

SEXUAL AGGRESSION - PHENOMENA WITH NEGATIVE IMPACT ON SOCIAL LIFE

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Abstract

This article presents some results of the extensive investigation of the phenomenon of sexual assault. Based on methodological pluralism and interdisciplinarity, the authors set out to raise public awareness, the academic community, state institutions with reference to the need to adopt a set of policies aimed at the rehabilitation and social integration of victims of social aggression. Based on the huge negative impact on the social life, on the stability and prosperity of the citizens, the authors recommend the perfection of the legislative acts regarding the punishment of the aggressors, the protection of the vulnerable people. The analysis of the experience of the states: Israel and the Republic of Moldova regarding social assistance programs, allowed the authors to find the insufficiency of the actions aimed at the rehabilitation and social integration of the victims of sexual assault.

Keywords: *sexual assault, abuse, victim, social integration, stress disorder.*

CZU:364.01:304:37

Introduction

The theme of sexual aggression in childhood is very current because its consequences affect us all and each one. I was returning home, in the Republic of Moldova, from pilgrimage, from Israel. In the plane I lived unpleasant moments, because I was in a group, which, after their abnormal behavior, found that they were victims of sexual assault.



Being in the same space, we endure their attacks, we were placed in a zone of discomfort, without being guilty of what they once lived. It was a hysterical reaction to all the actions of the crew members.

Working with the young researcher, I read the empirical materials, the stories of the victims of childhood sexual abuse, the results of the clinical investigations, based on them finding that for the contemporary society the sexual assault of women, children is a shameful feature, an inhuman phenomenon by its essence and consequences, it is a major problem for the decision-maker, for the democratic institutions, concerned with political, economic, social stability and the well-being of the population. At symposiums, congresses, international conferences we talk about global issues: ecological, agri-food, about the irrational spending of resources in order to perfect weapons of mass destruction, but about this target group, scientists, specialists in social, humanitarian, behavioral sciences prefer to shut up.

At the same time, as evidenced by the statistical data, the number of crimes of sexual harassment committed in the territory of the Republic of Moldova is increasing. From 2011 to 2014 the number of crimes of sexual harassment, registered in the Register of Criminal and Criminal Information, presents the following indices: 6 in 2011; 12 in 2012; 16 in 2013; 20 in 2014. At the same time, the data regarding the number of files examined in the courts on the cases of sexual harassment, for the period 03.09.2010 - 06.2015, attest: 18 criminal cases. Beyond this reality, it is certain that crimes concerning sexual life, in general, and sexual harassment, in particular, are characterized by a high level of latency, determined by: the feeling of shame or self-blame that such acts generate to the victim; the fear of the victimized persons to bear adverse consequences in the case of filing a complaint with the authorities; lack of confidence of the victims in the act of justice. Indeed, according to a victimological research, it was found that police figures regarding sexual abuse would be less than at least 17 times than in reality [3].

In the context of the above, the objective of the investigation, some of the results of which we will present in this article, is: to raise public opinion regarding the proportions and consequences of sexual assault in childhood, the impact of the phenomenon on social life, on the political, economic stability and prosperity of the citizens of the states. democratic.

Methods applied: description, analysis, synthesis, generalization,



comparative study, modeling, etc. they allowed us to ascertain and justify the need to involve social groups, all elements of civil society in the elaboration of rehabilitation and social integration programs for victims of sexual abuse. The statistical data, the factological material allow us to affirm that with the massive migration of the population, with the increase of the number of refugees this phenomenon expands, and the number of people who have lived moments of horror increases from day to day. Indifference is a feature of contemporary man, but we approach a topic too serious for the present and future of our children to remain in the comfort we have ensured.

The results of the investigation: Sexual aggression is a phenomenon that characterizes human relationships, probably since their establishment. But the low level of women's individual consciousness, their illiteracy, their fear and shame of not finding out about the critical situations they went through left him without the attention of the community. The rise of feminism in the western world, attested in the 60-70s of the twentieth century, has raised public opinion about the serious consequences of sexual vulnerability. Millions of women participated in awareness groups, and in small groups, without a professional leader, women told different stories in their lives. The specialists in the field of psychology, social psychology, sociology and even psychiatry argued conclusions, by which they assumed that at the origin of some psychoses, hysteria can be found repressive states, acts of violence, limits, imposed by certain people.

In 1896, Z. Freud announced that he had discovered the source of hysteria. In a report of 18 cases entitled "Etymology of hysteria", Z. Freud wrote: "Therefore, I propose the thesis that at the base of each hysteria are one or more events of premature sexual experience, events from the first years of childhood. "In this study, the scholar generalizes his patients' stories of sexual assault, sexual abuse and incest, experiences with serious consequences for the future. According to Herman (1994), this essay can further compete with clinical descriptions of the effects of sexual abuse in Childhood [7] During one year, Z. Freud developed the traumatic theory of sources of hysteria. His letters indicate that he became disturbed by the radical social implications of his theory. Hysteria was so common among women that if they assumes that his patient stories are correct, he should conclude that this was an epidemic.

Two political movements have recognized the traumatic theory: the



anti-war movement in Vietnam, which has set up “rape groups” [13] and the feminist movement. The testimony of these groups focused on the constant psychological damage of the struggles. And the feminist movement, through outreach groups, has made a dramatic turn in relation to sexual assault. In 1980, mental trauma syndrome became, for the first time, a true diagnosis and was included in DSM 3 with the title: Post Traumatic Stress Disorders. In the mid-1970s, institutions monitoring sexual assault research began to expand, and in the early 1980s, a broad epidemiological survey was conducted by Diana Russell that involved more than 900 women. The results were severe: one in four women was raped. One in three women was sexually abused as a child.

Over the past two decades, clinical and epidemiological studies have shown that childhood sexual abuse is a major public health issue. The current US assessment informs us that up to 27% of women and up to 16% of men, while stressing that the phenomenon is difficult to measure because of the stigma of victims of abuse and the private nature of the abuse, have been living in terrible times. A powerful predictor of psychopathology [10, pp. 753-760]. Other estimates speak of 3 to 25% of men, and between 11 and 62% of women in the US have suffered childhood sexual abuse [12].

At the same time as documenting the sexual violence, both from a practical point of view, as well as the seriousness of the damage done to the victims, a new understanding of the social significance of the sexual violence of women is developing. According to Susan Brownmuller, a journalist who wrote the book “Against Our Will: Men, Women, and Rape” (1980), rape is a key instrument in preserving the supremacy of men over women in the patriarchal society: “From the prehistoric period to the present, we attest a conscious process of terrorization, literally, by which men keep women in a state of fear. “This led to the realization that all women were victims of rape, even if they were not affected in a timely manner, because all women are educated from the earliest days of childhood to recognize their vulnerability and live in fear. Constant rape, which causes a feeling of inferiority and immediately affects the self-image and sense of “well-being, which is essential for the definition of mental health. In other words, according to this line of thinking, women are generally vulnerable to mental disorders due to vulnerability. Spread to acts of sexual and physical violence [3]. The specialists note that the survivors of the continuous trauma develop a characteristic change of



personality, including the vulnerability to attachment and identity, and the victims are exposed to the risk of re-optimization, repeated damages for both themselves and others and for others [1].

Child sexual abuse is one of the factors that transforms the man into the patient of the psychiatric hospital. Studies show that between 40 and 70% of patients in the psychiatric hospital are adults, victims of childhood abuse. Studies of women in prison, drug addicts and women who practice prostitution show that up to 90% have been sexually abused in childhood. Difficulties in assessing their identity and establishing collegial relationships are observed in these persons.

The whole structure of the “self” of the person, the body image, the introverted image of others, the ideal values that give a sense of perfection and purpose in life - collapse. Single victims of trauma often have a sense of loss of self: “I am no longer myself.” In the trauma of continuous abuse, the victim does not know who he is. She loses her self-perception, with a feeling of inhumanity: “I am no longer a human being.” The image of self is penetrated by the feeling of guilt, of the misery in which it arose. It is clear that when the abuse occurs with a close family member, who must take care, care and care of the child, it develops very severe distortions in the perception of relationships. There is a deep betrayal of relationships that does not allow the development of basic trust. This severe damage to the relationship is reflected in the difficulties of the future relationships of the adult woman: her exposure to repeated relationships with abusive people, the loss of self-confidence, the possibility of loving and being loved. It avoids any possibility of sustaining relationships with others. Everywhere she sees danger. This is critically reflected in the treatment room when patients do not really believe in the therapist’s willingness to help. There is a strong transfer of the attacker to the therapist. A doctor recounts: I remember my great pain when the patients left the therapy, when a relationship of closeness and intimacy began, which triggered the dreadful anxiety that if I remained, it would hurt me, because who hurt me it was close to me. This understanding of the serious harm to relationships is a central component in the treatment of the injured. In this context it is necessary to learn the regulation of closeness and intimacy in order to avoid abandoning therapy [6; 7].

People with chronic trauma are particularly sensitive, anxious and



nervous, without the ability to reach a state of calm and relaxation over time. There are many complaints about headaches, indigestion, abdominal pain, pelvis and back pain, choking feelings, and nausea. In the last year, the Center for Victim Assistance in Sexual Assault conducted public information activities among doctors at Tel Aviv Medical Center, resulting in dozens of reports of sexual abuse, as doctors have learned to identify the signs of sexual abuse and somatic modalities by which many difficulties are expressed. Such an understanding is important to send women to appropriate care.

The wide knowledge of the results of the clinical investigations, exposed in various studies, underlines the importance of the dissociation in understanding and conceptualizing the mental dynamics and the severe damages of the sexual abuse in childhood. Dissociation research allows us to understand the long-term effects of abuse on the functioning of the adult woman. During the abuse, the dissociative process helps the child cope with the psychological and physical traumas by splitting and repressing the feelings and the terrible physical pain. In time, there is an adaptation to the situation, where you rely on dissociation as a way of coping, anxiety and other emotions. This excessive dependency prevents the victim from developing coping mechanisms to deal with difficult emotions (eg sadness, anger) or having strong transitions between extreme sensitivity and insensitivity and apathy. These directions lead to chronic destructive effects that include repeated victims, depression, dissociative disorders and behaviors, which are found in the definitions of different personality disorders.

Currently, in the literature it is mentioned that the dissociation on a continuum ranging from normal dissociation to pathological forms classified as posttraumatic stress disorder (PTSD) and multiple personality disorder, described in DSM4 as a dissociative identity disorder. Dissociative identity disorder - it is a mental state, when the person is seen in different roles. The personal stories of the patients reflect the dynamics of the disorder in progress. For example, Kate, who narrates in her film documentary about Anne White's "dialogues with crazy women," was about three years old when her father became a member of a group of pedophiles who believed that children should be involved in sexual experience. Her father and the whole group used to abuse her. Kate tells how each time she had to invent another girl, in order to survive the abuse in her place, and another girl could go



to school and remember what they learned there. Kate was admitted to psychiatric hospitals for many years, until with the help of doctors she remembered her abuse and managed to unite all the characters. Awareness includes four elements: behavior, emotion, feelings and knowledge. The dissociative process disconnects one or more of these components from one another.

Clinical experience with sexually abused patients suggests that the dissociative mechanism is one of the most destructive components. “I felt like a bird sitting on a window,” says Yasmin. Repeatedly this sentence makes you wonder: What happened to Yasmin? Yasmin, a psychology student, brutally abused by her family, was suffering from a dissociative disorder that severely disrupted her life. The girl kept repeating: She would soon call me with a suffocated voice and tell them that I left home for college, but she found herself after a few hours on the beach, not knowing how she got there.

Another difficulty, related to emotional detachment, is expressed in parenting difficulties. From the writings of a director of pensions for released women prisoners - mothers with their children, we realized that women, who suffered horrific childhood abuse, were afraid to stay with the child, whom they loved so much, or unable to embrace them, she caressed them to give them warmth and love. Because intimacy with the child evoked painful memories of traumatic childhood. Reactive mothers are often sexually abused as children. In the specialty literature we talk about the encapsulation of trauma, which means isolating the trauma from everyday life. This syndrome develops when a person becomes protected from their own consciousness or awareness of the existence of the trauma and suppresses it. It allows the person to deal with everyday situations without properly processing the trauma. The process involves the recruitment of a variety of defense mechanisms, such as dissociation, fragmentation, suppression, disharmony of action, denial and interweaving.

Dissociation from traumatic events occurs when “the soul is fragmenting the mental integration for survival”. As a result, the desire to separate the trauma and isolate it to survive in everyday life: the child’s attention is diverted from sexual abuse. In such cases, ego fragmentation may cause interference in the integration of different personality functions (eg, self-perception, memory, learning, etc.) that will cause cleavage or disruption



of these functions. One of the immediate signs is a learning disorder. (2) A sharp drop in school attendance can often be a sign that the child is traumatized. Something that is very important to explain to educators. However, there are also cases where school functioning is maintained. The result of the non-harmonic impulse is a disturbance of the function of the sexual arousal mechanism of the body, which provokes reactions of avoidance, or excessive arousal, or persistent physical complaints. Repression manifests itself by blocking the traumatic event and omitting it from memory. As a result, you cannot remember the event.

Dissociation is one of the ways to survive the harsh abuse by disconnecting from what is happening, suppressing thoughts, minimizing, denial. Many patients are characterized by different types of dissociation during traumatic events, including a common description of disconnection from the body and seeing events elsewhere in the room. These mechanisms are seen as means of survival, protecting the victim from the inability to live in horrific events, but they become one of the main foundations of psychopathology. This is because the mentioned mechanisms are not limited to the traumatic events themselves, but rather become part of the woman's mental life. This causes time-related disorders, in the sequence of memory, severe damage to concentration. There is a pause in the succession of the past to the present time, when psychologically the person remained in the past.

The injury is one of the most serious consequences of sexual abuse, it causes loss of taste for life and the desire to die. Many patients report many suicide attempts, as well as a desire to die without suicide. In Keren Lev's film "The Diamond Inside" she tells Livneh, who was an inevitable victim for her father, because she was rehabilitated, married and had children and grandchildren, but the desire to die never left her. I'm not going to get hurt, she said, but I pray that when I cross the road, a bus will hit me deadly. Josepha was sexually abused by her father recently, after more than three years of treatment, the desire to die a little diminished

Self-harm is very common among victims of sexual assault. Sometimes it is the desire to die, but often self-harm is designed to relieve unbearable emotional pain. The link between abuse and self-harm is well documented and it seems that recurrent self-harm and other attacks on the body are common among victims who have been abused as children. Self-sabotage creates a sense of peace and well-being. Physical pain is preferable to the emotional pain it takes. As



one incest victim explains, “I do this to prove that I exist” [7, p. 136]. “The war was not forgotten, neither was self-starvation, bulimia, severe depression or the inability to have a marriage.”

A serious trauma for life is caused by rape. Although rape is a unique trauma, as opposed to childhood sexual abuse, it is surprising to see the severity and duration of the impact on victims [8]. In the past, it was common for us to think of rape suffering as a temporary affair that disappears within a few weeks. Today, there is plenty of evidence that many negative effects of rape remain for a long time. An act of rape causes an immediate high danger that drops to about two months. However, reports show that fears, anxieties, self-esteem, sexual dysfunction persist for up to a year and a half, sometimes even more. A quarter of all women who have been raped continue to show negative signs even after many years. These are reflected in the states of depression, the tendency of alcohol and drug use, overeating, obsessive-impulsive, PTSD and various anxiety disorders. 94% of rape victims meet PTSD criteria twelve days after rape, 46% up to 3 months. Rape causes PTSD more than other traumatic acts, such as robbery, physical assault, sudden death of a relative or natural disaster. The severe effects of rape are not surprising if we consider the special nature of the trauma. The essential element in rape is the physical, mental and moral injury of the victim. Rape causes emotional trauma.

The behavioral cognitive approach practiced by Rothbaum in the 1990s justified the conclusion that experiencing a sudden and frightening event produces a memory scheme that includes: 1. Information about the characteristics of the frightening situation; 2. Information regarding the behavioral, verbal, physiological and excessive behavioral response that has appeared in the traumatic situation and is repeated every time there is an activation of this scheme. 3. Awareness of the significance of the scary situation and the reaction to it. Due to the wide range of these schemes and the stimuli that trigger them, it is assumed that they exist on an active level continuously. Because schemas are the glasses through which the world experiences itself: rape that produces changes in schemas can have negative and lasting consequences.

Therefore, the contemporary society, characterized, in general, by a developed level of all forms of social consciousness, has multiple problems in the approach. We often complain that the phenomenon of prostitution is



increasing, that the number of women who consume and market narcotic substances is increasing, but the actions that would combat these phenomena are insufficient. In conducting this study, we can say that sexual abuse in childhood supports prostitution and crime among women.

The experience of the State of Israel, generalized in various studies, convinces us that most of the women in prison, who practiced prostitution and drug addicts, were sexually abused in childhood, and normalization, optimization of their lives is a difficult problem in adulthood. Which shows the extent of the personal and social damage involved in various forms of abuse. It is very important to know the stories of the patients who help us to understand the causes of the different negative phenomena we face in our daily lives, personally to deal with the difficulties and severe disorders of our fellow human beings, with whom we coexist at the same time and space.

The question arises: How can we protect ourselves and our children? Knowing and researching the problems faced by people, initially innocent, involved in acts, with serious consequences, by others, who were not isolated from society in time, so as not to harm them. A first step is carried out by the medical institutions, studying the behavior of the patients of the psychiatric hospitals, but, in our opinion, it is too late and a small number of the victims of sexual assault arrive. Diagnosis of personality disorder labels women as deviant and flawed, reinforcing the traditional line of reference for delinquent, prostitute and drug-dependent women as “bad” and “crazy” women. This diagnostic system accuses the victim of not being able to organize her life, which allows the society to deny responsibility for sexual abuse in childhood, attributing the problem of defective personality to deviant women, as well as resorting to hospitalization and incarceration. Today, the need to change the diagnosis and therapy system for victims of childhood sexual abuse has been recognized. Understanding the role that sexual traumas play in childhood can help to understand mental difficulties and problem behavior, thus opening up appropriate treatment and rehabilitation methods, instead of current methods of punishment and imprisonment.

Currently, both in Israel and in the Republic of Moldova, some victims of sexual violence are placed in Centers that offer services to victims of domestic violence (VVF) or trafficking in human beings (TFU). The same situation holds for the Child Placement Centers.



But this category of victims needs specialized services, focused on their specific needs. The mapping of the phenomenon reveals several weaknesses in the social protection of VVS: lack of specialized services for both children and adults, lack of long-term services. Assistance in centers for victims of domestic violence is provided only during the crisis period, the lack of legal assistance in some maternal centers, the lack of services to prevent sexual violence and social reintegration activities in the community. At the same time, there is evidence that the psychological and legal assistance of victims of sexual violence until the trial begins plays an important role - being informed about their rights and responsibilities, they are more emotionally stable.

A challenge also presents the collaboration between institutions in assisting VVS, given that each institution has its own regulations, rules and bureaucratic system. At present, there is no unique vision of the institutions that offer legal and social assistance to this category of victims. The way of interaction with the specialists in the social and legal systems is not coordinated either. Right from the time the complaint is filed with the police or identified at the community level, the victim of the sexual offense must enjoy the attention and coordinated specialized intervention.

However, measures are being taken in the Republic of Moldova to bring the justice system closer to international standards. The present Report, devoted to the correlation of national legislation in the field of prevention and combating sexual violence with international standards in the field, is also focused on the elaboration of recommendations in this field for the central authorities, justices, considering the connection of the national legislation with the provisions of the Istanbul Convention. The authors hope that the recommendations will be useful in the elaboration of the complex state policy and the measures to increase the protection and assistance of all victims of violence against women in the Republic of Moldova [11].

Conclusions

We regret to note that social progress in the field of human relations is facing great difficulties, because some people are born with various anomalies, instinctive starts, which they do not coordinate, but do not ask for the help of specialists in time. For this reason, in the 21st century, the number of aggressors increases, respectively the number of victims of sexual assault among children and women is imposing.



We have estimated the dimensions of the phenomenon, the forms of mental illness and the refuge of the victims of social aggression, we have shown that we cannot be indifferent to the phenomenon and the people affected, because automatically we are involved, attacked by them, without causing them, being only in same space: park, theater, public transport, public institutions etc.

We have described some practices to combat the phenomenon and the activities of consultation, assistance, rehabilitation of the victims. We have less information about the policies for integrating victims into social life. On the prevention, monitoring of the phenomenon and rehabilitation of the victims, of their integration into the life of the community, the institutions of the contemporary states, the civil society, the whole community have to meditate, to elaborate and to implement special policies.

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