Introduction

Sexual crimes are one of the most violent crimes that can be committed against individuals. The effects of such crimes on the victims remain for a long time and sometimes are never erased. Rape a sexual intercourse is defined as a child or adult (vaginal, oral, or anal) performed with a penis, finger, or other objects. Rape occurs when the victim consents to fear of death or injury, or when the drug is administered by force and through coercion, intimidation, or deception.

Sexual crime is one of the forensic topics and one of the problems of today's civilized societies, which is a common and important issue in the field of public health in developed and developing countries. This study was conducted to determine the frequency of paranoia in female victims of rape referred to Isfahan Forensic Medicine Center in 2014.

Methods: This descriptive study included 93 women rape victims referred to Isfahan Forensic Medicine Center who were randomly selected. The study tool was the demographic information and mental health questionnaire scl-90. Descriptive statistics and Spearman correlation, independent t test, one-way analysis of variance in SPSS version 17 were used to analyze the data. Results: This study showed that there was a significant positive correlation between rape and phobia (P < 0.001) so that the prevalence of phobia in people who were raped was moderate to high. Also 9.1% (8 people) of mild phobias (scores 1–0), 79.5% (70 people) moderate phobias (scores 1–1) and 11.4% (10 people) phobias in the range Severe (scores 4–3) reported. Of the seven sub-indices in the phobia section, 52.3% (46 people) had very unreasonable fears. Approximately 52.3% (46 people) were afraid of traveling, 46.6% (41 people) were afraid of being alone. Going, 38.6% (34 people) fear of the market, 51.1% (45 people) anxiety, 12.5% (11 people) feeling of alienation, 1.1% (1 person) fear of fainting in total.

Conclusion: Due to the increasing number of rapes in women and the recognition of rape as a factor disrupting mental health, strategies and resources should be provided to prevent rape against women and its adverse consequences, including phobia and early diagnosis and treatment of this complication and other complications.

Keywords: Phobia, sexual assault, women

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phenomenon also has serious consequences for women physically and mentally. Rape is a complex problem that has disturbing aspects such as medical, psychological and legal aspects. The prevalence of this problem in the world varies from 13 to 39% in women and this rate is 3% in men. Statistics from the National Center for Women’s Studies indicate that between 680,000 and 1.5 million women are raped in the United States each year. The highest number of rapes has been announced in the Congo and in Iran the provinces of Tehran (one thousand six hundred and fifty sexual crimes per year) and Qom annually (1556 sex crimes) with the highest rate of reported rapes is. The psychological effects after rape are many and include aggression, depression, phobias, memory disorders and suicide. A report by the World Health Organization shows that one woman is raped every 5 min, and that these women are more likely than women who have not been raped to suffer from depression, suicide attempts, chronic anxiety, aggression, and problems. They are related to substance abuse, phobias, low self-esteem, guilt, self-blame and pessimism. A set of symptoms including fear, helplessness, shock, guilt, phobia, embarrassment, aggression and self-blame are seen in these people. Existence of various emotional pressures will increase the risk of mental breakdown and will damage mental health, as a result, the person is not able to behave in harmony and harmony with society and maintain his mental health.

One of the psychological effects of rape is phobia. Severe or morbid fear, known in psychology as fear or phobia. Aggression has many physical, psychological and social effects. It is a morbid and persistent type of fear in a person that disrupts daily life. It causes symptoms such as feelings of helplessness, loneliness, social incompatibility, disregard for the rights and wishes of others. Short-term problems caused by phobias include headache, stomach pain, back and shoulder pain, palpitations, sweating, tremors, nausea, vomiting, dizziness, fainting, deep fatigue, long-term problems include: stress, anxiety, disability, Social, educational, occupational and marital, but in any case, each of these affects the ability to be happy and healthy. What has made researchers pay attention to phobias, the consequences of such behaviors such as: creating the negative image among others is rejection by others, academic failure, drug use and social deviation in general. Being raped has significant emotional effects on victims, such as feelings of helplessness, feelings of anger, feelings of fear and especially loss of attractiveness in rape victims, inability to trust others, constant preoccupation with crime, and feelings of powerlessness Justice in the world. In 2007 showed that the victims did not feel healthy and were afraid, anxious and aggressive. Hebert et al. found that adolescent girls had higher clinical levels of post-rape stress symptoms than boys. The results of other researches also confirmed that Chen et al. Also found a statistically significant association between sexual abuse and phobia, depression, and suicide attempt. Due to the fact that not enough studies have been done in this field so far and due to the serious effects of rape, we decided to conduct a study to determine the frequency of phobias and its sub-indicators and the correlation between rape and phobia in female victims of rape. Refer to Isfahan Forensic Medicine Center in 2014.

Materials and Methods

This descriptive study was conducted in 2014. The study population included all female rape victims referred to forensic medicine in Isfahan province, from which 93 people were selected using available random sampling method. The researcher first referred to the forensic medicine center of Isfahan province and randomly selected those who met the inclusion criteria. The minimum sample size in this study was 93 samples which was calculated according to the following formula:

\[ n = \frac{p(1-p)z^2_{\alpha/2}}{d^2} \]

After obtaining the necessary permits, sampling was first performed from Isfahan Forensic Medicine Center. Inclusion criteria included no previous experience of rape, no mental illness, no experience of a tragic accident of loved ones during the past 3 months. Data collection tool was Demographic Characteristics [Table 1] Questionnaire including questions on age, education, occupation, income, parents’ occupation, parents’ education, number of family members, marital status and 90 SCL Mental Health Questionnaire prepared by Dragotis et al. in 1973 and 9 indicators. Measures depression, paranoia, phobia, psychosis, anxiety, self-morbidity, obsession and aggression. The questions of this questionnaire examine the mental state of the individual. The 5-point Likert scale (none-little-somewhat-high-very high) was used for scoring. A score of (1-0) indicates a mild phobia, a score of (1-3) indicates a moderate phobia, and a score of (3-4) indicates a severe phobia.

Table 1: Demographic information of the rape victim

| Percentage | Frequency | Scale Variable |
|------------|-----------|----------------|
| 2.2        | 2         | Sub-diploma    |
| 37.6       | 35        | Diploma        |
| 47.3       | 44        | Cardinal       |
| 12.9       | 12        | Bachelor and higher |
| 100        | 93        | Total          |
| 6.5        | 6         | House keeper   |
| 11.8       | 11        | Worker         |
| 12.9       | 12        | Employee       |
| 68.8       | 64        | Other cases    |
| 100        | 93        | Total          |
| 88.2       | 82        | single         |
| 3.4        | 4         | Married        |
| 7.5        | 7         | Divorcee       |
| 100        | 93        | Total          |
| 77.4       | 72        | <500 thousand  |
| 22.6       | 21        | 500000-1000000 |
| 100        | 93        | Total          |
| 43         | 40        | 18-22          |
| 49.5       | 46        | 23-27          |
| 4.3        | 4         | 28-32          |
| 3.2        | 3         | 33-38          |
| 100        | 93        | Total          |
Findings

As can be seen in the table below, the mean and standard deviation of the age of the victims was 23.38 ± 3.40. Most of the victims were in the age range of 23 to 27 years, which was 46 or 49.5%. In terms of education level, 44 (47.3%) of the victims had associate degrees. 82 (88.2%) of the victims were single. The income level of 72 people (77.4%) of the victims was less than 500 thousand and 21 people (22.6%) had an income between 500 thousand to 1 million.

As can be seen in Table 2, 37 (39.8%) percent of the fathers of the victims had a diploma and 60 (64.5%) of the mothers of the victims had a diploma. 41 (44.1) of the fathers of the victims were neither workers nor employees and were divided according to the job classification scale among other cases. Most of the mothers of the victims were 60 (64.5%) housewives and 85 (51.6%) lived in families with a medium population.

9.1% (8 people) of mild phobia (scores 1–0), 79.5% (70 people) moderate phobia (score 3-1) and 11.4% (10 people) severe phobia they had. This index has 7 subindices, among which fear of travel unreasonable fear are seen as very high in more than 50% of cases.

According to Table 3 of 7 sub-index related to phobia, 38.6% (34 people) of the studied units had a very high level of fear of the market. 52.3% (46 people) had a very high level of unreasonable fear. 52.3% (46 people) fear of traveling, 51.1% (45 people) anxious, 46.6% (41 people) fear of going out alone, 12.5% (11 people) and feeling alienated and 1.1% (1 person) fear of fainting. They were together.

To evaluate the relationship between rape and phobia in victims, Spearman correlation coefficient was used, which showed a positive and significant correlation between paranoia and rape (P < 0.001), so that the prevalence of phobia in those who were raped was moderate to high.

Discussion

In this study, the mean age of the victims was 23–27, which was almost consistent with the studies of Gitighoreishi and Kharamin et al. and Alklayat et al. He was under 24 years old, which was lower than our study. In the study of Hutching and Dutton, it was 34 years, which is higher than our study. If we look, we see that the average age of people who have been raped is lower than in the past, perhaps because these people have more freedom from their parents than in the past. In this study, most of the raped women were single and divorced and married women were in the next ranks, which was consistent with the studies of Gitighoreishi and different from the study of Hutching and Dutton in 1997, in which Most of the women had a diploma or bachelor’s degree.
who were raped were married. This may be due to the fact that the freedom of single women has increased compared to the past, so these people are more at risk. In terms of education level in our study, most people had associate degrees, which did not match the results of studies, Kharamin et al.[20] and Hutching and Dutton,[23] when most people had undergraduate education.

The number of educated people in the society has increased compared to the past. The results of this study showed that there was a statistically significant relationship between sexual abuse and phobia, which is consistent with the results of a study by Chen et al.[19] The results of our study showed that phobias in women after rape are significantly which is similar to the results of Nickerson et al.[20] The results of our study showed that rape in women is associated with short-term and long-term psychological and psychiatric effects such as phobia, which is consistent with the results of a study by Mirzai et al.[21] The results of our study showed that those who were sexually abused had mood disorders and a high level of phobia in these people, which is consistent with the study of Hutching and Dutton.[23] The results of the present study show that the rate of mental disorders in victims is higher than usual, which is consistent with the results of the study of Kharamin et al.[20] and Alklayat et al.[21] Among the limitations of this study were the lack of cooperation of the participants and the lack of correct answers to the questions due to creating a sense of shame and embarrassment and exposing them to rape.

Conclusion

The results of this study showed that 32.3% of the victims had mild mental disorders, 64.5% had moderate mental disorders and 1.1% had severe mental disorders. Also, most of the psychological symptoms seen in these people were phobia, depression, and aggression. Overall, the results of our study show that victims of sexual abuse had phobias and the majority of people (70 people) showed moderate phobias (scores 1–3) and early diagnosis and treatment of this disorder is a great help to victims. It will endanger the psyche of individuals in the community, and to prevent this phenomenon, educational and preventive interventions should be expanded at the community level and family and social networks should be strengthened. Therefore, it is recommended that due to the serious complications of rape, victims who have suffered psychological damage be identified and given psychotherapy and behavioral therapy to reduce the serious complications of this incident.

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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