest that the SASS is a reliable and valid measure of assault severity. This study also found evidence supporting the use of a direct assessment of perceived severity, rather than a hierarchical ranking of victimization severity, when measuring the construct of sexual assault severity.

Scoring:

The Sexual Assault Severity Scale (SASS, see Appendix A) is a 74-item self-report measure that assesses several constructs related to the latent construct of assault severity, including victimization severity, methods of coercion, victim-offender types of sexual acts were weighted in the following order: sexual touching = 1, attempted oral sex = 2, attempted vaginal sex = 3, attempted anal sex = 4, offender attempted to make victim perform oral sex = 5, completed oral sex = 6, victim made to perform oral sex = 7, completed vaginal sex = 8, and completed anal sex = 9. Items on the SASS also assessed various coercive tactics used during the assault (i.e., verbal coercion, threat of physical force, and physical force), the participant's report on the effectiveness of these tactics, how much the participant believed the threats made by the assailant, and the degree of fear related to the threat of or actual use of physical force. Effectiveness of each tactic, the degree the participant believed the threats, and the degree of fear experienced were assessed using an 11-point Likert scale ranging from 0 (not at all) to 10 (extremely). Verbal coercion was measured by use of a composite score from the three items assessing the effectiveness of each verbally coercive method used.

Threatened force was composed of a composite score from the Likert scale items assessing the effectiveness of the threat, how much the victim believed the threat, and how much fear the victim felt related to the threat. Finally, physical force consisted of a composite score from the Likert scale items assessing the effectiveness of the method of force and the degree of fear the victim felt related to the method of force used. Items assessing victim-offender relationship required the participant to report the type of relationship she had with the offender (i.e., stranger, someone I just met, acquaintance, close friend/confidant, someone I've had previous sexual relations with, and significant other/spouse), how close of a relationship she had with the offender(s) prior to the assault, and how safe she felt with the offender(s) prior to the assault. The degree of closeness and safety to the offender(s) were assessed using an 11-point Likert scale ranging from 0 (not at all close/safe) to 10 (I trusted

them with my secrets; extremely safe). The scores from the two items assessing closeness and safety with the offender(s) were combined to measure the variable victim-offender relationship.

If there were multiple offenders involved in the assault, there were additional Likert scale items that allowed the participant to report ratings on how close and how safe she felt with up to 4 additional offenders. Due to the infrequency of more than one offender, the items that assessed the ratings for additional offenders were not used in the measurement of victim-offender relationship. There are two items on the SASS that examine perceived assault severity. Both items used an 11-point Likert scales ranging from 0 to 10. One item asks the participant to rate how severe the sexual experience was (0 = not at all severe, 10 = extremely severe). The other item asks the participant to rate the amount of emotional harm they have dealt with as a result of the sexual experience (0 = none, 10 = extreme harm).

These two items were combined into a composite score to represent perceived severity. In addition to perceived assault severity, there is one item on the SASS assessing physical injury. This item used an 11-point Likert scale and asked participants to rate the severity of their physical injuries from 0 (not at all severe) to 10 (extremely severe). Items examining substance use assess the use of alcohol, marijuana, sedatives, hallucinogens and stimulant drugs. Participants were asked to report on their amount of alcohol use and level of intoxication. Participants were also asked to estimate the amount of alcohol use and the level of intoxication for the offender.

To assess level of intoxication, participants were asked to rate how intoxicated or high they or the offender were at the time of the assault using a 7-point Likert scale ranging from 1 (not at all drunk/high) to 7 (black out drunk/extremely high). Victim substance use and offender substance use were defined by adding together the scores from the Likert scale items asking about level of intoxication for alcohol or level of intoxication for illicit substance use. This section also includes items inquiring about the use of substances as a coercive technique. Participants were asked if the offender insisted that they use the substance or if the offender may have introduced the substance without their knowledge (i.e., tainted her drink).

These categorical items were not included in the measurement of victim substance use. The SASS also assesses for trauma related schemas, both at the time of the assault and since the assault.

Schemas were assessed at both time points to examine if 1) there were differences between the schema ratings at the peri-assault and post-assault time points and 2) assessing disruptions in peri-assault schemas would add any information to either the measurement of assault severity or the prediction of post-assault distress. These items include thoughts about safety (i.e., “I did not expect this person(s) to ever harm me,” “I will never feel safe again.”), self (i.e., “I feel broken or damaged”), self-blame (i.e., “This sexual experience happened because I am too trusting of others,”), and the world (i.e., “I will not be able to trust anyone again,” “The world is a dangerous place”). These items ask the participant to rate the degree to which she agrees with various thoughts or beliefs using an 11-point Likert scale ranging from 0 (strongly disagree) to 10 (strongly agree).

Reliability and Validity

Many studies in the sexual assault literature have found a significant relationship between sexual assault severity and psychological distress, specifically PTSD and suicidality. However, in the current literature, there is an inconsistent and incomplete definition of the construct of assault severity. The present study aims to create a comprehensive self-report questionnaire, called the Sexual Assault Severity Scale (SASS) that includes assault characteristics, such as victim-offender relationship, substance use, and peritraumatic responses, and cognitive variables, such as posttraumatic schema disruptions and coping self-efficacy in the conceptualization of assault severity.

Two models evaluating the relationship between assault severity and post assault distress were compared, one using the SASS to measure assault severity and the other using the Sexual Experiences Scale-Long Form Victimization (SES-LFV; Koss et al., 2007) The results of the psychometric analysis suggest that the SASS is a reliable and valid measure of assault severity. This study also found evidence supporting the use of a direct assessment of perceived severity, rather than a hierarchical ranking of victimization severity, when measuring the construct of sexual assault severity

3.10 Statistical Tools

Descriptive Statistics: Descriptive statistics were be used to summarize and describe the demographic characteristics of the participants, as well as the prevalence and severity of psychological symptoms

(e.g., PTSD, depression, anxiety) reported by survivors of sexual assault. Measures such as mean, median, standard deviation, and range were be calculated for continuous variables, while frequencies and percentages were be computed for categorical variables.

Data Analysis Methods:

Descriptive and inferential statistics were used for data analysis for the present study.

Statistics Used:

- Descriptive Statistics
- Kruskal-Wallis test
- Mann Whitney U test

Descriptive Statistics: Descriptive statistics has used for finding the mean and standard deviation of the sample.

The study examined gender disparities, including male, female, and LGBTQ+ participants. Additionally, the Mann-Whitney U test was used to assess differences in marital status, and the Kruskal-Wallis test was utilized to identify significant differences in the severity of sexual assault among genders.

3.11 Ethical Considerations

Informed Consent: Prior to participation, all potential participants will be provided with comprehensive information about the study, including its purpose, procedures, potential risks and benefits, confidentiality measures, and their right to withdraw at any time without consequences. Informed consent will be obtained from each participant, ensuring that they understand the nature of their involvement and provide voluntary agreement to participate.

Confidentiality and Anonymity: Participants' privacy will be rigorously protected throughout the research process. Confidentiality measures will be implemented to ensure that all data collected remain anonymous and are only accessible to the research team.

Personal identifiers will be removed or pseudonyms will be used to maintain anonymity in any reports or publications resulting from the study.

Safety and Well-being of Participants: Given the sensitive nature of the topic, the research team will take steps to minimize any potential distress or harm to participants. This includes providing resources for support and referral to counselling services for participants who may experience emotional distress during or after their participation. Additionally, researchers will be trained in trauma-informed approaches to conducting interviews and interacting with survivors in a sensitive and supportive manner.

Inclusion and Diversity: Efforts will be made to ensure the inclusivity and diversity of participants, recognizing that individuals from marginalized or vulnerable populations may have unique experiences and needs related to sexual assault. Recruitment strategies will be designed to reach a broad range of survivors, including those from diverse cultural backgrounds, genders, sexual orientations, and socioeconomic statuses, to ensure that the findings are representative and applicable to a wide range of survivors.

Avoiding Re-traumatization: Care will be taken to avoid re-traumatizing participants during the research process. This includes using non-leading and non-intrusive interview techniques, allowing participants to control the pace and depth of their disclosures, and providing opportunities for participants to take breaks or terminate their participation if they feel overwhelmed or distressed. Researchers will also be vigilant for signs of distress and have protocols in place for providing immediate support and referrals as needed.

Beneficence and Respect: The research will be conducted with the utmost respect for the dignity, autonomy,

and well-being of participants. Researchers will strive to create a safe and supportive environment for participants to share their experiences, ensuring that their voices are heard and valued.

Efforts will be made to empower participants by providing them with information about resources and support services available to them, as well as opportunities to contribute to the development of recommendations for improving support and services for survivors of sexual assault.

By addressing these ethical considerations, this research will uphold the highest standards of ethical conduct and ensure the well-being, dignity, and rights of all participants involved. For ethical research considerations, before the study will be conducted, the respondents will receive a detail briefing and key information about the purpose of the study. Through informed consent, the respondents shall willingly decide to take part in the study. In order to guarantee anonymity, secrecy, and the avoidance of potential harm, all information will be held and handled with the utmost confidentiality by not disclosing the names and identity of the research participants in accordance with RA 10173, generally known as the Data Privacy Act.

CHAPTER IV

RESULTS AND DISCUSSION

The study aimed to provide a detailed and comprehensive assessment of the severity of assault incidents among Individuals aged 18 and above of experienced sexual assault either before or after attaining legal age from diverse genders, backgrounds, and ethnicities. A total of 22 participants, evenly split between genders, participated in the study. This study utilized the Sexual Assault Severity Scale: A Comprehensive Measure of Assault Severity by Karyn Crystal Swinson (2013). The study examined gender disparities, including male, female, and LGBTQ+ participants. Additionally, the Mann-Whitney U test was used to assess differences in marital status, and the Kruskal-Wallis test was utilized to identify significant differences in the severity of sexual assault among genders.

Table 1: Profile of the participant.

Demographic Details	Frequency	percentage
A. Gender		
Male	8	36.4%
Female	9	40.9%

LGBTQ+	5	22.7%
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B. Marital Status

Married	17	77.3%
Unmarried	5	22.7%
Total	22	100.0

Table 1.1 shows the profile of the participants when grouped according to gender. Based on the table, 36.4% of the participants are male, 40.9% are female, and 22.7% are from the LGBTQ+ community. The largest group belongs to the female participants.

The table also shows the profile of the participants when grouped according to marital status. Based on the table, 77.3% of the participants are married, and 22.7% are unmarried.

Table 2: Tests of Normality of demographic details and SASS scale.

	Kolmogorov Smirnov ^a			Shapiro- Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
SASS scale	.225	22	.005	.911	22	.049
Gender	.231	22	.003	.806	22	.001
Marital status	.475	22	.000	.522	22	.000

a. Lilliefors Significance Correction

The normality test results indicate that the data for the SASS scale, gender, and marital status are not normally distributed. For the SASS scale, the Kolmogorov-Smirnov test yielded a statistic of 0.225 ($df = 22$, $Sig. = 0.005$), and the

Shapiro-Wilk test yielded a statistic of 0.911 ($df = 22$, $Sig. = 0.049$). For gender, the Kolmogorov-Smirnov test yielded a statistic of 0.231 ($df = 22$, $Sig. = 0.003$), and the Shapiro-Wilk test yielded a statistic of 0.806 ($df = 22$, $Sig. = 0.001$). For marital status, the Kolmogorov-Smirnov test yielded a statistic of 0.475 ($df = 22$, $Sig. = 0.000$), and the Shapiro-Wilk test yielded a statistic of

0.522 ($df = 22$, $Sig. = 0.000$). All p -values are below 0.05, suggesting significant deviations from normality

The sexual assault severity scale:

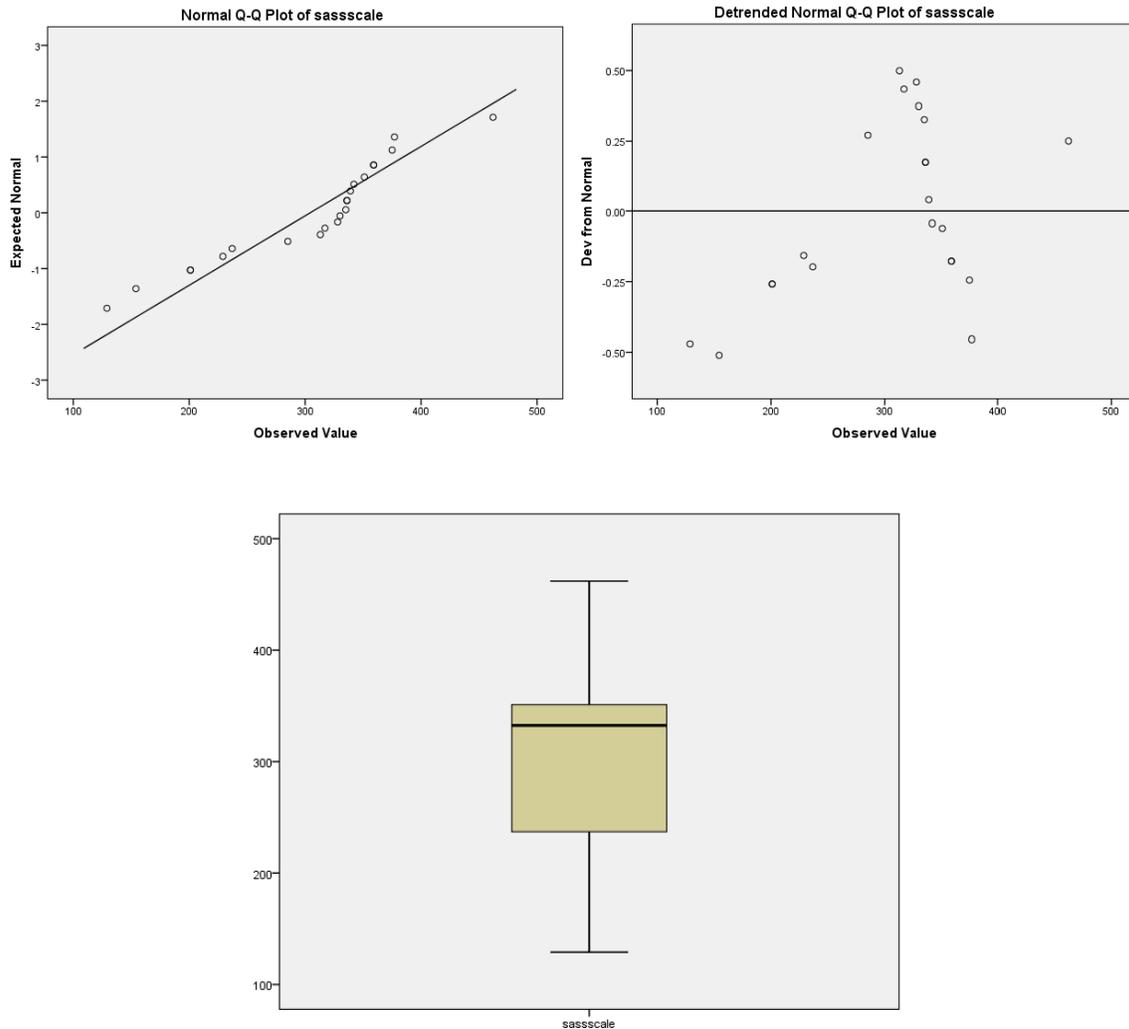


Table 3: Mann-Whitney u-test to marital status.

	marital status	N	Mean Rank	Sum of Ranks
SASS scale	Married	17	11.59	197.00
	Unmarried	5	11.20	56.00

Substance use	Married	17	11.47	195.00
	Unmarried	5	11.60	58.00
Pre traumatic	Married	17	11.62	197.50
schemas				
	Unmarried	5	11.10	55.50
Post-traumatic	Married	17	12.18	207.00
schema				
	Unmarried	5	9.20	46.00
Perceived	Married	17	11.97	203.50
assault				
	Unmarried	5	9.90	49.50
Assault	Married	17	10.91	185.50
characteristic.				
	Unmarried	5	13.50	67.50
Victim	Married	17	11.56	196.50

relationship

	Unmarried	5	11.30	56.50
Method of	Married	17	12.18	207.00

coercion

	Unmarried	5	9.20	46.00
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Test Statistics.

	substance use	Pre traumatic schemas	Post-traumatic ^a schema	SASS scale
Mann-Whitney U	42.000	40.500	31.000	41.000
Wilcoxon W	195.000	55.500	46.000	56.000
Z	-.039	-.157	-.906	-.118
Asymp. Sig. (2- tailed)	.969	.875	.365	.906
Exact Sig. [2*(1- tailed Sig.)]	1.000 ^b	.880 ^b	.401 ^b	.940 ^b

	Perceived assault	Assault characteristic	Victim relationship	method of coercion
Mann-Whitney U	34.500	32.500	41.500	31.000
Wilcoxon W	49.500	185.500	56.500	46.000
Z	-.645	-.788	-.079	-.902
Asymp. Sig. (2- tailed)	.519	.430	.937	.367
Exact Sig. [2*(1- tailed Sig.)]	.543 ^b	.446 ^b	.940 ^b	.401 ^b

The Mann-Whitney test results for various measures indicate no significant differences between married and unmarried participants. The SASS scale results, with a Mann-Whitney U of 41.000, Z of -0.118, and a p-value of 0.906, confirm no significant difference.

For sub-domains of SASS such as substance use, the Mann-Whitney U is 42.000, Z is -0.039, and the p-value is 0.969, showing no significant difference. Similarly, pre-traumatic schemas have a Mann-Whitney U of 40.500, Z of -0.157, and a p-value of 0.875, indicating no significant difference. Post-traumatic schemas also show no significant difference with a Mann-Whitney U of 31.000, Z of -0.906, and a p-value of 0.365. Perceived assault shows no significant difference, with a Mann-Whitney U of 34.500, Z of -0.645, and a p-value of 0.519. Assault characteristics have a Mann-Whitney U of 32.500, Z of -0.788, and a p-value of 0.430, indicating no significant difference.

The victim relationship measure shows no significant difference with a Mann-Whitney U of 41.500, Z of -0.079, and a p-value of 0.937. Lastly, the method of coercion measure, with a Mann-Whitney U of 31.000, Z of -0.902, and a p-value of 0.367, also indicates no significant difference between married and unmarried participants.

Table 3: Kruskal- Wallis test to gender.

	Gender	N	Mean Rank
SASS	Male	8	11.13
	Female	9	12.00
	LGBTQ+	5	11.20
Substance use	Male	8	12.69
	Female	9	10.39
	LGBTQ+	5	11.60
Post-traumatic schema	Male	8	10.88
	Female	9	13.33
	LGBTQ+	5	9.20
Perceived assault	Male	8	13.81
	Female	9	10.33
	LGBTQ+	5	9.90

Pre traumatic schemas

Male 8 10.63

	Female	9	12.50
	LGBTQ+	5	11.10
victim relationship	Male	8	10.44
	Female	9	12.56
	LGBTQ+	5	11.30
Assault	Male	8	14.13
characteristic			
	Female	9	8.06
	LGBTQ+	5	13.50
Method of coercion	Male	8	10.25
	Female	9	13.89
	LGBTQ+	5	9.20
	Total	22	

Test Statistics^{a,b}

	SASS substanceuse scale	posttraumatic schema	perceived assault	Pre traumatic schemas	
Chi-Squar	.091	.534	1.435	1.705	.379
Df2 2	2	2	2		
Asymp.Sig.	.956	.766	.488	.426	.828

Test Statistics

	victim relationship	Assault characteristics	Method of coercion
Chi-Square	.461	4.368	2.147
Df	2	2	2
Asymp. Sig.	.794	.113	.342

a. Kruskal Wallis Test

b. Grouping Variable: gender

The Kruskal-Wallis test results for various measures indicate no significant differences between the groups based on gender (male, female, LGBTQ+). For the SASS scale, the Chi-Square value is 0.091 with 2 degrees of freedom (df) and an Asymp. Sig. (p-value) of 0.956, showing no significant difference.

Substance use has a Chi-Square value of 0.534, 2 df, and a p-value of 0.766, indicating no significant difference. Post-traumatic schemas show a Chi-Square value of 1.435, 2 df, and a p-value of 0.488, suggesting no significant difference. Perceived assault has a Chi-Square value of 1.705, 2 df, and a p-value of 0.426, indicating no significant difference. Pre-traumatic schemas show a Chi-Square value of 0.379, 2 df, and a p-value of 0.828, indicating no significant difference. Victim relationship has a Chi-Square value of 0.461, 2 df, and a p-value of 0.794, indicating no significant difference. Assault characteristics have a Chi-Square value of 4.368, 2 df, and a p-value of 0.113, which is close but still not statistically significant. Method of coercion shows a Chi-Square value of 2.147, 2 df, and a p-value of 0.342, indicating no significant difference. Overall, these results suggest that there are no statistically significant differences in any of the

measured domains between male, female, and LGBTQ+ participants.

CHAPTER V

SUMMARY AND CONCLUSION

5.1 Key findings.

- The study aimed to assess the severity of assault incidents among Individuals aged 18 and above of experienced sexual assault either before or after attaining legal age from diverse genders, backgrounds, and ethnicities, utilizing the Sexual Assault Severity Scale (SASS) by KarynCrystal Swinson (2013).
- A total of 22 participants, evenly split between genders (36.4% male, 40.9% female, 22.7% LGBTQ+), were involved in the study.
- The demographic analysis revealed that 77.3% of participants were married, while 22.7% were unmarried.

5.2 Summery and Conclusion.

The findings suggest that there are no statistically significant differences in the severity of assault incidents across gender and marital status among Individuals aged 18 and above of experienced sexual assault either before or after attaining legal age from diverse genders, backgrounds, and ethnicities. These results contribute to understanding the nuanced complexities of assault severity assessment and underscore the importance of non-parametric statistical approaches in such research contexts.

This study aimed to conduct a thorough assessment of assault severity among Individuals aged 18 and above of experienced sexual assault either before or after attaining legal age from diverse genders, backgrounds, and ethnicities, using the Sexual Assault Severity Scale (SASS) developed by Karyn Crystal Swinson (2013).

A total of 22 participants, comprising an equal distribution across genders (36.4% male, 40.9% female, 22.7% LGBTQ+), were included, with 77.3% categorized as married and 22.7% unmarried. Normality tests employing Kolmogorov-Smirnov and Shapiro-Wilk tests demonstrated non-normal distributions (p

< 0.05) for the SASS scale, gender distribution, and marital status, necessitating the use of non-parametric statistical analyses.

The Mann-Whitney U test indicated no statistically significant differences between married and unmarried participants across domains such as substance use, pre and post-traumatic schemas, perceived assault, assault characteristics, victim relationship, and method of coercion ($p > 0.05$ for all measures). Similarly, the Kruskal-Wallis test found no significant differences among gender groups (male, female, LGBTQ+) for the SASS scale and its sub-domains ($p > 0.05$ for all measures). These findings imply that marital status and gender identity do not significantly influence the severity of assault experiences in this study's cohort, highlighting the complexity of factors influencing assault severity that warrant further investigation.

5.3 Limitations

Research find difficulty on sampling from particular demographics which may not accurately reflect the overall survivor population. The results of research skewed by the differences between individuals who choose to participate and those who do not . Participants become distressed when discussing traumatic events, which makes it challenging to guarantee their wellbeing both before and after the study. It can be difficult to make sure that participants comprehend the study and all of its possible effects, especially if they are in a vulnerable situation. Survivors may find it difficult to precisely recollect specifics because of the effects of the trauma. The amount of time that has passed after the assault may have an impact on how memories and effects are recalled. The social stigma associated with sexual assault may cause people to underreport incidents or be reluctant to take part in studies.

5.5 Suggestions s and recommendations for future study.

The findings from this study suggest several implications for future research on assault severity among young adults. Firstly, despite the non-significant differences found based on marital status and gender identity in this study, future research could explore larger and more diverse samples to further validate these findings across different demographic groups. Additionally, longitudinal studies could provide insights into how assault severity and its correlates evolve among young adults. Furthermore, qualitative research approaches could complement quantitative measures by exploring nuanced experiences and perceptions related to assault severity, offering a more comprehensive understanding of these dynamics.

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APPENDIXA SEXUALASSAULTSEVERITYSCALE (SASS)

	Never	Once	Twice	Threetimes ormore
1. Someone touched, kissed, or rubbed against the private parts of your body (i.e., breasts, crotch, butt), but did not attempt sexual intercourse				
2. Someone TRIED to perform oral sex on you				
3. Someone TRIED to make you perform oral sex on them				
4. Someone TRIED to have vaginal sex with you (either with his penis or by inserting fingers or objects)				
5. Someone TRIED to have an anal sex with you (either with his penis or by inserting fingers or objects)				

	Never	Once	Twice	Threetimes ormore
6. Someone performed oral sex on you				
7. Someone made you perform oral sex on them				
8. Someone had vaginal sex with you (either with his penis or by inserting fingers or objects)				
9. Someone had anal sex with you (either with his penis or by inserting fingers or objects)				

Assault Characteristics

If you have experienced any of the previous unwanted sexual acts, please answer the following questions. If you have experienced more than one unwanted sexual act, use the experience that was most distressing for you to answer the questions.

10. How old were you when the sexual experience occurred? _____

11. How much time has passed since the sexual experience occurred?

1=<1 week

2=1-4 weeks

3=1-2 months

4=3-6 months

5=7-11 months

6=1-2 years

7=More than 2 years

12. How many people were involved in the sexual experience (excluding you)?

1

2

3

4

5+

13. Wastheperson(s)youhadthesexualexperiencewithmaleorfemale?Ifthereweremultiplepeople andsomeweremaleand somefemale,then mark“Both”

- 1 =Male
- 2=Female
- 3=Both

14. Thesexualexperienceoccurred:

- 1=inpublic,outside(i.e.,parkinglot,alley,park)
- 2=inpublic,inside(i.e.,bar,publicbathroom)
- 3=attheperson’shouse/apartment/dorm
- 4=at myhouse/apartment/dorm
- 5=Other: _____

VictimOffenderRelationship:

15. Theperson(s)whoIhadthesexualexperiencewith was:(Ifmorethanoneperson,circleall that apply)

- a=stranger
- b=someoneIjustmet
- c= anacquaintance
- d=closefriend/confidant(but I’ve neverhadsexualrelationswithhim/herbefore)
- e=someonethatI’vehadprevioussexualrelationswith(i.e.,acquaintance,closefriend, ex)
- f=asignificantother or spouse

16. Howcloseofarelationshipdid youhavewiththepersonyouhadthesexualexperiencewith?

	0	1	2	3	4	5	6	7	8	9	10	
Notat all												I trustedthem
Close												withmysecrets

Ifthere wasmorethanonepersoninvolved,pleaseratehow closeof arelationshipyouhad with the person when the sexual experience happened. Circle N/A if there was nosecond,third, fourth, orfifth person involved.

Second person		0	1	2	3	4	5	6	7	8	9	10	
N/A													I trustedthem
													Close withmysecrets
Third person		0	1	2	3	4	5	6	7	8	9	10	
N/A													I trustedthem
Fourth person		0	1	2	3	4	5	6	7	8	9	10	
N/A													I trustedthem
Fifth person		0	1	2	3	4	5	6	7	8	9	10	
N/A													I trustedthem

26. How much did you believe the threat? If the person did not make these threats, circle N/A. N/A

0 1 2 3 4 5 6 7 8 9 10
 Not at all happen I knew it would

27. How afraid were you when the threat was made? If the person did not make any of these threats, circle N/A.

N/A
 0 1 2 3 4 5 6 7 8 9 10
 Not at all afraid Extremely afraid

28. How effective was the threat? If the person did not make any of these threats, circle N/A.

N/A
 0 1 2 3 4 5 6 7 8 9 10
 Not at all effective Extremely effective

29. The person who had the sexual experience with did which of the following when I did not do the sexual act. Please check all that apply

- a. held me down or restrained me
- b. slapped me
- c. punched or kicked me
- d. beat me
- e. choked me
- f. used a weapon
- g. none of the above

30. How afraid were you when the person did one or more of these acts of physical force? If the person did not do any of these acts, circle N/A.

N/A
 0 1 2 3 4 5 6 7 8 9 10
 Not at all afraid Extremely afraid

44. What drug(s) did you use?

- | | | |
|----------------------------|--------------------|------------------------------------|
| a. marijuana | d. methamphetamine | g. mushrooms |
| b. prescription pain meds/ | e. ecstasy | h. non-sedatives (i.e., oxycontin) |
| c. crack/cocaine | f. LSD | |

45. Please rate how high you were at the time of the sexual experience. If you did not use any drugs, circle N/A.

N/A

0	1	2	3	4	5	6	7	8	9	10
Not at all high										Extremely high

46. Did the person(s) you had the sexual experience with insist that you use illicit substances?

0 = No

1 = Yes

47. To your knowledge, what drug(s) did the person(s) use?

- | | | |
|----------------------------|--------------------|------------------------------------|
| a. marijuana | d. methamphetamine | g. mushrooms |
| b. prescription pain meds/ | e. ecstasy | h. non-sedatives (i.e., oxycontin) |
| c. crack/cocaine | f. LSD | |

48. Please rate how high the person(s) was at the time of the sexual experience. If the person(s) did not use drugs, mark N/A.

N/A

0	1	2	3	4	5	6	7	8	9	10
Not at all high										Extremely high

Peritraumatic Schemas

Please answer the following questions regarding some of the thoughts or beliefs you may have had DURING the sexual experience or IMMEDIATELY AFTER.

	Timeframe: DURING OR IMMEDIATELY AFTER										
49. I did not expect this person(s) to ever harm me.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	
50. I did not expect something like this to happen in the location I was in.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	
51. This sexual experience happened because of something I said or did.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	
52. I "led on" the person I had the sexual experience with.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	
53. This sexual experience happened because I am too trusting of others.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	
54. This sexual experience happened because I am a weak person.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	
55. I will not be able to trust anyone again.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	
56. People are not who they appear to be.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	
57. I will never feel safe again.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	
58. The world is a dangerous place.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	
59. I feel like no matter what I do, bad things happen to me.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	
60. I feel broken or damaged.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	
61. I will not be the same person after this.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree									Strongly Agree	

Posttraumatic Schemas

Please answer the following questions regarding some of the thoughts or beliefs you may have had SINCE the sexual experience. This would include the time IMMEDIATELY following the sexual experience to TODAY.

	Timeframe: IMMEDIATELY AFTER to TODAY										
62. I did not expect this person(s) to ever harm me.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree Strongly Agree										
63. I did not expect something like this to happen in the location I was in.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree Strongly Agree										
64. This sexual experience happened because of something I said or did.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree Strongly Agree										
65. I "led on" the person I had the sexual experience with.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree Strongly Agree										
66. This sexual experience happened because I am too trusting of others.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree Strongly Agree										
67. This sexual experience happened because I am a weak person.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree Strongly Agree										
68. I will not be able to trust anyone again.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree Strongly Agree										
69. People are not who they appear to be.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree Strongly Agree										
70. I will never feel safe again.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree Strongly Agree										
71. The world is a dangerous place.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree Strongly Agree										
72. If I feel like no matter what I do, bad things happen to me.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree Strongly Agree										
73. I feel broken or damaged.	0	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree Strongly Agree										

