Post-Trauma Stress Disorder in Sexual Harassment: 
A Case Report

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ABSTRACT

**Background:** Violence or sexual harassment have been increasingly reported in recent years, especially among women. Not only at the global level, but also nationally and locally. Violence in the form of sexual harassment and rape can cause deep trauma to the victim, depression, and other mental disorders.

**Methods:** A case study of sexual harassment that causes post-traumatic stress disorder.

**Results and discussion:** an 18-year-old woman, still in high school, complained of fear after experiencing several times of violence or sexual harassment by both close people and strangers. With a multiaxial approach, the victim is diagnosed with Post-Traumatic Stress Disorder. It was confirmed that the victim had severe depression using the Hamilton Depression Rating Scale or extreme depression using the Beck Depression Inventory. In this case, several factors were identified such as: being a victim or previous sexual act, conflict, and violence in the family, emotionally unsupportive family environment, poor parent-child relationships, and poverty. Comprehensive management involves a multidisciplinary approach. Pharmacologically, Risperidone was given 1-milligram tablet every 24 hours orally in the morning, and Sertraline 25 milligrams tablet every 24 hours orally at night. Victims also receive psychotherapy, education, and social support. Furthermore, the victim is monitored regularly.

**Conclusion:** Sexual violence or harassment is prone to cause Post-Traumatic Stress Disorder, so it requires a multidisciplinary approach and comprehensive management. Starting from taking a history to confirm the diagnosis, treatment, and monitoring.

**Keywords:** depression, post-traumatic stress disorder, sexual harassment of women.

I. INTRODUCTION

Sexual violence and harassment are a form of violence against women. In addition to causing physical injuries, sexual violence also causes deep mental or psychological wounds that require a long healing process and a special approach. Posttraumatic stress disorder (PTSD) is a mental disorder that can occur in people who have experienced or witnessed traumatic events such as natural disasters, serious accidents, terrorist acts, war/battles, or rape or who are threatened with death [1]-[3]. Data collection results the 2016 National Women's Life Experience Survey (SPHPN) showed that 1 in 3 women aged 15-64 years experienced physical and/or sexual violence by a partner and non-partner during their lifetime, and about 1 in 10 women aged 15-64 years experienced it within 12 months last [4].

Physical and/or sexual violence tended to be higher for women living in urban areas (36.3%) than those living in rural areas (29.8%). The perpetrators are people close to the victim; they even know well. Although very few, with various motives and modes can also be done by people who are just known. Physical and/or sexual violence is mostly experienced by women aged 15–64 years with a high school education background and above (39.4%) and work status is not working (35.1%) [4].

Acts of violence or sexual harassment can cause deep trauma to the victim. Victims of sexual violence or abuse can experience stress due to the traumatic experiences they have experienced. Stress disorders experienced by victims of violence or sexual harassment are often referred to as Post Traumatic Stress Disorder.

II. CASE PRESENTATION

The victim is a Balinese woman, 18 years old, Catholic, third grade student of SMK, and unmarried. When interviewed on April 4, 2022, the victim was in a sitting position hugging her knees on the bed. During the interview
the victim appeared very frightened. Part of his face was covered with long loose hair so he could see the examiner through the hair covering his face. The victim answered the examiner's question, in a small voice, answered in short words, and waited a long time. Several questions had to be repeated because the victim looked silent, looked down, and was dumbfounded.

On history, the patient complained of fear. The feeling of fear has arisen since being sexually harassed by an unknown person about 3 weeks ago. He was also harassed by his stepfather when he came home from school. The victim's older sister also abused her by forcing her to have sex when she was in grade 1 to grade 3 of junior high school because at that time, she did not understand but later became aware after receiving lessons at school. Victims are also often surprised when they hear loud noises or when an unknown person enters the room where the victim is being treated.

On general physical examination, no abnormalities were found. On gynecological examination, it was found that there was an old tear in the hymen, along with leukorrhea or vaginal discharge, as well as laceration of the fourchette area (perineum) and labia minora in the vagina. Examination of the psychiatric status found an unnatural appearance, looked frightened, lacked visual and verbal contact, clear consciousness, fearful/narrowed mood/affect, matched. Thought process: Logical Realist, coherent, preoccupation with fear. The perception of hallucinations and illusions is absent. There is a history of mixed type insomnia and hypobulia. Self-defense mechanisms of repression, schizoid personality trait. Examination using the Beck Depression Inventory (BDI) scale obtained a score of 49 (Extreme Depression), and Hamilton Depression Rating Scale (HDRS) obtained a score of 35 (Severe Depression).

Victims experience behavioral and psychological symptoms that are clinically quite significant and cause distress and disability in daily life which indicate that the victim has a mental disorder. The findings in the history and physical examination did not reveal any anatomical or functional abnormalities that cause brain dysfunction and cause mental disorders, so that Organic Mental Disorders can be ruled out. There was also no history of drug use which physiologically can cause brain dysfunction and cause mental disorders that are currently suffered so that Mental and Behavioral Disorders Due to the Use of Psychoactive Substances can be excluded.

In the victim's anamnesis, images of traumatic events were found that made the victim fearful, so the diagnosis of Post-Traumatic Stress Disorder can be considered. Patients are also easily startled and startled when they hear loud noises, this happens after the trauma they have experienced, so adjustment disorders with mixed emotions and behavior disorders can be ruled out.

A. Multiaxial diagnosis

Axis I : Post-traumatic stress disorder (F43.1)
Axis II : Schizoid Personality Traits, Defense Mechanisms of Ego Repression
Axis III : No diagnosis
Axis IV : Victims of sexual harassment and problems with primary support groups
Axis V : GAF when examination 60-51

B. Treatment

Patient was given Risperidone 1 milligram tablet every 24 hours intraoral in the morning and Sertraline 25 milligram tablets every 24 hours intraorally at night. Patient also given psychoeducation, explaining the disorders experienced by the patient, the management plan given, both psychotherapy and psychopharmaceuticals. Also given supportive psychotherapy and ventilation, provide assurance and provide support to patients and families to support ego function and strengthen defense mechanisms, expand control mechanisms.

C. Monitoring

Monitoring is carried out on drug side effects, improvement in clinical symptoms, and indicators of progress in therapy for improving symptoms of mental disorders.

D. Prognosis

Quo ad Vitam : dubia ad bonam
Quo ad Functionam : dubia ad bonam
Quo ad Sanationam : dubia ad bonam

III. DISCUSSION

The World Health Organization (WHO) has long paid attention to various forms of violence directed at women. Violence against women, especially intimate partner violence and sexual violence, is a major public health and clinical problem and is a violation of women's human rights. Violence against women is rooted in and perpetuates gender inequality. Globally WHO estimates that 1 in 3 women experience physical and/or sexual violence in their lifetime, mostly by an intimate partner. This is a stark reminder of the scale of gender inequality and discrimination against women [4], [5].

The International Federation of Gynecology and Obstetrics (FIGO) has a long history of struggle in establishing its commitment to eliminating all forms of gender-based violence, especially against women and children. They are also aware of the negative impact both in the short and long term. Therefore, at the 2006 global meeting in Kuala Lumpur, Gender based violation became one of the big themes. The International Federation of Gynecology and Obstetrics as a non-governmental organization representing Obstetrics and Gynecology doctors around the world on November 25, 2011, reaffirmed commitment to the International Day for the Elimination of Violence against Women. The International Federation of Gynecology and Obstetrics has a vision of assisting women around the world to achieve the highest standards of physical, mental, reproductive, and sexual well-being throughout their lives [6].

Cases of alleged sexual violence and harassment are also rampant in Indonesia. The Ministry of Women's Empowerment and Child Protection (KPPPA) as reported by CNN Indonesia recorded as many as 8,800 cases of sexual violence occurred from January to November 2021. The data displayed on the Online Information System for the Protection of Women and Children (SIMPONI PPA) since January 2022 until this writing is reported. as many as 6,725 cases, and most of them (92.36%) were women.7 These cases occurred in various places that have been considered safe,
such as schools, universities, to Islamic boarding schools. The victims also varied, ranging from students, students, employees in state institutions, wives of prisoners to people with disabilities [7], [8].

Efforts to prevent and handle cases of violence and sexual harassment in Indonesia face big problems, especially in terms of regulations and legislation. The Draft Law on the Elimination of Sexual Violence which has been proposed since 2016 has not been approved by the House of Representatives so that the legal guidelines for resolving all forms of sexual violence in Indonesia have not been maximized [5].

There are many definitions or understandings of sexual violence or harassment. According to WHO, sexual violence is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by anyone regardless of their relationship to the victim, in any setting. This includes rape, which is defined as physical coercion or forced penetration of the vulva or anus with a penis, body part or other object [9].

In the general provisions of the draft law on the elimination of sexual violence, it is stated that sexual violence is every act of degrading, insulting, attacking, and/or other acts against a person's body, sexual desire, and/or reproductive function, by force, against the will of a person, which causes a person to be unable to give consent in a free state, due to inequality in power relations and/or gender relations, which results in or can result in physical, psychological, sexual suffering or misery, economic, social, cultural and/or political harm [5].

Sexual violence or harassment doesn’t just happen. It is very difficult to pinpoint one specific cause for sexual violence or harassment. There are several models that can be used to explain the occurrence of PTSD.

Psychoanalytic models suggest that trauma has reactivated previously calm, but unresolved psychological conflicts. Resurrection of previous trauma elicits regression and use of defense mechanisms of repression, denial, reaction formation, and undoing. According to Freud, the breakdown of consciousness occurs in patients who report a history of sexual trauma in childhood. Pre-existing conflicts are symbolically rekindled by new traumatic events. The ego revives and tries to control and reduce anxiety. The PTSD cognitive model states that the person experiencing it is unable to process or rationalize the trauma that triggered the disorder. Traumatic fears can be maintained through an inability to understand how to manage stressful events. The brain's attempts to process the large amounts of information evoked by the trauma are thought to result in alternating periods of understanding and blocking events [10], [11].

Viewed from the biological theory, PTSD is related to the involvement of many neurotransmitter systems, such as the involvement of receptors for norepinephrine, dopamine, endogenous opioids, and benzodiazepines as well as the hypothalamic-pituitary-adrenal axis (HPA). At the clinical level, the major biological findings are an increase in the activity and responsiveness of the autonomic nervous system. Several studies support the similarities between PTSD and two other psychiatric disorders, namely major depressive disorder, and panic disorder.

According to the Centers for Diseases Control and Prevention (CDC 24/7), there are several risk factors for sexual violence, including [10]:

A. Individual factor
- Alcohol and drug use
- Crime
- Lack of concern for others
- Aggressive behavior and acceptance of violent behavior
- Early sexual initiation
- Forced sexual fantasies
- Preference for impersonal sex and sexual risk taking
- Sexually explicit media exposure
- Hostility towards women
- Adherence to traditional gender role norms
- Hyper-masculinity
- Suicidal behavior
- Victims or previous sexual acts

B. Relationship Factor
- Family history of conflict and violence.
- a history of physical, sexual, or emotional abuse in childhood.
- Emotionally unsupportive family environment.
- Poor parent-child relationship, especially with father.
- Hang out with peers who are sexually aggressive, hypermasculine, and mischievous.
- Involvement in violent or abusive intimate relationships.

C. Community Factor
- Poverty in a broad sense.
- Lack of job opportunities.
- Lack of institutional support from the police and justice system.
- General tolerance for sexual violence in the community.
- Weak community sanctions against perpetrators of sexual violence.

D. Social Factor
- Community norms that support sexual violence.
- Social norms that support male superiority and sexual rights.
- Social norms that maintain women's sexual inferiority and obedience.
- Weak laws and policies regarding sexual violence and gender equality.
- High crime rates and other forms of violence.

IV. DIAGNOSIS

Post-traumatic stress disorder (PTSD) according to the National Institute of Mental Health is a disorder that develops in several people who have experienced shocking, frightening, or dangerous events, stress, defined as re-experiencing (remembering experiencing repeated events), avoidance, negative beliefs, and hyperarousal symptoms (alertness due to remembering an event), after surviving suffering.
Sexual violence or harassment is a form of PTSD that can cause complaints of tension, insomnia (difficulty sleeping), difficulty concentrating, and feeling that someone is in control of their lives, even those concerned lose the meaning of their lives. Even worse, people who experience post-traumatic disorders are in a state of prolonged stress, which can result in the emergence of brain disorders, reduced intellectual abilities, emotional disorders, and impaired social abilities.

In the Guidelines for Classification and Diagnosis of Mental Disorders in Indonesia III (PPDGJ-III; Ministry of Health of the Republic of Indonesia, 1993) it is stated that the characteristics of this disorder are not only based on the identification of symptoms and the course of the disease, but also the presence of precipitating factors in the form of extraordinary life stress. This disorder is a direct consequence of severe acute stress or prolonged trauma, where it is the main causative factor and without it this disorder would not occur. The diagnosis of PTSD is made when the disturbance occurs within 6 months of the severe traumatic event (with a latency period ranging from a few weeks to several months, rarely exceeding 6 months, but may exceed 6 months if clinical manifestations are typical). Must be obtained images or dreams of the traumatic event repeatedly (flashbacks), as well as the presence of symptoms of autonomic disorders, affective disorders and behavioral disorders, all of which can color the diagnosis.

V. COMPLICATIONS

Violence or sexual harassment of women is a very traumatic event. Much evidence in the fields of neurobiology and epidemiology suggests that adverse experiences that occur in early life can cause long-term changes in several brain systems. On the other hand, an increased frequency of childhood experiences in early life is strongly associated with permanent brain dysfunction and is also associated with deleterious effects on health and quality of life.

The American College of Obstetricians and Gynecologists (ACOG) opinion 498 August 2011 Reaffirmed December 2019 stated Adult Manifestations of Childhood Sexual Abuse. the long-term effects of childhood sexual abuse are varied, complex, and often devastating. It leaves not only gynecological problems such as chronic pelvic pain, dyspareunia, vaginismus, nonspecific vaginitis, and gastrointestinal disorders, but also many psycho-social problems. Depression, anxiety, and anger are the most commonly reported emotional responses to childhood sexual abuse [12]. Traumatic experiences can activate brain regions that regulate emotion and reduce activation in areas of the central nervous system (CNS) involved in sensory, motor integration, attention, memory, memory consolidation, modulation of physiological arousal, and the ability to communicate so that sexual harassment can lead to mood changes such as depression, can also cause post-traumatic stress disorder to be prodromal from psychotic [9], [13], [14].

VI. TREATMENT

To get a better outcome, the management of PTSD is very important to apply a comprehensive approach, including the provision of medication and psychotherapy as well as education, psychosocial support, techniques to relieve anxiety, as well as lifestyle modification [1], [2], [14], [15].

There are several therapeutic modalities that can be chosen in the treatment of PTSD, such as pharmacotherapy, using one or several choices of drugs. Education, by taking an approach to help patients understand the changes that occur in the patient's self-function both physically and psychologically as a result of the traumatic event experienced. Psychosocial support, by reducing various negative stigmas that may arise as a result of a PTSD diagnosis. Lifestyle modification, such as: A healthy diet, regulating the consumption of caffeine, alcohol, cigarettes, and other drugs, as well as regular exercise, and so on. Psychotherapy, such as cognitive-behavioral psychotherapy, group psychotherapy, and hypnotherapy.

In this case, drugs, psychotherapy, education, and social support have been given. Further monitoring will be carried out to see the progress of treatment. If necessary, it will be continued by using other therapeutic modalities.

VII. PROGNOSIS

In untreated PTSD, 30% recovered completely, 40% continued to have mild symptoms, 20% continued to have moderate symptoms, 10% had no improvement in symptoms or even worsened symptoms. Prognosis is good if symptom onset is rapid (less than 6 months), good premorbid function, strong social support, no psychiatric, medical, substance-related disorders or other risk factors.

A study of rape victims seeking help found that 95% met the criteria for PTSD symptoms within 2 weeks of rape. However, the proportion of victims who still met the symptom criteria at 1, 3, and 6 months after rape decreased to 63.3, 45.9, and 41.7%, respectively. Among victims of nonsexual assault, 64.7% met the criteria for PTSD symptoms 1 week after the trauma, while the proportion still met the criteria at 1, 3, 6, and 9 months after the attack fell to 36.7, 14.6, respectively. 11.5, and 0 % [14], [15].

VIII. CONCLUSION

There has been a reported case of repeated sexual violence or harassment against an 18-year-old woman resulting in Post-Traumatic Stress Disorder. The victim was sitting in a teacher's school (SMK). The perpetrator is not only a unknown person, but also a known person and even very close to the victim. From auto-anamnesis and hetero-anamnesis, several risk factors were found. Both individual factors, relationship factors, community factors, and social factors. Among them, Victims have experienced previous sexual abuse, conflict and violence in the family, an emotionally unsupportive family environment, poor parent-child relationships, and poverty. The diagnosis is made by a multiaxial approach, including measuring the level of severe or extreme depression using the Beck Depression Inventory and the Hamilton Depression Rating Scale. A comprehensive,
multidisciplinary approach in its management by providing drugs, psychotherapy, education and seeking social support.

CONFLICT OF INTEREST
Authors declare that they do not have any conflict of interest.

REFERENCES


