

Psychological support for post-traumatic stress disorder of sexual assault within family: a clinical study

التكفل النفسي لاضطراب ما بعد الصدمة للاعتداء الجنسي داخل الأسرة: دراسة إكلينيكية

Tichabet yasmina تشعبت ياسمينه Tichabet.yasmina@univ-ghardaia.dz	Psychopathology	University of Ghardaia / Algeria
Abdelfatah Abimouloud أبي مولود عبد الفتاح abimouloud.abdf@gmail.com	Psychologie clinique	University of Kasdi Merbah Ouargla /Algeria
DOI: 10.46315/1714-012-001-048		

Received:04/02/2021 Accepted:25/04/2021 Published : 16/01/2023

Abstract:

This study aimed at examining the effect of Time Line Therapy on reducing the symptoms of post-traumatic stress disorder for intra-familial sexual assault victims. This mixed-methods research study utilized a case study design and a clinical intervention approach with two female adolescents, aged between (15-17) years old. Data collection was carried out by means of semi-structured interviews, observations, and the Anxiety & Depression Rating Scale. Results indicated that the TLT technique has been effective in reducing the symptoms of explore post-traumatic stress disorders. Other studies are needed to investigate the effect of TLT therapy on other trauma in the Algerian society.

Keywords: Psychological support; post-traumatic stress disorder; sexual assault within family.

ملخص باللغة العربية

هدفت الدراسة الحالية إلى معرفة مدى فعالية العلاج عن طريق خط الزمن في التقليل من الأعراض الصدمة النفسية عند المتعدي علمين جنسيا داخل الأسرة. وقد اعتمدت دراسة على تصميم مختلط في البحث، عبر استخدام مدخل دراسة الحالة ومدخل التدخل العيادي. وتم جمع البيانات من خلال أدوات المقابلة الشخصية شبه المقننة، والملاحظة، ومقياس تقدير القلق والاكتئاب. وقد أظهرت نتائج الدراسة أن أسلوب العلاج عبر خط الزمن كان فعالاً في تقليل أعراض ما بعد الصدمة النفسية عند المتعدي علمين جنسيا داخل الأسرة. وقد أوصت الدراسة بإجراء مزيد من البحث للتحقق من أثر أسلوب العلاج عبر خط الزمن في علاج الأنواع الأخرى من الصدمات في المجتمع الجزائري.

الكلمات المفتاحية: التكفل النفسي؛ اضطراب ما بعد الصدمة؛ الاعتداء الجنسي داخل الأسرة.

* Corresponding author: tichabet.yasmina@univ-ghardaia.dz

1. Introduction

Sexual assault residing within families is one of the crimes that occur and rarely reported because family members may not want to hear about the abuse; be unwilling to become involved; or may not believe that their male relative was violent (Taylor & Norma, 2013, p. 114). Added to that, the victims' fear of social stigma, fear of loss of breadwinner, family disintegration, and disbelief of the victim are also barriers to the disclosure and reporting of sexual assault that can be found within families (2, P. 109). The problem is further complicated in light of the cultural context in which it occurs. In Islamic societies, for instance, sexual assault is related to the honor of the victim and the family.

Sexual assault is a turbulent abnormal relationship that has negative effects on the victim, especially if the abuser was of the closest confidants (a family member or relative) to the person. Under these conditions sexual assault in modern societies has become a serious problem that results in severe psychological as well as social consequences, including anxiety, fear, panic, and hatred, in addition to the destruction of family relations. As a deviant behavior, sexual assault is characterized by threat, persecution or hostility against a subordinate (Martins& Souza, 2008, p. 2), which results in sexual euphoria for the aggressor and destruction of the victim who lives, in turn, in a state of humiliation and physical and psychological destruction (Al-Zahra, 2011, p. 6). Involvement in sexual relationship can be a trauma if it is done against the well of a woman or involved violence and coercion. Although some victims of asexual assault do not demonstrate clinical consequences, they still may suffer from psychological problems. (Roland, 2000, p. 54). The attempt is made in this study to investigate the effect of psychological support- provided through Time Line Therapy technique- for post-traumatic stress disorder of intra-familial sexual assault.

Time Line Therapy (TLT) is a neuro linguistic programming-based therapeutic technique that helps people get rid of the negative feelings associated with the problem without involvement in the details of this problem (James & Woodsmall, 1988). TLT relies mainly on probing the depths of the human psyche, creating an internal peace and reconciliation with self and with others, and helping the client to get rid of all the negative feelings and bad cationic felt by. The advantage of TLT is that the clinical psychologist, during the session, can make sure, and at the same time assure the client, that the problem ended; since the psychologist approaches the main root of the problem. The client, in turn, recognizes his or her negative feelings, such as fear, anxiety, and stress, as well as the negative beliefs that have always been reflected in phrases repeated like "I always feel scared", "I do

not feel self-possessed", "I'm not competent enough, " and "I do not think I'm capable of doing it, ". As a result, the client can get rid of the negative feelings and beliefs forever.

2. Previous research

Some scholars may use the term sexual harassment, sexual abuse, rape or incest to denote one concept involving a form of coercive sexual action. Generally speaking, the concept of sexual assault refers to "the participation with a child or adolescent in sexual activity that is not suitable for his or her age and is unable to understand it, whether by coercion, violence or seduction, which affects his or her psychological and sexual development by an old person for his pleasure" (AL-Ibraheem, 2018, pp. 108-109). In this study, the term "sexual assault" is used. Intra-familial sexual assault indicates any kind of exploitative sexual contact or attempted sexual contact that occurs between relatives, no matter how distant the relationship (Russell, 1995, p. 5).

Scholars have devoted a substantial amount of attention to intra-familial sexual assault. For instance, Taylor and Norma (2013) explored show how women who victims of childhood sexual assault are impeded by family members when attempting to disclose or report sexual assault. Using a mixed-methods research design, data were collected by means of a questionnaire administered to 336 Australian participants, in addition to conducting semi-structured interviews and focus groups with 64 participants. In accordance with the results reached by Taylor and Putt (2007), Taylor and Norma (2013) identified three family constraints on reporting on sexual assault, namely: family denial that sexual violence exists; reluctance to report a partner perpetrator; and fear of being rejected or discarded for bringing shame upon the family.

Similarly, in their investigation of the nature of community responses to young people who have sexually abused and their families, Hackett, Masson, Balfe, and Phillips (2015) collected data on 117 young sexual abusers. They observed a wide range of community responses, with stigmatization, social isolation and collateral damage being common. Moreover, in their meta-analysis of the studies investigating child and adolescent disclosures of sexual abuse, Lemaigre, Taylor, and Gittoes (2017) found that the major that barriers faced by young people face were limited support, perceived negative consequences and feelings of self-blame, shame and guilt when choosing to disclose.

Recently, Pittenger, et al. (2019) explored risk indicators for re-victimization for 101 youth with histories of sexual abuse. The researchers examined the risk taking, social problems, maladaptive cognitions, and posttraumatic stress indicators that may be indicated by self-reported distress. They found that that when combined into a distress score, depression and anxiety were

associated with delinquent behaviors, interpersonal difficulties, maladaptive cognitions, and posttraumatic stress symptoms for child and adolescent group participants at presentation to treatment. Finally, Luhpuri, Andayani, and Azam (2019) investigated the complex nature of sexual abuse problems on children in West Nusa Tenggara. Among the main findings concluded was that that culture influences the high incidence of sexual abuse.

The studies investigating sexual assault in the Algerian society, however, are relatively few in number to help draw any conclusive findings. For example, Hajj Aly (2013) investigated the effect of sexual harassment on the professional stability of (100) Working Women in two Algerian Provinces (Tizi Wazou, Boumerdes). In similar vein, Neiaf (2013) investigated the legal, religious, and social aspects of sexual crimes (rape and sexual harassment) against female teenagers, as well as the effects of this crime on the victim. In her clinical study, Ben Brady (2014) investigated psychological functioning among six raped female teens, where projective production was employed as a clinical approach. On the other hand, in his psychopathological study, Jaadony (2011) examined the other side of sexual Assault by means of investigating the psychological functioning of sexual aggressor in the Algerian society.

3. The present study

3.1.1 Aim of the study

This study aimed at examining the effect of Time Line Therapy on reducing the symptoms of post-traumatic stress disorder of intra-familial sexual assault. In order to achieve this aim, the study tried to answer the following research question:

What is the effectiveness of Time Line Therapy reducing the symptoms of post-traumatic stress disorder for intra-familial sexual assault victims?

3.1.2 Terms of the study

- Posttraumatic stress disorder (PTSD)

PTSD is defined by the American Psychiatric Association (2021) as "a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence or serious injury".

In this study, is the exposure of one of the family members to sexual assault by one of the incest and results in psychological disorders and changes in her behavior.

- **Time Line Therapy (TLT)**

TLT is therapeutic technique aimed at reducing the negative feelings associated with the problem without involvement in the details of this problem (James & Woodsmall, 1988).

- **Sexual assault**

Sexual assault is defined in the scope of the present study as a sexual crime practiced by one of the incest against a female member in the family using violence, coercion, and/or threatening.

3.1.3 Methodology

The attempt is made in this mixed-methods research study to investigate the effect of psychological support for post-traumatic stress disorder of intra-familial sexual assault. A case study design is used to generate an in-depth, multi-faceted understanding of this complex issue. Moreover, a clinical intervention approach is employed to examine the psychological functioning that aims at constructing a clear pattern of actions and psychological incidents emanating from the individual (perron, 1979). These approaches are employed because they help the researcher get closer to the victim and determine the psychological and physical characteristics, as well as the various changes in the psychological organization after exposure to sexual assault

3.1.4 Participants

Two female adolescents, aged between (15-17) years old, participated in the present study; one of them was a middle school student and the other was a high school student. Both participants belonged to families with middle socio-economic status. The two participants were selected by purposive non-randomized sampling technique.

3.1.5 Instruments of the study

Data was collected by means of the following instruments:

1. **Semi-structured clinical interview:** the semi-structured clinical interview was utilized to collect data about the nature of the family pattern the individuals, who have been subjected to sexual abuse within the family, interact through. The questions focused essentially on, the personal and social relationships of the victim, in addition to the future life as they view them.
2. **Direct observation of therapeutic position:** this instrument was also used to collect important information about client's behavior before, during, and after therapy (Bacher, 1982, p56).
3. **Self-Observation:** The two participants were asked to examine their own thoughts and emotions in order to provide another data source. The advantage of using self-

observation over another research method is that it is the only way one can successfully measure thoughts, emotions and other criteria that are not always openly displayed. (Rodriguez & Ryave, 2002).

4. **Case study:** The case study method provided information about the personal and family background, socio-economic and academic levels, and the living conditions of each case, as well as how they involved in sexual abuse.
5. **Anxiety & Depression Rating Scale:** Based primarily on Hamilton's (1959) Anxiety Rating Scale, Radiah (2006) developed "Anxiety & Depression Rating Scale". The original version of Hamilton's (1959) scale is a clinical psychology test developed to measure the severity of anxiety symptoms, or in other words, the severity of a patient's anxiety. The modified scale (Radiah, 2006) , however, in addition to localizing and standardizing Hamilton's (1959) Anxiety Rating Scale to suit the Algerian society, has added two other items (i.e. items 8 &9). This modified rating is used in the present study to examine the effects of sexual abuse on the victims brought about changes and disturbances in their psychological regulation. In addition, it reveals several aspects of the patient's personality, troubles and reactions (Radiah, 2006: 138). The questions are rated according to a 5-likert scale where (0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe). The items covered include the following indicators: somatic, intellectual, behavior at interview, depressed mood, cardiovascular symptoms, anxious mood, fears, delirium ideas, psychotic signs, and insomnia.

3.1.5 Treatment method

Time Line therapy (James & Woodsmall, 1988) was employed in the study without resorting to address the unconscious mind, or inspecting the first event (sexual abuse). Rather, Exposure therapy was utilized through imagination, or visualization, taking into account the direction of the time line of cases in accordance with the original questions, providing that time line is used for separation of anxiety and fear, and for transferring positive learning to the future. The therapy was conducted in three phases: the primary phase: to examine the response of the client to the therapy, and whether or not she can complete it; the treatment phase: where the client is asked to blindly imagine his or her time line, to go over the past and projection of the future, and to identify key situation that, in retrospect, was disturbing and frightening. With the re-emergence of emotion, the client is asked to secede from that situation; and the end of treatment: the treatment completes with

the gradual execution of bad feeling associated with recalling the key situation (sexual abuse in this case).

4. Results of the study

In order to triangulate data, both quantitative and qualitative data collection methods have been utilized. The results of the case studies have been triangulated by means of semi-structured clinical interviews as well as the administration to the Anxiety & Depression Rating Scale. This section discusses the results obtained from these instruments.

4.1 Results of Case studies

Case study (A): sexual assaulted by older brother.

Case (A) is 17 years old from the city of Laghouat. She is the second sister for an older brother and 3 sisters. She lives with her parents, in their own house. Her mother is illiterate housewife, while the father owns a restaurant and returns home late. Case (s) is a first grader in a secondary school; she is below average in academic achievement. Case (A) belongs to a conservative family that does not allow the children to watch satellite channels, and watch television only in the presence of parents. After sleeping of the mother and younger brothers early on the first floor, the brother usually asked his sister to sneak into the living room to watch TV before the arrival of the father who comes home after one o'clock in the morning.

Case (A) and her older brother used to watch dubbed movies and satellite channels, and sometimes adult videos. As stated by case (A), her brother tried to touch and fondle her, but she always refused. However, the last time she was forced to commit adultery and fall in incest. Later, she tried to commit suicide by taking a large amount of drugs that were present in the house, which led her to faint and stay in the hospital for several days.

Symptoms: rejection of reality, crying and feeling upset and pain, shivering and tightness in the chest with a rapid heart rate, loss of appetite and numbness in the fingers, dreams and nightmares, wondering constantly looking for the reason that led her to commit this heinous act, self-blame, avoiding to meet friends and talk to them, avoiding the family members and staying alone all the time, fear of the future, refusing to stay at home and going to live with her grandmother and her uncles living in Ghardaia, feeling deep remorse for submission to the desires of her brother, intense hatred and blame for the brother, and fear of discovering the truth.

Defense Mechanisms:

- Denial: rejecting what happened to her and denying the happening of the assault.
- Escape: staying alone, refusing to talk to others, and going to live with her grandmother.

- Rationalization and sublimation: that take the form of writing her thoughts as a solution to escape from the trauma.

Case study (B) sexual assault by stepfather

Case (B) is 15 years old from El-Ménia District, in Ghardaïa Province. Her parents are divorced and re-married. She lives with her mother, stepfather, and their children. She has been living with her stepfather since she was four years old and used to consider him as a father. She is the eldest of three siblings from her mother who is a housewife. her stepfather is a carpenter owing a carpentry workshop. Case (B) is in the third year in a middle school.

When she was 12 years old, her stepfather used to get closer to her, play with her, and sometimes sleep next to her. She has never doubted his intentions because he was considered by her the compassionate Father. By time, he, while sleep next to her, started to touch her in a strange way that she did not understand and asked her not to tell anyone about that, telling her that the father loves his daughter when treating her this way and that's just an expression of his love for her. One day, she was home alone with her stepfather who tried to assault her, but she refused and ran away. He threatened her with a knife and asked her to conceal this secret otherwise he would kill her. He also told her that this assault reveals his love to her, and that all parents do this for their beloved daughters. She did not tell anyone, refused to stay with her mother, and went to live with her father.

Symptoms: after involvement in sexual assault, case (B) demonstrated a set symptoms including rejection of what happened to her and what her stepfather did, a sense of staining the family honor and a sense of lack of purity and being different from others, a sense of guilt because she surrendered to him and was supposed to address him regardless his threatening, crying and feeling upset and pain, insomnia, inability to sleep, loss of appetite, feeling failure and physical fatigue, abdominal pain, severe pain in the head, fear of the future and of discovering the truth, isolation, introversion, and acute depression, fear of men and a sense of lack security, the desire to kill the aggressor, thoughts of death and suicide, and the fear of facing the community and discovering the truth.

Defense Mechanisms:

- Denial: rejecting the truth as well as herself.
- Rationalization and sublimation: resorting to work at home business without interruption, as well as to pray as a way to get rid of feelings of guilt.
- Avoidance and escape: staying alone, and refusing to talk to others.
- Isolation: introversion and isolation, which indicates the depression.

4.2 Results of Anxiety & Depression Rating Scale

This section presents the results obtained from analyzing the Anxiety and Depression Rating Scale data. Results presented in table (1) reveal that both participants suffer from post-traumatic symptoms. The main symptoms expressed by the participants were as follows:

Table (1) Results of Anxiety & Depression Rating Scale for both participants

Item	Somatic	Intellectual	Behavior at interview	Depressed mood	Cardiovascular symptoms	Anxious mood	Fears	Delirium ideas	Psychotic signs	Insomnia
A	1.16	1.10	1.49	3.61	3.30	2.33	3.14	2.10	1.33	3.35
B	1.70	2.00	1.98	3.80	3.51	2.70	3.67	1.70	1.01	3.00

- **Somatic symptoms (muscular& sensory):** Results presented in table (1) show that somatic symptoms for the two participants were 1.16 and 1.70 for cases A and B respectively. This was evident in pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone, tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, and pricking sensation.
- **Intellectual symptoms:** Intellectual symptoms for the two participants were 1.10 and 2.00 for cases A and B respectively. This was evident in difficulty in concentration and poor memory
- **Behavior at interview:** the symptoms of behavior at interview for the two participants were 1.49 and 1.98 for cases A and B respectively. This was evident in fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, and swallowing.
- **Depressed mood:** the symptoms of depressed mood Loss observed for the two participants were of high levels; 3.61 and 3.8 for cases A and B respectively. These symptoms included loss of interest, lack of pleasure in hobbies, depression, early waking, and/or diurnal swing.

- **Cardiovascular symptoms:** like depressed mood symptoms, the cardiovascular symptoms for the two participants were relatively high (3.30 and 3.51 for cases A and B respectively). These symptoms included tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, and missing beat.
- **Anxious mood:** the symptoms of anxious mood for the two participants were 2.33 and 2.7 for cases A and B respectively. These included worries, anticipation of the worst, fearful anticipation, and irritability.
- **Fears:** along with depressed mood symptoms and cardiovascular symptoms, the symptoms of fears for the two participants were evidently of high values (3.14 and 3.67 for cases A and B respectively). These symptoms included fears of darkness, of strangers, of being left alone, of animals, of traffic, and fears of crowds.
- **Delirium ideas:** the symptoms of delirium ideas for the two participants were 2.10 and 1.70 for cases A and B respectively. This was evident in external locus of control, distrust and suspicion of others, fluctuating course, attention deficits and generalized severe disorganization of behavior.
- **Psychotic signs:** the symptoms of psychotic signs for the two participants were 1.33 and 1.01 for cases A and B respectively. This was evident in loss of contact with reality, hallucinations, delusions and impaired insight, hearing voices others do not hear, isolation and alienation.
- **Insomnia:** the means of these symptoms were also of high values (3.35 and 3.00 for cases A and B respectively). The major symptoms of insomnia observed for the participants were difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, and night terrors.

Results presented reveal that that sexual assault has brought about changes and disturbances on the two participants' psychological regulation, behaviors, and actions. The major problems found for the two victims were related to depressed mood symptoms, cardiovascular symptoms, the symptoms of fears, and symptoms of insomnia. This points out that the intended therapy should pay special attention to these four aspects.

4.3 Time Line Therapy (TLT)

Table (2) Results of TLT sessions for the two participants

Participants	Therapy period	Depression	Anxiety	Aggression
A	First session	3.61	3.30	3.33
	After a week of therapy	3.20	3.14	3.30
	After a month	2.80	2.76	3.00
	After two months	1.76	1.60	2.00
	after 3 months	65.0	1.00	1.90
B	First session	3.80	3.51	3.70
	After a week of therapy	3.40	3.00	3.16
	After a month	2.60	2.82	3.00
	After two months	1.26	1.86	2.86
	after 3 months	0.50	66.0	2.00

Table (2) presents the results of TLT sessions that lasted for three months for the two participants. Based on data obtained from the Anxiety & Depression Rating Scale that has been administered to the two participants at the end of each phase of therapy, results presented in table (3) reveal the means of depression, anxiety, and aggression during the various phases of TLT sessions for the two participants. It is observed that at the first two phases of therapy (i.e. during the first session, and one week later) the

means of depression, anxiety, and aggression were more than (3), which is a high means indicating the significant effect of the trauma on the two participants. After proceeding in therapy (i.e. a month and two months later), however, there has been a significant decrease in the means of depression and anxiety, while aggression remained relatively high. After three months of therapy through TLT sessions, the means of depression and anxiety significantly decreased to less than (1) , and at the same time, the means of aggression for both participants ranged between (1.90-2.00); indicating that the therapy via TLT has been effective reducing the symptoms of depression and anxiety, and to a lesser degree aggression.

5. Conclusion

The main purpose of the present study was to investigate the effect of providing psychological support for female teenagers suffering from post-traumatic stress disorder of sexual assault within family. Results reached revealed that time line therapy was an effective means for reducing and/or treating symptoms of post-traumatic stress disorder of those subject to sexual assault within family. It has been evident that the psychological support provided through TLT therapy is effective in reducing the symptoms of depression and anxiety, and to a lesser degree aggression for the two participants. Further studies, however, are still needed to investigate the effect of TLT therapy on other participants for the purposes of generalization, as well as examining other methods of psychological support to identify their impact on such symptoms of post-traumatic disorders. Other studies may also investigate the effect of TLT therapy on other trauma in the Algerian society.

References

- AL-Ibraheem, M. T. (2018). Cognitive Behavioral Therapy for Incest "Case Study". *Journal of Education*.
- Al-Zahraa, Jaadony. (2011). *Sexual Assault: a psychopathological study of psychological functioning of sexual aggressor*. Unpublished PH.D Dissertation. Faculty of Social sciences: Oran University.

- Bacher, F. (1982). Les enquêtes en psychologie, Tome 1, 1ere description, Presse Universitaire de Lille, Lille.
- Ben Brady, Malika. (2014). Psychological functioning among raped teens: a clinical study via projective production. *Journal of psychological and educational studies*. (13): 33-40.
- Chiland, C. (1983). *entretien Clinique*. PUF. Paris.
- Hackett, S., Masson, H., Balfe, M., & Phillips, J. (2015). Community reactions to young people who have sexually abused and their families: A shotgun blast, not a rifle shot. *Children & Society*. 29(4), 243-254.
- Hadef, Sumaya (2009). sexual assaults on children, taboo crimes in Algeria: problems and issues of the community. *Journal of research and education in social sciences: University of Skikda in Algeria*. (4.) 238-249.
- Hajj Aly, Hakima. (2013). *The effect of sexual harassment on the professional stability of Working Women: An Empirical Study on Tizi wa Zou Boumerdes Provinces*. Unpublished MA thesis. Faculty of Humanities and Social sciences: Mouloud Mammeri University.
- Hamilton, M. (1959). The assessment of anxiety states by rating. *Br J Med Psychol*. (32), 50–55.
- James, T. & Woodsmall, W. (1988). *Time Line Therapy and the Basics of Personality*. Meta Publications.
- Luhpuri, D., Andayani, R., & Azam, A. (2019, October). The Complexity of Sexual Abuse Problems on Children in West Nusa Tenggara: the Culture against the Law. *In Third International Conference on Sustainable Innovation Humanity, Education and Social Sciences*, (414-418).
- Martins, Terezinha & Souza, Santos (2008). Moral Aand Sexual Harassment: Interfaces. *Journal on Integrated Management of Occupational Health and the Environment*. 3(3), 1-11.
- Miloud, O. (2003). Contribution à la mise en place d'un dispositif in pratique psychologique. traumatismes et pratiques de soins. (1).
- Neiaf, Amal (2013). *Sexual crime against teenagers: rape and sexual harassment*. Unpublished MA thesis. Faculty of Law: Constantine University. Algeria.
- Perron, R. (1979). *Les problèmes de la preuve, Les démarches pour l'unités de la psychologie clinique*. PUF. Paris.
- Pittenger, S. L., Schreier, A., Meidlinger, K., Pogue, J. K., Theimer, K., Flood, M. F., & Hansen, D. J. (2019). Psychological distress and revictimization risk in youth victims of sexual abuse. *Journal of interpersonal violence*. 34(9), 1930-1960.
- Radiah, Yasin. (2006). *The effects of traumatic rape on women*. Unpublished MA thesis. Faculty of Humanities and Social Sciences. Algeria, Constantine: Mentouri University, .
- Rodriguez, N. M., & Ryave, A. L. (2002). Systematic self-observation: A method for researching the hidden and elusive features of everyday social life. (Qualitative Research Methods). *Thousand Oaks, CA: Sage*, (49).

- Roland, C. (2000). *Les enjeux du destin du traumatisme, in, Les métamorphoses des traumatisme : violence, maltraitance, comprendre, traiter, prévenir*. Paris.
- Russell, D. E. (1995). *Incestuous Abuse: Its Long-Term Effects*. Human Sciences Research Council, Pretoria.
- Rutter, Julian. (1985). "*Clinical Psychology*". Translated by Attia Mahmoud Hennie, Office of University Publications. Algeria, (3).
- Sillamy, N. (1996). *Dictionnaire de la psychologie*, Paris.
- Taylor, Natalie, & Putt, Judith. (2007). *Adult sexual violence in Indigenous and culturally and linguistically diverse communities in Australia*. Canberra: Australian Institute of Criminology.
- Taylor, S. C, & Norma, C. (2013, March). The ties that bind: Family barriers for adult women seeking to report childhood sexual assault in Australia. *In Women's Studies International Forum*. Pergamon. (37), 114-124.