



Trauma Caused by Sexual Assault and Its Effects on Libido

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Abstract : This study has been undertaken to investigate the trauma caused by sexual assault and its effects on libido using thematic analysis. The prevalence of sexual assault is very high in just not only India but around the globe. Every other woman at least once in her life becomes a victim of sexual assault or rape. Sexual violence can come in some form or the other. A sexual assault can cause trauma to a woman in many different ways and leave everlasting effects. This study focuses on two aspects of the effect on which women who are assaulted are libido (sexual desire) and romantic relationships. The study consisted of 15 participants who had suffered any form of sexual trauma. An open-ended questionnaire was followed throughout the data collection process.

INTRODUCTION

Sexual assault is a prevalent issue affecting a significant number of women and children in India, as highlighted in the 2021 report by the National Crime Records Bureau (NCRB). The report revealed alarming figures, with 31,677 registered rape cases and an average of 86 cases reported each day. Additionally, a staggering 49 cases of crimes against women were reported every hour. These numbers only scratch the surface, as the vast majority of sexual violence incidents remain unreported.

Various forms of sexual assault exist beyond rape, including unwanted sexual touching, verbal abuse, and coerced sexual contact. These acts cause immense distress and are equally damaging. Sadly, it is uncommon to find a woman who has not experienced some form of sexual assault, often perpetrated by individuals known to them.

The trauma inflicted by sexual assault has far-reaching effects on survivors. It impacts their physical, psychological, and social well-being. Survivors may suffer from post-traumatic stress disorder (PTSD), anxiety, depression, trust issues, low self-esteem, and self-blame. The psychological consequences can be long-lasting, even after physical wounds have healed.

Sexual assault also leads to physical harm, such as bleeding, infection, chronic pain, and increased vulnerability to HIV/AIDS. The emotional and psychological scars persist, exerting control over survivors' lives. It is crucial to raise awareness about sexual assault, promote trauma-informed approaches to healing, and foster a compassionate and supportive society for survivors.

Denial of sexual assault is a complex defense mechanism employed by individuals to shield themselves from the emotional and psychological impact of acknowledging a traumatic experience. It is important to approach this topic with sensitivity, understanding the reasons behind denial and validating survivors' experiences.

Sexual assault disrupts survivors' ability to establish boundaries, trust others, and feel safe. Supporting survivors in developing healthy boundaries and regaining their sense of safety is essential for their healing and recovery. By recognizing the profound effects of trauma and fostering empathy and support, we can work towards creating a society that understands and supports survivors of sexual assault.

It is crucial to approach the topic of sexual assault and its impact on survivors' libido and sexual functioning with sensitivity, empathy, and a trauma-informed perspective. Survivors of sexual assault may experience a range of complex emotions and challenges related to their sexual well-being, and it is important to respect their individual experiences and responses.

Sexual assault can have a profound impact on a survivor's emotional state, often leading to fear, anxiety, and depression. These psychological effects can create a disconnection between the survivor's body and their sexual desire, making it challenging to engage in intimate relationships. Many survivors experience a significant decrease in sexual desire or libido. The trauma can disrupt the survivor's sense of safety and trust, making it difficult to feel comfortable and engage in sexual activities.

Some survivors may respond to the trauma by experiencing an increase in sexual desire or engaging in hypersexual behaviors. This can be a coping mechanism or an attempt to regain control over their own sexuality. Hypersexuality should be approached with empathy and understanding, recognizing that it can be a complex response to trauma.

Sexual assault can deeply impact a survivor's body image and self-esteem. Feelings of shame, guilt, and a distorted view of their own bodies can diminish sexual desire and create reluctance to engage in intimate experiences. Rebuilding a positive body image is an important part of the healing process.

Sexual assault can severely affect a survivor's ability to trust others with their body and vulnerability. Rebuilding trust in relationships is crucial for establishing and maintaining intimate connections. Survivors may experience physical pain and discomfort during sexual activities as a result of the trauma. Seeking appropriate medical care and support from professionals specializing in sexual health can be essential in addressing these physical symptoms.

The impact of sexual assault on self-esteem extends beyond one's perception of themselves. It can also greatly affect their relationships with others. Trust, which is a fundamental component of healthy relationships, can be deeply damaged by the experience of sexual assault. Survivors may struggle to trust others, fearing further betrayal or vulnerability. This can lead to difficulties in forming and maintaining intimate connections, as well as a reluctance to open up and share one's true self.

Moreover, survivors may question the sincerity of their partners' affection and care. They may find it challenging to accept compliments or gestures of love, feeling unworthy of genuine affection due to the negative beliefs they hold about themselves. This can create a barrier to emotional intimacy and hinder the development of healthy, mutually fulfilling relationships.

NEED OF THE STUDY.

The study emphasizes the need for comprehensive support systems, trauma-informed care, and access to counseling to help survivors process their emotions and rebuild their lives and relationships. Professionals in mental health, sexual health, and relationship counseling should receive specialized training in trauma-informed care and understanding the effects of sexual assault on libido and relationships. Policies should prioritize survivor-centered approaches, access to healthcare, mental health support, and legal resources. Advocacy efforts should raise awareness, challenge victim-blaming, and promote consent and support. Comprehensive sexual education programs should address healthy relationships, consent, and the prevention of sexual assault. Efforts should focus on challenging societal norms, promoting healthy attitudes towards sexuality, and fostering a culture of respect and consent.

RESEARCH METHODOLOGY

The research design may be defined as a framework of research methodologies or strategies that is implied in such a way that it incorporates all the elements of the study in a coherent and logical manner in order to address the research topic. The research design functions as a blueprint for collecting, measuring, and analysing data. Before moving on to the main research study, a pilot study with N=15 participants was done. The hypotheses were determined using qualitative analysis in this study. To comprehend the research gaps in the previous and current literature, an exhaustive literature assessment was conducted. For the purpose of this research purposive sampling was used to gather the said data.

3.1 Population and Sample

The sample chosen was above 18 years of age. The sample consisted only women who have experienced sexual assault in the past once or multiple times. In depth interviews with open ended questions were conducted with a sample of 15 women residing in India. Inclusion criteria included women who suffered from sexual assault and have experienced being in a serious relationship during or after assault. Exclusion criteria included the women who experienced eve teasing or verbal assault.

3.2 Data and Sources of Data

For this study data has been collected through In depth interviews with open ended questions were conducted with a sample of 15 women residing in India. The sample consisted only women who have experienced sexual assault in the past once or multiple times.

3.3 Theoretical framework

Variables of the study contains dependent and independent variable. The study used pre-specified method for the selection of variables. The study used the libido as dependent variable and sexual assault as independent variable.

3.4 Descriptive Tool

open ended questions asked to the participants were aimed at letting the participants expand on questions related to their experience. In depth interviews with open ended questions were conducted with a sample of 15 women residing in India, asking them the following questions:

1. Can you please share the details of the assault as much as you are comfortable with? 2. What did you feel during the assault?
3. What do you feel now about the assault?
4. According to you, how did it impact you?
5. What reminder brings back the feelings?
6. Do you still think about it? If yes, what feelings come back?
7. Have you ever been in a serious long term relationship or are in one?
8. Are you sexually active?
9. How often do you get sexual thoughts?
10. How often do you desire to engage in sexual activity?
11. How often do you want to engage in sexual activity with your partner?
12. How often do you give pleasure to yourself?
13. Do you like getting intimate with your partner and how often do you get intimate with them?
14. Are you satisfied with your sexual life? SEXUAL TRAUMA
15. After the assault did you feel scared by the idea of getting intimate again, or did the incident stop you from indulging in it?
16. Do you ever think about the incident while getting intimate?
17. Did your desire to get intimate get increased or decreased after the assault?

IV. RESULTS AND DISCUSSION

The answers to the researcher's open ended questions were noted during the interview and the same were read in reference to identification of themes. A thematic analysis helped explore areas that participants felt. They shared what they experienced and how did they feeling during and after the assault. We discussed the repercussions of the assault and how they impacted the libido and romantic relationship and intimacy with their partners.

It was seen that any sort of sexual assault has the same impact in terms of trauma as women who were raped and women who were molested in terms of groping and touching had the same responses as their libido decreased for several months, they had difficulty in forming intimacy and trusting their current partners in terms of sexual touch, most of them tried to suppress the memory itself by dismissing the thoughts and almost every women felt disgusted and felt guilt for the incident that happened with them.

Future research could be more streamlined and possibly quantify how deeply sexual assault can also affect daily functioning and issues in trusting not just their partners but even friends and colleagues.

The findings revealed key themes to trauma caused by sexual assault and its effects on libido and romantic relationships. These were:

Sexual assault faced in childhood

During the comprehensive and profoundly illuminating interviews conducted with a diverse group of fifteen courageous women, a deeply disconcerting and heart-wrenching revelation emerged: a staggering seven of them, despite the innocence and vulnerability of

their tender years, had tragically endured instances of assault during their formative childhoods. According to a study done by National Center for Victims of Crime

1 in 5 girls and 1 in 20 boys is a victim of child sexual abuse. These profoundly distressing incidents, which left an indelible and scarring mark on their lives, shed light on a truly haunting truth: while the majority of the abusers were menacing strangers lurking in the shadows, the insidious nature of the abuse was further exacerbated by the grim fact that a couple of these vile perpetrators were individuals intimately intertwined within the familial or social spheres of the women when they were young. Remarkably, these acts of violation often persisted for prolonged durations, taking advantage of the confusion and naivety that shrouded the young victims, rendering them unable to fully comprehend the gravity of the horrors inflicted upon them. Yet, despite their tender age and limited understanding, each of these remarkable individuals possessed an innate intuition, recognizing the sinister intent and harmful touch as unequivocally wrong and inherently malevolent. One of the subjects mentioned “when the first time it happened, I was five years old. I didn't know anything.” Another mentioned “if I put it in a third Perspective, and if I see myself as a child going through all of that, I feel horrible because you know, I didn't really have Understanding of what exactly was happening and I feel like I wish I had somebody to confide in but I didn't. So yeah, it's just a lot of shit to child had to go through that.”

Regrettably, as the cruel hands of time continued to march forward, the vividness of the assaults gradually faded from the forefront of their consciousness, succumbing to the inevitable erosion of memory. One subject mentioned “and I mean I think I had no feelings about it for a very long time mostly because I think I was I had suppressed it a lot.” Consequently, as these brave women journeyed through the turbulent passage of adulthood, they found themselves compelled to bury these deeply traumatic recollections deeper within the recesses of their minds, desperately attempting to suppress and veil the agonizing events that had cast a shadow over their lives. Astonishingly, among the courageous subjects who laid bare their painful narratives, one extraordinary individual divulged that she had been utterly oblivious to the existence of a specific assault from her formative years until the poignant moment in the interview when she was delicately coerced to delve into the depths of her subconscious, forcibly confronting the haunting and nightmarish incident that had long lain dormant within her psyche. Another subject reported “Yeah, yes, exactly. There has been some other incident as well that I cannot recall right now. But I do remember it in some fragments, like what I was wearing where I was, but what happened I cannot clearly recollect what happened at that time.”

Sexual assault faced while meeting someone through online dating

In the ever-evolving landscape of modern relationships, where technology intertwines with matters of the heart, online dating has emerged as a prevalent and transformative avenue to seek out love and companionship. People of our age actively immerse themselves in the realm of dating apps, diligently crafting their profiles and engaging in the intricate dance of swiping left and right, all in pursuit of that elusive connection. Yet, as the journey unfolds and matches are made, a delicate dance ensues as individuals traverse the blurred boundaries of virtual interaction and eventually venture into the realm of face-to-face encounters with complete strangers.

While online dating has proven fruitful for many, fostering genuine connections and kindling flames of romance, it also harbors a disconcerting shadow of uncertainty and potential danger. Alarming, within the sample group of fifteen women who courageously shared their experiences, a troubling truth emerged: four of them had fallen victim to the most heinous of violations, molestation perpetrated by individuals they had met through online dating platforms. According to neuroscience news 14% of rapes committed as a result of meeting via a dating app. One of the subjects reported she met a guy on bumble and he asked her to meet her and called her to his apartment where he said his sister would be there but no one was there and gradually after some time he forced himself on her. The cruel reality was that these perpetrators callously exploited the victims' limited understanding of consent, distorting their naive trust and misinterpreting their willingness to meet as a blanket agreement for any and all actions. The aftermath of these traumatic incidents left an indelible scar on the hearts and souls of these courageous women, pushing them into emotional seclusion and self-imposed isolation.

The subjects revealed a profound array of emotions that enveloped them in the aftermath of their harrowing ordeals. Overwhelming feelings of repulsion and revulsion gnawed at their core, as they grappled with the weight of deep-seated shame and an inexplicable sense of guilt for having unwittingly placed themselves in such a vulnerable position. The traumatic events inflicted a deep wound upon their sexuality, dampening their once vibrant libido and casting a shadow of fear and apprehension over any future encounters. The scars left by these encounters seeped into the very fabric of their beings, instilling a deep-rooted trepidation that hindered their willingness to embark on new romantic endeavors or forge intimate connections with potential partners.

The unsettling reality of online dating's darker underbelly stands as a poignant reminder that, amidst the quest for love and companionship, one must remain vigilant and cautiously navigate the intricacies of virtual connections. One subject reported “So we were just walking around North Campus, and we were having a couple of beers. And so we were in a public park, it was like three or four in the morning. And he suddenly kissed me. So, I was alright with that, because like, there's always this notion that comes with Tinder and Bumble that you do get physical at some point. I was okay with it, but then he pushed me back, and he wanted to have sex at that time. And I was obviously not comfortable, especially since it was a public space. So, I said no to him, and I was like, I cannot do that here. To which he said, that's all right. But you have to, like, give me oral pleasure. And I do not remember what my reaction was. I was very confused. He suddenly pushed my head onto his private area, and forced me to do it. I was like, Really, I was really confused about what was happening, and I couldn't really process through it. After he let my head and hair go which he forcefully held I just ran away from the situation.” It serves as a sobering testament to the imperative need for education, consent, and ongoing dialogue surrounding healthy boundaries and personal safety in the digital age of romance.

Another subject reported “so like we went on a date, we had a nice time we talked about some personal stuff, And I didn't know what he interpreted out of our conversation, as soon as we were alone in the lift, he forcefully kissed me and I was like what was happening and then I said you should ask or something along those lines then we are sorry I thought you like to be spontaneous.”

Self-harm

According to a research conducted by psychology today Rape victims are 13 times more likely than non-crime victims to have attempted suicide.

In the study conducted, a deeply troubling and distressing aspect emerged as several women reported engaging in self-harm as a direct consequence of their traumatic experiences. The wounds inflicted upon their bodies served as a visible manifestation of the immense emotional pain and turmoil they had endured. The scars, both physical and emotional, became haunting reminders of the violation they had suffered, amplifying their sense of anguish and despair.

For these women, self-harm became a coping mechanism, albeit a destructive one, allowing them to temporarily release the overwhelming emotions that consumed them. It served as an outlet for their profound feelings of shame, guilt, and powerlessness, providing a temporary reprieve from the psychological torment they experienced.

The act of self-harm also became entwined with a complex web of psychological factors, further complicating their healing process. The physical pain inflicted upon themselves acted as a way to exert control over their bodies, as they sought to regain a sense of power in the aftermath of their traumatic experiences. However, it is crucial to note that self-harm is never a healthy or sustainable solution, and its impact on these women's overall well-being was deeply detrimental.

One subject mentioned "I feel like hiding myself, I feel like running away. I feel like crying. I have these temptations of going back into myself harm. Basically very, very negative and very self-destructive thoughts. Or I get angry. I think I feel like my trauma is now turning into a lot of aggressive behaviors where I'm, I'm ready to fight someone like I will. If I see a boy doing something I will actually get violently angry with them."

Recognizing the gravity of the situation, it is vital to emphasize the urgent need for comprehensive support and therapeutic interventions for these survivors. Addressing the root causes of their self-harming behaviors, such as the trauma, emotional distress, and distorted coping mechanisms, is paramount. Providing a safe and nurturing environment where they can openly express their pain, explore healthier coping strategies, and receive professional guidance is crucial to their recovery journey.

It is incumbent upon society as a whole to extend empathy, compassion, and understanding to these women, ensuring that they are not left to navigate their healing alone. By destigmatizing discussions around self-harm and mental health, we can foster an environment of support and create avenues for comprehensive healing and empowerment for these survivors.

Multiple assaults

In a startling revelation, the study uncovered that a significant majority of the women interviewed, specifically 10 out of the 15 participants, disclosed that they had endured not just one, but multiple instances of assault throughout their lives. The profound impact of these repeated traumatic experiences cannot be understated, as each incident left an indelible mark on their physical, emotional, and psychological well-being.

The fact that these brave women had to endure not just one, but multiple assaults speaks to the pervasive nature of the issue and the profound vulnerability they faced throughout their lives. The repetition of such violations shattered their sense of safety and trust, leaving them in a perpetual state of fear, hyper vigilance, and emotional distress.

The cumulative effect of these repeated assaults on the women's lives cannot be underestimated. They experienced profound disruptions in their sense of self-worth, self-esteem, and personal boundaries. The trauma inflicted upon them reverberated through their lives, impacting their relationships, their ability to trust others, and their overall mental well-being.

Understanding the prevalence of multiple assaults underscores the urgent need for comprehensive support services, trauma-informed therapy, and legal mechanisms to protect and empower survivors. It is essential to provide a safe space for these women to heal, process their experiences, and rebuild their lives in a manner that honors their autonomy, dignity, and resilience.

Additionally, addressing the root causes and societal factors that perpetuate such repeated assaults is crucial. Raising awareness, promoting consent education, and dismantling the harmful power dynamics that enable these violations are necessary steps towards creating a safer and more inclusive society for all.

By amplifying the voices of these women and acknowledging the impact of multiple assaults, we can strive towards a future where their experiences are not dismissed or minimized but rather met with unwavering support, understanding, and a collective commitment to prevention and justice.

Complying to save the relationship

In a distressing and disheartening turn of events, the study uncovered that among the women who reported multiple assaults, a troubling pattern emerged. Three of the women shared that they had complied with their abusers due to complex and deeply rooted psychological factors. In their delusion, they mistakenly equated their abusers' coercive actions with love, erroneously believing that enduring such trauma was a testament to the strength of their relationships. Tragically, they were ensnared in a cycle of trauma bonding, where the abusive dynamics distorted their perception of what love truly entails.

Equally disheartening, another group of three women admitted that they gave in to their assailants' demands out of a profound sense of helplessness. Overwhelmed by the sheer weight and power exerted upon them, they felt utterly trapped and devoid of options. Faced with a harrowing and seemingly insurmountable situation, they made the painful decision to acquiesce in hopes of moving past the ordeal.

One subject said "First partner, I think I was just doing it so that he wouldn't leave me. My sexual partner was also physically abusive. And he was also emotionally abusive, and he was cheating on me and all that nonsense. And I didn't want him to go. And I thought that maybe by offering myself he would want to stay."

The harrowing testimonies of these women shed light on the complexities of power dynamics within abusive relationships. Their words, "The man on top of me was so heavy that I couldn't move him, so I gave in," poignantly illustrate the physical and emotional weight they bore during those agonizing moments. It highlights the severe imbalance of power that robbed them of their agency, leaving them feeling helpless and violated.

Understanding the nuanced circumstances that led these women to comply with their abusers is crucial in order to provide tailored support and foster healing. It is imperative to create safe spaces for these survivors, where they can untangle the twisted narratives that have been imposed upon them and regain a sense of autonomy and empowerment. By offering trauma-informed therapy, education on healthy relationships, and support networks, we can equip these women with the tools they need to rebuild their lives and break free from the cycle of abuse.

Moreover, it is crucial for society to address the cultural and societal norms that perpetuate such harmful dynamics. By challenging the distorted notions of love and power, promoting consent education, and dismantling victim-blaming attitudes, we can work collectively to prevent and ultimately eradicate the prevalence of such traumatic experiences.

Fear of parents knowing

A deeply troubling aspect that emerged from the study was the prevalent fear and apprehension that led many women to suppress and remain silent about their experiences of assault. This fear was primarily rooted in the concern of how their parents might react, as they were afraid of being blamed or punished for something that was unequivocally not their fault.

The societal pressure to conform to traditional expectations and the fear of judgment from their parents created a suffocating environment that hindered these women from speaking out and seeking the support they desperately needed. The pervasive belief that victims bear responsibility for the actions perpetrated against them placed an undue burden on these survivors, leading them to internalize guilt and shame, further exacerbating their silence.

One subject stated "I think for me it was more like, you know I'd rather let this happen then let my mom know about it. So since also because I have a single parent, my mom is the one who brought me up. She's also this angsty, ferocious woman and I used to get beaten up a lot as a child, every other day because her frustration has to go out somewhere in that used to be me. So for me, it was more like, even if this is overbearing for me, I don't have the balls to tell my mom because I used to feel like, I'll only get neglected, or I'll be blamed for the whole situation. So it was a lot of fear and anxiety."

The impact of this fear and self-censorship cannot be underestimated. By keeping their experiences hidden, these women were deprived of the validation, understanding, and assistance that could have aided in their healing process. Instead, they were left to grapple with the weight of their trauma in isolation, enduring the emotional and psychological consequences alone.

Breaking the cycle of silence and fostering an environment of open dialogue and support is crucial in helping survivors reclaim their voices and receive the compassion they deserve. It is imperative to challenge the harmful narratives that perpetuate victim-blaming and to create safe spaces where survivors can share their experiences without fear of retribution or judgment.

Education and awareness campaigns aimed at both parents and society at large are pivotal in shifting the blame away from survivors and promoting empathy and understanding. By dismantling the culture of silence and encouraging open conversations surrounding consent, sexual assault, and support mechanisms, we can empower survivors to come forward and cultivate an environment where they are embraced with compassion rather than condemnation.

It is our collective responsibility to create a society that values the well-being and safety of its members, particularly survivors of assault. By fostering an atmosphere of support, we can encourage those who have remained silent to find solace, justice, and the healing they so rightfully deserve.

REFERENCES

- [1] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders
- [2] Binik Y. M., Hall K. S. K. (2014). Principles and practice of sex therapy. In Binik Y. M., Hall K. S. K. (Eds.), Principles and practice of sex therapy
- [3] Laumann E. O., Paik A., Rosen R. C. (1999). Sexual dysfunction in the United States: Prevalence and predictors. JAMA: The Journal of the American Medical Association,
- [4] Leonard L. M., Follette V. M. (2002). Sexual functioning in women reporting a history of child sexual abuse: Review of the empirical literature and clinical implications. Annual Review of Sex Research,
- [5] Liberati A., Altman D. G., Tetzlaff J., Mulrow C., Gøtzsche P. C., Ioannidis J. P. A... Moher D. (2009). The PRISMA Statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: Explanation and elaboration.
- [6] Merrill L. L., Guimond J. M., Thomsen C. J., Milner J. S. (2003). Child sexual abuse and number of sexual partners in young women: The role of abuse severity, coping style, and sexual functioning. Journal of Consulting and Clinical Psychology,
- [7] Moher D., Liberati A., Tetzlaff J., Altman D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. Annals of Internal Medicine,
- [8] Mullen P. E., Martin J. L., Anderson J. C., Romans S. E., Herbison G. P. (1994). The effect of child sexual abuse on social, interpersonal and sexual function in adult life. The British Journal of Psychiatry,
- [9] Najman J. M., Dunne M. P., Purdie D. M., Boyle F. M., Coxeter P. D. (2005). Sexual abuse in childhood and sexual dysfunction in adulthood: An Australian population-based study. Archives of Sexual Behavior,
- [10] Nunnink S. E., Fink D. S., Baker D. G. (2012). The impact of sexual functioning problems on mental well-being in U.S. veterans from the Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) conflicts. International Journal of Sexual Health,
- [11] Pereda N., Guilera G., Forns M., Gómez-Benito J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. Clinical Psychology Review
- [12] Polusny M. A., Dickinson K. A., Murdoch M., Thuras P. (2008). The role of cumulative sexual trauma and difficulties identifying feelings in understanding female veterans' physical health outcomes. General Hospital Psychiatry,
- [13] Pulverman C. S., Christy A., Kelly U. (2019). Military sexual trauma and sexual health in women veterans: A systematic review. Sexual Medicine Reviews
- [14] Pulverman C. S., Kilimnik C. D., Meston C. M. (2018). The impact of childhood sexual abuse on women's sexual health: A comprehensive review. Sexual Medicine Reviews,
- [15] Reissing E. D., Binik Y. M., Khalife S. (2003). Etiological correlates of vaginismus: Sexual and physical abuse, Sexual knowledge sexual self-schema and relationship adjustment. Journal of Sex & Marital Therapy,
- [16] Rellini A. (2008). Review of the empirical evidence for a theoretical model to understand the sexual problems of women with a history of CSA. The Journal of Sexual Medicine,
- [17] Rellini A. H., Ing A. D., Meston C. M. (2011). Implicit and explicit cognitive sexual processes in survivors of childhood sexual abuse. The Journal of Sexual Medicine
- [18] Rellini A. H., Meston C. M. (2011). Sexual self-schemas, sexual dysfunction, and the sexual responses of women with a history of childhood sexual abuse. Archives of Sexual Behavior,
- [19] Rizeq J., Flora D. B., McCann D. (2018). Construct validation of the Trauma Symptom Checklist-40 total and subscale scores. Assessment
- [20] Rosen R., Brown C., Heiman J., Leiblum S., Meston C., Shabsigh R... D'Agostino R. (2000). The Female Sexual Function Index (FSFI): A multidimensional self-report instrument for the assessment of female sexual function. Journal of Sex & Marital Therapy
- [21] Schnurr P. P., Lunney C. A., Forshay E., Thurston V. L., Chow B. K., Resick P. A., Foa E. B. (2009). Sexual function outcomes in women treated for posttraumatic stress disorder. Journal of Women's Health (2002)
- [22] Shifren J. L., Monz B. U., Russo P. A., Segreti A. (2008). Sexual problems and distress in United States women. Obstetrics and Gynecology,
- [23] Skinner K. M., Kressin N., Frayne S., Tripp T. J., Hankin C. S., Miller D. R., Sullivan L. M. (2000). The prevalence of military sexual assault among female Veterans' Administration outpatients. Journal of Interpersonal
- [24] Stephenson K. R., Pulverman C. S., Meston C. M. (2014). Assessing the association between childhood sexual abuse and adult sexual experiences in women with sexual difficulties. Journal of Traumatic Stress

[25] Surís A., Lind L., Kashner T. M., Borman P. D., Petty F. (2004). Sexual assault in women veterans: An examination of PTSD risk, health care utilization, and cost of care.

[26] Suvak M. K., Brogan L. A., Shipherd J. C. (2012). Predictors of sexual functioning in a sample of U.S. Marines: An 11-year follow-up study. International Journal of Sexual Health

