Sexual Assault and Early Drop-Out From Psychotherapy: A Qualitative Analysis

Burcu KORKMAZ
Bursa Uludağ University

Gonca SOYGUT PEKAK
Istanbul Sehir University

INTRODUCTION

Early termination from therapy can be defined in different ways (Hatchett & Park, 2003) and drop-out can reach up to 53.1%. Therefore, it is very important to examine the mechanisms underlying the drop-out from therapy. Although some researchers (Wierzbicki and Pekarik, 1993) identified some demographic variables that predict drop-out, the others (Sharf, Primavera, and Diener, 2010) concluded that there was a strong relationship between therapeutic relationship and drop out. On the other hand, Gülüm, Soygüt, and Safran (2016) used qualitative method to examine drop-out and concluded that the type and frequency of rupture in therapy and therapists' positive and negative behaviors are also important other variables. Sexual assault is one of the experiences that is highly destructive, can reveal the symptoms of PTSD and can cause significant harm to the psychological health of the person. However, although psychotherapy studies conducted with this group may show us drop-out rates (Hembree et al., 2003), they cannot show why individuals with PTSD symptoms drop-out early. Therefore in this study, it is aimed to examine the factors underlying the early drop-out with the sample of sexually assaulted women with a qualitative method, thematic analysis.

METHOD

The sample of the study consisted of 10 women who were exposed to sexual assault (rape and sexual harrasment involving physical contact). The ages of the women in the study ranged from 19 to 24. While 6 of the women completed the psychotherapy process, 4 of them drop-out after the first or the second sessions. The psychotherapy processes and the transcription were conducted by the first researcher. The data was analyzed by inductive thematic analysis method according to the suggestions of Braun and Clarke (2006).

RESULTS AND DISCUSSION

Table 1 shows the results of the thematic analysis. The results showed that the therapist's avoidance talking about the sexual assault, disagreement between the client and the therapist about the goals of the therapy, clients' mistrust to mental health professions, being tired of telling the traumatic event many times because of the health systems and critical & unrepaired therapeutic rupture moments are the different themes compared with the completed psychotherapy processes. This study is important to show the differentiating themes between completed and early terminated processes. Paying attention to these factors and taking precautions when working with sexually assaulted women to reduce the rate of drop-out from therapy.

Table 1. Themes Associated With the Psychotherapy Process

<p>Avoidance of therapist</p> <p>The therapist skips the issue as soon as the coercive traumatic experience is described and attempts to reconsider it later in the session:</p> <p><i>Therapist: I want to talk.. immm.. a bit about the rape that you experienced in collage.. you mentioned earlier..'</i></p>
<p>Disagreement about the GOALS of therapy</p> <p>While the goal of the therapist is to deal with traumatic experiences and to concentrate on psychological symptoms, the clients sometimes come to therapy for different purposes:</p> <p><i>Client: immm.. something is going to happen in the court.. my lawyer and I decided to start a therapy.. we thought psychological issues can contribute.. a therapist could explain these things that we can't explain..</i></p> <p><i>Therapist: ı hi.. we will talk about that. Legal part is also very important but one of the most important thing for me is how you feel?.. actually.. how are you now..'</i></p>
<p>Problems with mental health workers & systems</p> <p>Due to their previous experience, clients do not trust the psychotherapy process, psychologists and psychiatrists:</p> <p><i>Client: I was very overwhelmed.. I've shared it with one of my friend.. Actually, I didn't.. want to take a treatment.. I didn't want to go to.. a psychologist or a psychiatrist.. because I didn't trust them...</i></p> <p>On the other hand, the clients have to tell many times to different hospital staff about their traumatic sexual assault experiences before starting a therapy process:</p> <p><i>Client: He said.. 'I am a doctor.. tell me everything..' I said.. I think I talked enough with a psychologist.. and after leaving, I explained again.. again.. I already felt exhausted.'</i></p>
<p>Critical, unrepaired rupture moments</p> <p>In the first interview, the important moments of rupture is not repaired in the therapist-client relationship:</p> <p><i>Therapist: well.. when you think the last week.. you said it effected me.. How much has this affected you?.. for example if you give a score out of 100?</i></p> <p><i>Client: Me?.. out of 100.. I don't know.. I can't make an evaluation like this.. How can I do that?'</i></p>