

# 性侵害創傷後壓力症候群 與處遇

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## 大綱

- 性侵害的定義
- 性侵害的流行病學
- 性侵害受害者的臨床徵候
- 性侵害受害者的危機介入
- 性侵害受害者的治療

## 性侵害的定義

[Conventional Definition]: (Synopsis of Psychiatry  
8th Edit., 1997)

- *Rape is the perpetration of an act of sexual intercourse with a woman against her will and consent,*
- *whether her will is overcome by force or fear resulting from the threat of force or by drugs or intoxicants;*
- *when, because of mental deficiency, she is incapable of exercising rational judgment, or when she is below an arbitrary age of consent.*

## 性侵害的定義

[我國刑法之強姦定義]:

- 擴大強姦樣態，從現行以男性陰莖進入女性陰道為要件，改為以陰道性交、口交、肛交或意圖滿足性慾，以異物插入生殖器或肛門者，都構成強姦(強制性交)。

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## 性侵害的流行病學

(Synopsis of Psychiatry 8<sup>th</sup> Edit.)

- \*Rape often occurs as an accompaniment to another crime**
- \*Rape is a highly underreported crime: an estimated 4 to 5 out of 10 rapes is reported**
- \*Most men who commit rapes are between 25 and 44 years of age; alcohol is involved in 34% of all forcible rapes**

## 性侵害的流行病學

**\*97,464 forcible rapes were reported to law enforcement, and 72 of every 100,000 females in the USA were reported rape victims (FBI, 1995)**

**\*Female age 16 to 24 are at highest risk; rape most commonly occurs in a woman's own neighborhood, premeditated, and about half are committed by strangers and half by men known; 7% of all rapes by close relatives; 10% involve more than one attacker**

## 性侵害的流行病學

**\* 在台灣，從1988至1997年性侵害案件由740件升高至1477件，平均每天發生2-3起，且十年間增加一倍；受害者年齡分佈18歲以下共佔70%，加害者以青、壯年為主。**

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## 性侵害受害者的臨床徵候

**\*Rape trauma syndrome: (1974, Burgess and Holmstrom)**

***Initial acute phase:***

--***Physical symptoms*** predominate, consisting of the injuries sustained in the assault and the physical manifestations of the anxiety.

--**S/s:** muscle tension, sleep disturbance, gastrointestinal irritability with pain, anorexia and nausea, genito-urinary symptoms of vaginal discharge, cystitis and pelvic pain, or rectal pain and bleeding

## 性侵害受害者的臨床徵候

**\*Rape trauma syndrome: (1974, Burgess and Holmstrom)**

***Second phase:***

- Reorganize one's life*
- Move to a different part of the country, or turn to family for support
- Develop *fear* of places which remind her of the location of the assault

## 性侵害受害者的臨床徵候

**\*Rape trauma syndrome: (1974, Burgess and Holmstrom)**

***Second phase:***

- Sexual fears* emerge and sexual relationships may be severely affected
- Outwardly *well-adjusted*, carrying on with normal activities
- Denial* and little interest in gaining insight

## 性侵害受害者的臨床徵候

**\*Rape trauma syndrome: (1974, Burgess and Holmstrom)**

***Third phase "resolution":***

- Become *depressed* and need to talk
- Anxieties* present in the first stage reappear
- Triggered* by a court appearance where the woman often feels she is the one on trial

## 性侵害受害者的臨床徵候

**\*Rape trauma syndrome: (1974, Burgess and Holmstrom)**

***Third phase "resolution":***

- Guilt* of feeling responsible for what has happened and the fear of another attack
- Seriously troubled by their role in the rape (esp. those who did not resist at the time of rape)
- Difficult to function as independent individuals with control over their own lives

## 性侵害受害者的臨床徵候

**\*Rape trauma syndrome: (1974, Burgess and Holmstrom)**

***Later phase:***

- Sexual and relationship problems
- Depression, anxiety, hostility, self-esteem deficits, feelings of shame or guilt
- Communication* difficulties
- Self-destructive* behaviors

## 性侵害受害者的臨床徵候

### **Posttraumatic Stress Disorder**

**--*Dialectic(邏輯論證) of trauma:***

The two contradictory responses of *intrusion* (干擾闖入) and *constriction* (壓縮束緊) establish an oscillating(振盪) rhythm which is the most characteristic feature of the post-traumatic syndromes.



## 性侵害受害者的臨床徵候

### 生理上的影響

性侵害被害人在被侵害之後，通常身體生理上的反應，可分為：(一) 肌肉的傷害，(二) 消化系統的不適，(三) 生殖器官的症狀等。此外，被害人因身體遭攻擊可能導致外傷、或因而懷孕、感染性病或愛滋病。

內政部性侵害防治委員會：性侵害防治工作人員服務手冊，民國八十八年

## 性侵害受害者的臨床徵候

### 心理上的影響

心理上的創傷相較於身體生理的創傷，較易被忽略，然而，其所造成的負面影響往往更為久遠。包括：

(一) 情緒上出現焦慮、罪惡感、沮喪、自責、憤怒、害怕、歇斯底里、具攻擊性、無助、自我憐憫及無價值感等。(二) 行為上可能出現自我毀滅，如自傷、自殺企圖，或者出現退化、社交畏縮的行為，也有些被害人出現物質(藥物、酒)濫用、性濫交之偏差行為，甚至亦出現侵犯攻擊他人之問題行為等。

內政部性侵害防治委員會：性侵害防治工作人員服務手冊，民國八十八年

## 性侵害受害者的臨床徵候

### 人際關係上的影響

性侵害被害人在人際關係上也常出現適應不良的情形。往往在人群中顯得退縮，人際互動上有障礙，對於與異性相處上有困難、性生活失調、婚姻問題與危機等。

內政部性侵害防治委員會：性侵害防治工作人員服務手冊，民國八十八年

## 性侵害受害者的臨床徵候

--Rape survivors reported that the most severe *intrusive symptoms* diminished after *three to six months*, but they were still *fearful and anxious one year* following the rape. (D. G. Kilpatrick, 1979)

--*The majority (80%) still complaining of intrusive fears at the one-year mark.* (J. V. Becker, 1982)

## 性侵害受害者的臨床徵候

**--*The majority* were still suffering from symptoms attributable to rape when recontacted *two to three years* after 1<sup>st</sup> ER visit, including *trauma-specific fears, sexual problems, and restriction of daily life activities*. (C. C. Nadelson, 1982)**

## 性侵害受害者的臨床徵候

**--*Three-fourths* of victims considered themselves to have *recovered* when recontacted *4 to 6 years* after 1<sup>st</sup> ER visit, *one-third* (37%) thought it had taken them *less than a year* to recover, and *one-third* more than a year, but *one victim in four* (26%) felt that she still had *not recovered*. (A. W. Burgess, 1979)**

## 性侵害受害者的臨床徵候

--Among crime victims, *rape survivors* reported more “*nervous breakdowns*”, more *suicidal thoughts*, and more *suicide attempts* than any other group (average time of follow up: *9 years*), almost *one in five* (19.2%, *N=100*) made a *suicide attempt* following the rape. (D. G. Kilpatrick, 1985)

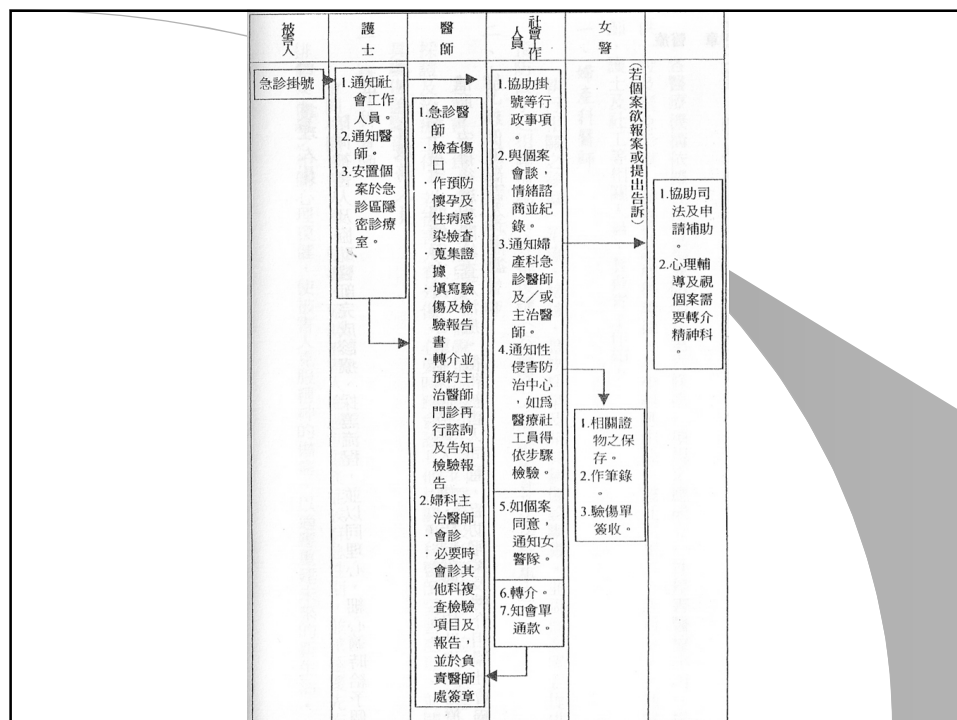
## 性侵害受害者的臨床徵候

### Prognostic factors:

- Violence of the attack itself* (受暴事件的嚴重程度)
- Vulnerability of the victim* (個人的特質)
- Support system* available to victim immediately after the attack (社會環境的支持)

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## 性侵害受害者的危機介入

- (1) 盡量避免或降低被害者遭二度傷害、精神科標籤與被處罰的負面效應。
- (2) 建立良好的治療關係(安全與信任)，給予情緒支持與心理建設(傷害與就醫)。
- (3) 危險性(自傷、自殺或暴力等)的評估，考慮(強制)住院觀察與治療的必要。

## 性侵害受害者的危機介入

- (4) 精神症狀的評估與精神疾病的診斷，視情況給予藥物、心理諮商與治療並考慮住院或轉介門診追蹤治療。
- (5) 評估支持系統的重要成員，針對評估結果、處理與預後等作充分的溝通與衛教，釐清治療目標。

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## 性侵害受害者的治療

- Treatment of underlying disorder* (e.g. Axis I: Psychotic and/or neurotic disorders; Axis II: mental retardation, personality disorder)
- Supportive in approach and focus on restoring a victim's sense of adequacy and control over life*
- Relieve the feelings of helplessness, dependence, and obsession with the assault*
- Respect the autonomy of victim*(Gill Wakley, 1991)

## 性侵害受害者的治療

- *Group therapy* with homogeneous groups of people who have been raped is a particularly effective form of treatment