

# STUDENTS

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HEALTH AND WELLNESS

RELATIONSHIP AND SEXUAL VIOLENCE PREVENTION CENTER

## Rape Trauma Syndrome

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**Content warning:** This page contains information about relationship and sexual violence.

### Confidential RSVP counselors available 24/7

Email [rsvpcenter@wustl.edu](mailto:rsvpcenter@wustl.edu) or call 314-935-3445 (Monday-Friday 8:30 a.m.-4:30 p.m.)

24/7 emergency via Provident WashU (314-935-6666), WUPD (314-935-5555) or SARAH peer counseling during the academic year (314-935-8080)

Rape trauma syndrome (or RTS) is related to post-traumatic stress disorder but is more specific to sexual assault. RTS describes symptoms of trauma including disruptions to normal physical, emotional, cognitive and interpersonal behavior.

Major symptoms of RTS are:

- **Re-Experiencing the Trauma:** Rape victims may experience recurrent nightmares about the rape, flashbacks or may have an inability to stop remembering the rape.
- **Social Withdrawal:** This symptom has been called 'psychic numbing' and involves not experiencing feelings of any kind.
- **Avoidance Behaviors and Actions:** Victims may desire to avoid any feelings or thoughts that might recall to mind events about the rape.
- **Increased Physiological Arousal Characteristics:** This symptom can be marked by an exaggerated startle response, hypervigilance, sleep disorders or difficulty concentrating.

Although each individual's experience is unique, people experiencing rape trauma syndrome often process their trauma in a series of stages

## The Major Stages of RTS

## ACUTE STAGE

The acute stage can begin days or weeks after a sexual assault and generally lasts for between a few days and a few weeks. Often, victims begin experiencing symptoms of the acute stage after the initial shock of an assault has worn off. Symptoms at this stage may include:

- Diminished alertness or hyper-alertness
- Numbness
- Dulled sensory, affective and memory functions
- Disorganized thought content
- Nausea and vomiting
- Paralyzing anxiety
- Obsession to wash or clean themselves
- Confusion about everyday life
- Acute sensitivity to the reaction of other people
- Thoughts of and increased risk of suicide

## OUTWARD ADJUSTMENT STAGE

Outward adjustment often begins when the Acute stage ends, and can last for between a few months and several years, if it is not interrupted. During this stage, the victim may outwardly appear to have “moved on” from an assault, but this stage is marked by serious inner turmoil. Victims may employ a wide range of coping mechanisms, including:

- Minimization (pretending “everything is fine”, or that the assault “wasn’t a big deal”)
- Dramatization (cannot stop talking about the assault)
- Suppression (refuses to discuss the incident)
- Explanation (analyzes what happened)
- Flight (moves to a new home or city, alters appearance)

Victims may show a wide variety of symptoms, but some common symptoms during this phase include:

- Poor health in general
- Continuing anxiety
- Sense of helplessness
- Hypervigilance
- Inability to maintain previously close relationships
- Experiencing a general response of nervousness or “startle response”
- Persistent fear
- Mood swings from relatively happy to depression or anger extreme anger and hostility (more common for male or masculine victims than female or feminine victims)
- Sleep disturbances such as insomnia, vivid dreams, and recurring nightmares

- Flashbacks and intrusive thoughts about the assault
- Dissociation (feeling like one is not attached to one's body)
- Panic attacks

Victims in the Outward Adjustment Stage may increase their reliance on coping mechanisms, some of which may be adaptive, such as relying on the support of family or friends, mindfulness, or increased self-care, but others may be counterproductive in the long term, such as self-harm, drug or alcohol abuse, high risk sexual behaviors or disordered eating as a way of regaining control.

During this stage, victims may feel their lifestyles being changed in a variety of ways, including:

- Sense of personal security or safety is damaged, which may lead to a changing of behaviors and abandonment of activities previously enjoyed
- Hesitance to enter new relationships.
- Questioning of sexual identity or sexual orientation (more typical of people assaulted by someone outside of their orientation).
- Disrupted sexual relationships or sexuality, including difficulty re-establishing normal sexual relations, inhibited sexual response and flashbacks to the rape during sexual activity, or hyper-sexuality.

## **UNDERGROUND STAGE**

During the underground stage, victims may work to return to their more “normal” lives. This stage may last for years, with limited disruptions to daily life, although emotional issues surrounding the assault may continue to be unresolved. In the underground stage victims may:

- Attempt to return to their lives as if nothing happened
- Block thoughts of the assault from their minds and may not want to talk about the incident or any of the related issues
- Have difficulty in concentrating and some depression
- May experience some dissociation and/or symptoms of hypervigilance

## **REORGANIZATION STAGE**

The Reorganization Stage can begin when there is an external trigger than moves a survivor from the Underground or Outward Adjustment stage, or when there is a life transition, or for other reasons that may not be clear to the survivor or their loved ones. The length of reorganization can vary widely, and can end when a survivor returns to Outward Adjustment or Underground, or when they are able to resolve the trauma and move to the Renormalization stage. Reorganization is characterized by a return to internal and external emotional turmoil. Friends and family may be confused by a return of feelings and behaviors in the victim that they thought were resolved. Victims may also feel surprise, fear, and confusion in this stage as strong feelings about the assault return. In the reorganization phase, victims may experience:

Fears and phobias that may be related specifically to the assailant or the circumstances or the attack, or may be much more generalized. These phobias often include:

- Fear of being in crowds.
- Fear of being left alone anywhere.
- Fear of men or women.
- Fear of going out at all.
- Fear of being touched.
- Specific fears related to certain characteristics of the assailant, e.g. side-burns, straight hair, the smell of alcohol or cigarettes, type of clothing or car.
- General suspicious or paranoid feelings about strangers.
- Appetite disturbances such as nausea and vomiting. Survivors may also develop disordered eating patterns at this time.
- Nightmares and other sleep disturbances.
- Violent fantasies of revenge may also arise.
- Increased thoughts and risk of suicide.

## RENORMALIZATION STAGE

In this stage, survivors reprocess their experience and are able to integrate it into their lives. The sexual assault or rape is no longer a central focus, and feeling such as guilt or shame resolve. Survivors in this stage are also able to recognize and address secondary consequences of maladaptive coping mechanisms. While victims may look upon the sexual assault and its aftermath with sadness, the feelings generated by the assault in other stages are not as strong, overwhelming, or disruptive as they once were.

*Information for this page gathered from [King County Sexual Assault Resource Center](#), [Rape Crisis Capetown Trust](#), [RAINN](#)*

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