

Intervention strategies for rape victims

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Abstract

Purpose of the present investigation is to assess the level of intervention strategies of rape victims in India. Women in India have continued to face numerous problems such as forced female foeticide, dowry and bride burning, domestic violence, disparity in education, sexual harassment etc. India is ranked as the worst country in the world, where crime against women is increasing day by day. The crime rate under crimes against women has continuously increased during 2010-2014 with 2,13,585 cases reported in 2010 and it increased to 3,37,922 in 2014.

Rape is the fourth most common crime against women in India. A majority of rape cases reported in India, as elsewhere in the world are never reported. Social Psychologists have to go a long way to handle such problems. The intervention strategies should be at three levels.

- I. There should be cognitive change in society for sexual harassment. Separate preventive programmes for male and female should be developed and implemented at school level.
- II. Psychological help should be provided at the community level to the rape victims. Psychologists should develop a stepwise model to handle this problem.
- III. Rape related trauma treatment centers should be established in a large number in different places in India.

Rape Trauma Syndrome is a psychological trauma experienced by a rape victim that includes disruption to normal, physical, emotional, cognitive and interpersonal behavior. The theory was first described by psychiatrist 'Ann Wolbert Burgess' and sociologist 'Lynda Lytle Holmstrom' in 1974.

Rape trauma syndrome is a cluster of psychological and physical signs, symptoms and reactions common to most rape victims, immediately for months or years after that rape. The widespread

and systematic rape and sexual slavery can occur during international conflicts. These practices are the crimes against humanity. Rape is also recognized as an element of crime of genocide when committed with the intent to destroy in whole or in parts, a targeted- ethnic-group.

Rape is the fourth most common crime against women in India. In India rape cases are increasing day by day. According to the news of Indian Express dated 5th January 2016 the number of rapes in Delhi registered a rise in 2015, with data suggesting an average of six cases every day. 2095 cases of rape were reported in 2015 compared to 2085 cases during the same period in 2014. Delhi Police Commissioner B.S. Bassi said that 70% of the perpetrators in rape cases belong to the age group of 21-35. According to national crime record bureau 2013 annual report 24,923 rape cases were reported across India in 2012 out of these 24,470 were committed by someone known to the victim (98% of the cases).

State wise statistics of rape cases are as follows –

Table 1: State wise statistics of Rape Cases

SNo.	STATE	YEAR 2006	YEAR 2011
1	ANDHRA PRADESH	1047	1442
2	ARUNACHAL	37	42
3	ASSAM	1244	1700
4	BIHAR	1232	934
5	CHHATISGARH	995	1053
6	GOA	21	29
7	GUJRAT	354	439
8	HARYANA	608	733
9	HIMACHAL PRADESH	113	168
10	JAMMU & KASHMIR	250	277
11	JHARKHAND	799	784
12	KARNATAKA	400	636
13	KERLA	601	1132
14	MADHYA PRADESH	2900	3406
15	MAHARASHTRA	1500	1701
16	MANIPUR	40	53

17	MEGHALAYA	74	130
18	MIZORAM	72	77
19	NAGALAND	23	23
20	ORISSA	985	1112
21	PUNJAB	442	479
22	RAJASTHAN	1085	1800
23	SIKKIM	20	16
24	TAMILNADU	457	677
25	TRIPURA	189	205
26	UTTAR PRADESH	1314	2042
27	UTTRAKHAND	147	129
28	WEST BANGAL	1731	2363
	TOTAL	18682	23582

The above data shows that number of rape cases have increased in year 2011 compared to 2006. If one goes by the latest statistics of National Crime Record Bureau (NCRB), everyday 93 women are being raped in the country. According to NCRB data, there is a gradual increase in the number of rapes reported in India from 24923 in the year 2012 to 33707 in 2013. The number of rapes in Delhi has almost doubled from 585 in 2012 to 1441 in 2013. Delhi is followed by Mumbai (391), Jaipur (192) and Pune (171) which are supposed to be the top unsafe cities in the country. It is also revealed that Madhya Pradesh with 4335, has the maximum number recorded cases of rape in 2013 among all the other states.

The most horrifying fact is that majority of offenders are known to the victim. NCRB statistics shows that 31,807 (94%) were familiar to the accused, which includes neighbours (10782), relatives (2315), parents (539) and other known persons (18171). It is also revealed that most of the victims are aged between 18 to 30 years (15,556) and 14 to 18 years (8,877). Activists argue that legal system is slow to prosecute rape cases, but officials say that the number of rape cases has increased because of the awareness on the part of the victim, who come forward to lodge complaints. Still, half of the cases remain unregistered due to social stigma and non-cooperation of the police.

According to first post news nearly, 68,000 rape cases were registered across the country during 2009-11, but only 16,000 rapists were sentenced to prison, presenting a dismal picture of conviction of sexual offenders. Position of registered rape cases and convicted cases are as follows-

Table 2: Position of Registered Rape Cases and Convicted Cases

SNo.	STATE	YEAR	REGISTERED CASES	CONVICTED CASES
1	MADHYA PRADESH	2009-11	2986	1980
2	WEST BENGAL	2009-11	7010	381
3	UTTAR PRADESH	2009-11	5364	3816
4	ASSAM	2009-11	5052	517

The above data shows a vast difference in the registered cases and convicted cases. Our slackingjudicial system (lack of proper punishment) plays its role in lessening the fear of these perpetrators. United Nations Office on Drugs and Crime (UNDC) finds that most victims of rape are women worldwide. The study also finds that rapes against women are rarely reported to the police and that the number of female rape victim is significantly underestimated.

Some psychological and emotional effect of rape are immediately apparent. Those who have been raped can develop somatic disorders. Symptoms of emotional and psychological difficulties, can be a decreased ability to concentrate. Symptoms of acute stress disorder include-

1. Depersonalization or dissociation.
2. Difficulty remembering important parts of assault.
3. Reliving the assault through repeated thoughts, memories or nightmares.
4. Anxiety or increased alertness (Difficulty in sleeping, concentrating etc.)

A Study was done to see the long term effect of rape in 35 victims, age range 2 to 46 years. The result shows that rape victims were found to be significantly more depressed, generally anxious and fearful than control subjects. Only one rape situation variable, the survivor having been a prior victim of sexual assault, was found to be related to a higher degree of depression and anxiety. 'Burgess and Holmstern' studied 109 women who were admitted in the Boston City Hospital in 1974 complaining of rape. The primary emotion expressed by the victim was one of

fear. Most of them told that they felt as if they were going to be killed or badly injured. Somatic reactions devolved physical trauma, skeletal muscle tension, gastrointestinal irritability, genitourinary complaints and disordered-sleep-pattern. Emotional reactions included fear, humiliation, anger, guilt/shame and feelings of degradation and powerlessness. Mood swings and enhanced emotional liability might occur. Increased irritability with suspiciousness of other people might also be present.

The issue of trust may be important in counseling process. Victims trust in people, gets betrayed by the rapist, and that may make it more difficult for her to trust others. Data shows that maximum rape cases were committed by well known friends, someone whom the woman was in love or acquaintances. So the girls should be educated about these dark facts to handle with them in future. Society should have a helping and sympathetic attitude towards these victims. A cognitive map should be developed in society that the victim is not responsible for this act. The perpetrator should be socially boycotted. The society should come forward to support the victim to make her feel less lonely and helpless. Proper sex education should be given at school level, so they may prepare themselves to face any type of mishappenings.

Society plays an important role in coping strategy of rape victims, because women with a past or current history of physical, psychiatric or social problems appear to be more likely to develop severe depression, psychotic behaviour, psychosomatic disorders and suicidal behaviour. Social network support is a factor affecting the woman's coping capacity. The way the woman is treated as victim may also influence her ability to cope. In foreign countries there are Sexual Assault Centers (SAC) which provide individual counseling for-

1. Children age (3-12) and teenagers age (13-18) who have been sexually abused.
2. Rape survivors of all ages.

They provide group counseling as needed basis. Crisis intervention counseling is offered to individuals who have recently experienced rape, sexual abuse or currently in crisis from past abuse. Beside this trauma focused cognitive behaviour therapy is also provided to the victims of trauma including rape and sexual abuse.

In India, it is an urgent need that such type of counseling centers should be opened where the victim get family environment and regain their confidence which she has lost, as we all know that family and social support plays an important role in leading them to normalize their personality.

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