I WAS RAPED TEN YEARS AGO: AM I ELIGIBLE FOR A GRANT OF “HUMANITARIAN” ASYLUM TODAY?

By Ella F. Cleveland, Ph.D.

A person who has suffered harm because of a special reason, such as having the wrong political opinion or being of the wrong religion, can be granted asylum.[[1]](#footnote-1) But, if there has been a significant change in circumstances, such as a new government being in power, asylum can be denied, unless the harm suffered was atrocious.[[2]](#footnote-2) If the harm is deemed to be very severe or atrocious, the applicant can be granted what is often called “humanitarian” asylum.[[3]](#footnote-3) When is harm deemed to be atrocious? Does rape rise to the level of atrocious harm? I believe that if a woman still suffers harm ten years after the event, she has suffered “atrocious” harm.

How common is it, that a rape victim still suffers from the event, even ten years afterwards? To answer this question, I surveyed the literature and interviewed several victims. My conclusion is that many women still suffer greatly, even after ten years. For example, Ms. D-2, from the DRC told me, “It has been ten years since my gang rape, but I still suffer from depression and stress. I still have nightmares and even bad day dreams about the incident. I am infected with HIV/AIDS, and I am unable to have an intimate relationship with another person.”

Many women suffer lifelong consequences of rape. Common consequences of rape are major depression and alcohol or drug abuse.[[4]](#footnote-4) “No other physical encounter between human beings carries such a disparate potential for good or evil.”[[5]](#footnote-5) A 2014 study involved 27 women who had been raped during World War II. When interviewed *more than 60 years later*; 80.9% reported “severe sexual problems during their lifetimes.” [[6]](#footnote-6) “We were quite astonished that [these] elderly women had such significant PTSD symptoms,” said lead author Philipp Kuwert. [[7]](#footnote-7)

The prevalence of PTSD several years post-rape has been reported as high as 80 percent. [[8]](#footnote-8) One study found that over one-third of women who had been victims of forcible rape suffered from “lifetime PTSD.”[[9]](#footnote-9) Another study conducted on victims of rape and “non-victims” found that victims were more likely than non-victims to meet the criteria for panic disorder “several years” post-rape.[[10]](#footnote-10)

Women who have experienced sexual violence may constitute the single largest group of people affected by PTSD. Studies have found that between 35 and 57 percent of rape victims suffer from PTSD at some point in their lifetime, and that up to 17 percent of survivors meet PTSD criteria an average of 17 years post-assault. Long-term effects of rape include feelings of low esteem, self-blame, and guilt. Injuries can be sustained as a direct result of the assault itself, from later complications, or from its psychological impact. One victim reported, “My urethra was so battered I became incontinent, my psyche was so battered I became a mental cripple.”[[11]](#footnote-11)

A recent study from researchers at the University of Pittsburgh found that women who experienced sexual assault were three times more likely to have clinical depression and two times as likely to have anxiety than women who had not experienced sexual assault. Even when the sexual assault occurred long before, it was associated with poorer mental health and sleep.[[12]](#footnote-12)

Other researchers found strong evidence that sexual assault victimization is associated with increased risk for multiple forms of psychopathology, such as suicidality and trauma and stressor-related conditions.[[13]](#footnote-13)

FIVE RAPE VICTIMS THAT I INTERVIEWED

Below are five representative summaries of rape victims that I have interviewed.

The victims are *still* suffering for as long as 40 years after the rape. I have changed some details to preserve anonymity.

*Ms. S, from Sudan*

Ms. S was raped at age 14 in her country. I met her 40 years later. She clearly remembered the event; she told me:

To this day, I cannot see soldiers without becoming terrified and depressed. To this day, I suffer from fear and depression. Forty years later, when I think of the rape, I have nightmares.

*Ms. C from the Central African Republic*

Ms. C was raped by two men in her country 25 years earlier. She told me:

Today I have trouble every time I urinate, and I have nightmares sometimes. I scream in the night at times. I have flashbacks, especially when I am alone. I get very mad and upset, and I cry. I am constantly thinking about the past and asking why it happened to me. When I am alone in the street, I feel insecure, especially when unknown men are around. I am not as happy as I was.

I don’t want to have sex. I can’t have a normal relationship with a boyfriend I had before the rape, even though we had sex then.

Today, I feel that I have no dignity. I worry that if others find out that I was raped, they will think bad things about me.

*Ms. D, from the DRC*

Ms. D was raped at age 13 in her country. When I met her 11 years later here in the United States, she told me that she vividly remembers dozens of details of the event. She told me she feels depressed, so depressed that she often she cannot focus on her schooling. Her sister told me that she noticed great personality changes:

I see today that my sister is still suffering from the severe trauma and damages that was inflicted on her 11 years ago. There are still some major changes in her behavior; she is depressive and anxious at times. The slightest movement could set her off and trigger flashbacks and emotional distress similar to what she had right after the rape: sometimes she has panic attacks in her sleep, shaking and crying. She is ashamed of people finding out. Her most common behaviors are lack of motivation, social withdrawal from everything she once enjoyed doing, and avoiding participation and involvement in everything she once loved.

*Ms. B from Burundi*

Ms. B. was not yet ten years old when she was raped in Burundi. Ten years after that, I spoke to her. She presented with a flat affect; she rarely smiled, and spoke very softly. She told me she felt ashamed, that she hated men, and that she still had physical problems. She said she felt stressed, dizzy at times, and suffered from intestinal problems.

*Ms. D-2 from the Democratic Republic of Congo*

Ms. D-2. was 27 years old when she was raped in the DRC. When I spoke to her ten years after that, she told me:

It has been ten years since my gang rape, but I still suffer from depression and stress. I still have nightmares and even bad day dreams about the incident. I am infected with HIV/AIDS, and I am unable to have an intimate relationship with another person. I have tried to put my life back together in the U.S.A., but it has been a very difficult and slow process.

CONCLUSION: RAPE IS NOT A ONE-TIME EVENT

In the course of interviewing each of these rape victims, the horror of rape becomes more real. Rape is an egregious crime, resulting in many long-term effects to the body and psyche of a person. Bodily problems persist and are a constant reminder of the incident. Psychological harm or PTSD takes longer to heal than the bodily problems, if it heals at all. The victim is afraid to leave her house, to engage in any relationships, to continue living life as she knew it before the rape.

Rape is a heinous event in itself, but it is not a one-time event. Survivors of rape continue to suffer, often many years after the actual rape. In these case studies, two victims are still suffering after 10 years, two continue to suffer after 25 years, and one has suffered for 40 years, her entire adult life.

I was surprised and depressed when I heard what the victims had to say. Many rape victims are still deeply traumatized, decades after the event. Society should look for more resources to aid these women. If you meet a victim, be gentle.

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For more information on rape and PTSD, access the Louise Trauma Center website: <http://louisetrauma.weebly.com/>

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2. *Matter of S-A-K- & H-A-H-,* 24 I&N Dec. 464, 465 (BIA 2008) [↑](#footnote-ref-2)
3. *Id.*  [↑](#footnote-ref-3)
4. Dean G. Kilpatrick, *et. al., Rape-related* PTSD*: Issues and interventions,* Psychiatric Times, June 1, 2007, at 50. [↑](#footnote-ref-4)
5. Vartan, S., The *lifelong Consequences of Rape,* Pacific Standard magazine, June 14, 2017

   <https://psmag.com/social-justice/lifelong-consequences-rape-96056> [↑](#footnote-ref-5)
6. Kuwert, Glaesmer, Eiichhorn, Grundke, Piertzak, *Long-term effects of conflict-related sexual violence compared with non-sexual war trauma in female World War II survivors: A matched pairs study,* Archives Sexual Behavior, August 2014, Abstract. <http://link.springer.com/article/10.1007/s10508-014-0272-8> [↑](#footnote-ref-6)
7. Quoted by Vartan, S. *supra.* [↑](#footnote-ref-7)
8. David Faigman, *et. al*., 2 Mon. Sci. Evidence 15:19 (2013-14 Edition). [↑](#footnote-ref-8)
9. Heidi M. Zinzow, *et.al., Prevalence and risk of psychiatric disorders as a function of variant rape histories: results from a national survey of women*, published online 21 May 2011. <http://metapress.com/content/90260in497473463/fulltext.pdf>. [↑](#footnote-ref-9)
10. Burnam et al., Sexual Assault and Mental Disorders in a Community Population, 56 J. Consulting & Clinical Psychol. 843 (1988); Winfield et al., Sexual Assault and Psychiatric Disorders Among a Community Sample of Women, 147 Am. J. Psychiatry 335 (1990). [↑](#footnote-ref-10)
11. Cameron Body, “The Impacts of Sexual Assault on Women,” Australian Institute of Family Studies, April 2011, 8 pp., <http://www.aifs.gov.au/acssa/pubs/sheets/rs2/> [↑](#footnote-ref-11)
12. Thurston, Rebecca C;, Chang, Yuefang; Matthews, Karen A.; et. al., “Sexual assault and harassment have long-lasting mental and physical health effects,” JAMA Intern. Med. 2019; 179(1): 48-53, dol: 10.1001/jamainternmed.2018-4886, January 2019. [↑](#footnote-ref-12)
13. Dworkin, ER; Menon, SV; Bystrynski, J; and Allen, NE, “Sexual assault victimization and psychopathology: A review and meta-analysis,” Clin Psychol Rev, 2017 Aug 56: 65-81. Dol: 10: 1016/j.cpr.2017.06.002. Epub 2017 Jun 30. [↑](#footnote-ref-13)