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Research Paper

Is rape crime or curse: issues, challenges and management

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ABSTRACT

Rape is considered as a heinous crime. In India, it is the fourth most common crime against girls and women. Females suffer a lot in the form of a double-edged sword as at one end many rapes are still not reported in India. Section 375 of the Indian Penal Code (IPC) made punishable the act of sex by a man with a woman if it is done against her will or without her consent. The act of sex is also considered as a rape when it is done with her consent by putting her or any person in whom she is interested in fear of death or of hurt. It is also considered in the category of rape when it is done (with or without her consent) with minor girls. Rape is increasingly gaining visibility as a major public health concern. Across India, fear of rape is a constant companion as women may have to confront it at each and every corner, road and public place at any hour. By keeping this view into consideration, the present paper focuses over issues, challenges and the management of rape victims. It is purely based on secondary data. It was found that there are many issues like women clothes, women status in society, lack of public safety, psychological ill etc. are blamed for the rape in India. Besides, most of the rape victims reported that they face stigma, disgrace and suffer serious guilt-pangs if they register for protest.

Keywords: *Rape, Issues, victims*

Rape is one of the types of sexual assault that typically includes sexual intercourse or other forms of sexual penetration committed against a person without that person's consent. The act may be committed by physical force, intimidation, misuse of authority or against a person who is unable to give reasonable consent, such as one who is unconscious, disabled, has an intellectual disability or is below the legal age of consent. Rape is a crime of abuse, often seen by the victim as a life-threatening act in which her dominant emotions are terror and humiliation. It is an assault on the woman, her family as well as community.[1] Sexual violence, particularly rape is a global problem that does not spare any socioeconomic group or culture, especially among adolescents and young adults.[2]. Sexual assault is a neglected public health issue in most of the developing countries and there is to be an even smaller % reporting sexual assault.[3]

Rape is a crime—viewed as a physical, social, and psychological attack on the victim.[4] The psychological consequences among victims tend to manifest in terms of shock, vulnerability,

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anxiety, depression, loss of self-image, neurosis, adjustment problems etc. Depression, neurosis, anxiety and loss of self-image are considered to be a major reaction among rape victims.[5]

The word rape comes from the Latinrapere, "to catch, to capture, to carry off" The word has come to mean, since the 14th century, "to capture and take away by force". The carrying away of a woman by coercion, with or without intercourse, constituted "raptus" in Roman law.

Rape is a persuasive problem in societies around the world. India is well on the road to being world's rape capital. In India for women fear is a constant companion and rape is the stranger which they face at every corner, every lane, every public space, every hour. Rape is a rising issue in today's society and the alarming statistics on this crime are becoming increasingly difficult to ignore. Rape is one of the India's most common crimes against women.[6] It is reported that at every 20 min, a woman is raped in India.[7] The majority of reports reveal that female youth are vulnerable group for rape victimization.[8] According to experts, only 10% of rapes are reported, and the conviction rate for rape cases is 24.2%.[9] According to the National Crime Record Bureau 2013 annual report, 24,923 rape cases were reported across India in 2012.[10] Out of these, 24,470 were committed by someone known to the victim (98% of the cases).[11] Violence against women is a significant public health problem that affects women, men, and children. The shattering effect of rape on victims is well recognized, including negative consequences on physical health, mental health, academic performance, and interpersonal relationships.[12]

Types: Rape can be categorized in a several forms. Stranger Rape- If an unknown intruder commits a rape, it is considered a "stranger rape" Acquaintance Rape / Date Rape- When rape is done by (partner, family member, doctor, neighbor,) it is considered an "acquaintance rape". Sexism-sexism is a system of attitudes, beliefs, behaviours and practises which perceive women as inferior and make women vulnerable to violence, humiliation and discrimination. In a hierarchical culture, men wield more political, economic and social power than women. Coercion- Coercion is the use of emotional coercion to compel others, like being intimate or committing such sexual acts, to something they do not want to do. Examples of some manipulative comments include: "If you love me, you 'd have sex with me," "If you don't have sex with me, I'm going to find someone who wants to," and "I'm not sure that I can be with someone who doesn't want sex with me. Consent- Consent is simple agreement in between intimate partners that what they do is good and healthy. Sexual Abuse- Sexual abuse is a term that is widely used to refer to unwanted sexual assault on a child. Sexual Harassment- Sexual harassment, unlike sexual assault, implies any unwelcome sexual advance, message, attention, gesture or actions. Survivor- This word-used to describe someone who has survived sexual harassment or attack instead of "victim". Battering- Battering is a set of verbals, physical or psychological strategies used by one person to gain control of another, often a spouse or ex-partner. Domestic Violence- Domestic violence is verbal, physical, psychological or sexual abuse done by person to gain control over women". Heterosexism- Heterosexism is the systemic, day-to-day societal maltreatment by a heterosexually dominated society of homosexual, lesbian, transsexual and bisexual individuals. Stalking- According to Massachusetts General Law, stalking defines as when someone "willfully and consistently follows and harasses another person and makes a threat to their personal well-being with the intention of putting an individual in fear".

Laws against Rape in India
The history of Rape laws in India begins with the enactment of the Indian Legal Code (IPC) in 1860 (45 of 1860) covered under Section 375 and 376. According to the original provision as in Section 375, a man is said to have committed rape who, except in the case hereinafter excepted, has sexual intercourse with a woman under circumstances falling under any of the five following descriptions: (1) Against her will, (2) Without her consent, (3) When her consent is obtained by placing her in fear of death or hurt (4) With her consent because the man realises he is not her husband and her consent is granted because she thinks he is another man to whom she is married or thinks she is married legally, and (5) With or without her consent when she is under 16 years of age.

The Law Commission Reports: There are four major law commission reports that address the law on rape- 42nd Law Commission Report, 84th Law Commission Report,156th Law Commission Report and 172nd Law Commission Report. The 172nd Law Commission Report had made the following recommendations for substantial change in the law with regard to rape.

1. The word 'sexual assault' should replace the term rape.
2. Sexual intercourse should involve all types of penetration, such as penile / vaginal, penile / oral, finger / vaginal, finger / anal, object / vaginal, etc.
3. In the light of Sakshi v. Union of India and Others [2004 (5) SCC 518], ‘sexual assault on any part of the body should be construed as rape
4. Gender-neutral rape laws should be made as custodial rape of young boys has been ignored by statute.
5. A new offence should be created, namely section 376E with the title 'unlawful sexual behavior.

Common Misconception about Sexual Assault: (a) It could never happen to me. Females of every age, race, social class, religion, sexual orientation, occupation, educational level, and physical description are assaulted. Males — men or boys, heterosexual or gay — are also assaulted. (b) Most sexual assaults occur as a “spur of the moment” act, in a dark alley, at the hands of a stranger. (c) Sexual assault is primarily a sexual crime. (d) Women secretly want to be raped. (e) Sexual assault happens only to young women. (e) Once men are “turned on” sexually, they have no control over their actions. Therefore, women who dress or act provocatively have only themselves to blame if they are raped. (f) No” does not really mean “no”: “No” does mean “no.” In law, a man must take reasonable steps to determine whether a woman is giving her consent to sex. If she does not consent, and the man goes ahead anyway, that is sexual assault.

Women with disabilities are less likely to be assaulted. Women with disabilities are particularly vulnerable and are therefore more easily accessible to assailants. They may be less able to disclose and/or less likely to be believed. (i) Men in some cultures are more sexual and therefore more likely to commit sexual assault. (j) Sexual assault is not possible within marriage. Until January 1983, it was true that husbands could not be charged with the rape of their wives. Now, however, it is against the law for one spouse to force the other to engage in sexual activity.(k) Sexual assault doesn’t happen in same-sex relationships because: a woman cannot rape another woman; lesbian and gay relationships are always more equal and less prone to sexual violence; without a penis, it isn’t rape; women are not violent; it’s not really violence when two men fight — it’s just boys being boys or a fight between equals.

Causes: (A)Few female police: India has usually had far fewer female police officers than other Asian countries that can be one of the reason number of reported cases in India is less compare to other countries. (B) Not enough police in general: There aren't enough police dedicated to protecting ordinary citizens, rather than elites. (C) Blaming provocative clothing. (D) Acceptance of domestic violence (E) A lack of public safety: Women generally aren't protected outside their homes. The gang rape occurred on a bus. (H) Stigmatizing the victim. (H) Encouraging rape victims to compromise. (I) A sluggish court system: India's court system is painfully slow, in part because of a shortage of judges. The country has about 15 judges for every 1 million people, while China has 159. (J). Few convictions: India's conviction rate for rapes that are registered is no more than 26 per cent. (K) Low status of women: Perhaps the biggest issue, though, is women's overall lower status in Indian society. For poor families, the need to pay a marriage dowry can make daughters a burden. India has one of the lowest ratios of female to male population in the world due to sex-selective abortion and female infanticide. Sons are fed better than their sisters throughout their lives, are more likely to be sent to school, and have brighter job opportunities.

Effects of Rape to the Community

The effects of rape to a community or society will essentially revolve around the response the community makes. In the "First World" or more highly developed countries, community response will commonly be positive and encouraging for the victim. Communities provide emotional support for the victim and help her get over the trauma she has faced. But the scenario is notably different in certain societies like Asia, Africa, the Caribbean and other poor countries where rape victims are neglected or the crime itself is not prioritized, community response would often be in a negative way. It could be either in the form of neglect, absence of social and legal justice, and putting the blame on the victim herself. She is often considered as an outcast in the society and is left alone to battle with the aftermath of the rape.

India being a conservative country, many Indians look down upon girls who are outgoing and prefer to wear western clothes. People often blame the girl for sending out wrong signals to men, thus making her vulnerable to rape. In cases where a woman is raped, she is always in fear of being marked a 'whore' or a woman of bad character, which ultimately prevents her from reporting the crime. In some cases, they don't disclose these attacks to anyone and keep all their sufferings to themselves – an immense emotional upheaval which only the sufferer can describe.

The situation is not much different in the Caribbean where the number of rape crimes committed on women, have soared radically since three decades ago. Being male chauvinistic to a great extent, the Caribbean society often accuses the raped woman of immoral behavior, tries to force her to forget everything (failing to understand that it's impossible for a rape victim to do so) putting her in the position of culprit rather than that of the victim. It is time that all humans demand changes to all countries that perpetrate such injustices world-wide. It is time to provide the education and information and encourage discussions that will change society's attitudes towards rape and find ways to eradicate this intolerable social issue once and for all.

This review aims to evaluate the effectiveness of psychosocial interventions for reducing the harmful impact of sexual assault and rape. These are common forms of sexual violence/abuse with 4.7% of women and 3.5% of men in the United States experiencing

some form of contact sexual violence in the preceding twelve months. This includes 1.2% (1.5 million) women being raped (attempted or completed) and 0.7% men being made to penetrate someone.[13] Factors such as shame, stigma and fear of reprisals result in under-reporting, thereby making exact prevalence difficult to assess.[14]

The high prevalence of sexual assault is particularly concerning given the significant impact these experiences can have on physical and mental health.[15] Sexual assault carries the risk of physical injury[16] and is associated with health consequences including sexually transmitted disease, pregnancy, sexual or gynecological problems[17] and somatic complaints such as pelvic pain[18]. Worldwide the consequences of sexual assault and rape represent a significant public health burden[19]. Sexual assault and rape are common forms of sexual violence/abuse. The psychological/health consequences represent significant and ongoing harm. It seems imperative that victim/survivors receive evidence-based support within first response settings.[20]

Physical, behavioral Psychological and Social symptoms of rape trauma syndrome: There are some physical trauma related with rape like (a) Shock, in which the survivor feels cold, faint, confused and disoriented, trembles, nauseous and sometimes vomits (b) Resulting pregnancy (c) Gynecological (d) problems include irregular, heavier and painful periods, vaginal discharge, bladder infections and sexually transmitted diseases I Bleeding and infection from tears or cuts in the vagina or rectum (f)A soreness of the body, bruising, grazes and cuts (g) Nausea and vomiting(h) Throat irritation and soreness from forced oral sex(i)Tension headaches(j)Pain in the lower back and in the stomach(k)Sleep disturbances, including difficulty sleeping or feeling exhausted and needing more sleep than usual(l)Eating disorders, including not eating, eating less or eating more than usual.

Behavioral symptoms of rape trauma syndrome are a) More than average weeping (b) Trouble focusing (c) Restless, restless and unable to sleep or feel insatiable and unmotivated (d)Not wanting to socialize or see anybody or socializing more than usual, to fill up every minute of the day Not wanting to be alone(f)Stuttering and stammering more than usual(g)Avoiding anything that reminds victim of the rape(h)More easily frightened or startled than usual(i)Very alert and watchful(j)Easily upset by small things(k)Problems with family, friends, lovers and spouses from irritability, withdrawal and dependence(l)Fear of sex, loss of interest in sex or loss of sexual pleasure(n)Change in lifestyle(o)Increased substance abuse Increased washing or bathing(p)Denial, behaving as if the rape did not occur, trying to live life as it was before the rape etc.

Psychological symptoms of rape trauma syndrome are (a) Increased fear and anxiety (b)Self-blame and guilt(c)Helplessness, no longer feeling in control of life(d)Humiliation and shame I Lowered self-esteem, feeling dirty(f)Anger (g)Feeling alone and that no one understands(h) Losing hope for the future(i)Emotional numbness(j)Confusion(k)Memory loss(l)Constantly thinking about the rape(m)Having flashbacks to the rape, feeling it is happening again(n)Nightmares(o)Depression(p)Developing suicidal ideas.

Social symptoms of rape trauma syndrome are (a) Social rejection (b) Family problems(c) Stigma (d) Loss of work (e)Forced marriage (f)Honor killing (g)Social isolation (h) Marital difficulties (j)Unwanted pregnancy in woman.

MANAGEMENT

Counseling: Counselors must give clients certain information: Forensic examination and documentation is primary evidence in court and should be done for all survivors, Survivors should have a copy of their PRC form, Emergency contraceptives reduce chances of conception by 75–89%, depending on the regimen, Post-exposure prophylaxis (PEP) should be taken within 72 hours, Emergency contraceptives should be taken within 120 hours, PEP does not prevent HIV, but it reduces chance of infection by 80%, The client must be told how PEP works, its side effects and doses, PEP should be given only to HIV-negative people, STI prophylaxis is not an emergency, but it should be given on the first visit to the clinic, To provide education about commonly experienced PTSD symptoms through psycho education, To facilitate the client's retelling of the event through exposure-based techniques, To challenge the client's maladaptive beliefs about her role in the event through cognitive restructuring, To enhance her coping skills through anxiety management techniques.

Assessment: Assessing the present level of safety is critical to good management. Clinicians who work with children and adolescents must be thoroughly versed in their state's reporting laws as well as services that are available in the community for victims and their families. Treatment cannot be effective as long as safety issues remain paramount in the treatment setting.

Addressing safety concerns must include a thorough evaluation and the development of a treatment plan to address all self-destructive behavior (suicide, self-mutilation, or substance abuse disorders) as well as violent behavior directed at others. Unsafe practices like dangerous, excessive or addictive sexual practices, other forms of risk-taking behaviors, involvement in dangerous relationships, and excessive working or exercising must also be assessed. Violence directed at others may be the primary manifestation of the patient's clinical presentation or may be very carefully disguised. Victims often experience extreme shame about their inability to control their own impulses toward perpetration, particularly against children. Clinicians must become comfortable in asking frank questions about violent impulses, wishes, fantasies, and actions.

Goal-setting: Treatment of traumatized victims, particularly those suffering from the complex syndromes associated with childhood sexual abuse, may require extended treatment over years. As a result, treatment contracts, focused goal setting, and optimally a team treatment approach, are critical. The goals of treatment should focus on: 1) Developing authority over the remembering process so that the past stops haunting and the present, 2) The integration of memory and affect, 3) The ability to tolerate affect, 4) Symptom mastery, 5) The development of self-esteem and self-cohesion, 6) The ability to create and sustain safe attachment relationships, and 7) The need to make sense out of one's previous negative life experiences, place them in some form of life narrative, and ultimately transform those experiences into a survivor mission.

Although it is often necessary for a victim to review their previous experiences in detail, it is important that the ability to function in the present is supported and promoted.

Memory: Clinicians as well as professionals need to keep current about the latest advances in memory science both in the ways memory can be influenced and altered as well as in the ways traumatic memory appears to differ from normal memory. Competent clinicians recognize that memory is fallible and that certain therapeutic approaches may increase the likelihood of distortion or confabulation. Hypnosis or amytal interviews conducted for the

purpose of uncovering past experiences and that contain suggestions regarding possible trauma may also produce false memories. Thus, neither procedure, when used, should contain suggestions that affect post hypnotic or post amytal memories. Clinicians should be aware that when a client is hypnotized or given amytal, they may not thereafter, in some US states, be allowed to testify in any kind of civil or criminal legal proceeding. For childhood sexual abuse, psychiatrists, as health-care providers, have a duty to report sexual abuse. In cases of adult recall of childhood sexual violence, it is the responsibility of the patient to seek confirmation of any previous memories. Unless there are current issues of physical safety at stake, clinicians should urge patients to address the work of trauma resolution and symptom reduction before making any major life changes, including confronting alleged perpetrators or engaging in legal action around the history of abuse.

Psycho education: Patient education is critical to the process of recovery from sexual trauma. Psycho education about the effects of traumatic experience on the body, the concept of the self, relationships with others, and one’s overall adjustment helps empower patients to make changes that are critical for recovery. This is particularly important in eliciting the necessary commitment to give up self-destructive behavior.

Medication: Medication is frequently necessary to effectively manage many of the co morbid and presenting symptoms of trauma related disorders. Patients require treatment for depression, overwhelming anxiety, and co-accompanying psychotic symptoms. The clinician must also be aware that the pursuit of a medical cure in this population can easily become a substitute for the painful work of trauma resolution, leading both the patient and the doctor on an endless search for the right drug. Such practices can lead to abuse, addiction, and poly pharmacy with all the attendant risks.

Physician’s role in the care of the adolescent rape victim: Obtain and document medical history, Recognize and stabilize any emergent conditions, Evaluate and treat physical injuries, Obtain cultures, Offer STD prophylaxis, Offer postictal contraception, Provide counseling, Arrange follow-up, Legal, Record events accurately, Document injuries, Collect forensic evidence, Fulfill reporting requirements according to state law, Notify proper authorities etc.

Clinicians who work with trauma victims are at risk for secondary traumatic stress, also called vicarious traumatization and compassion fatigue. This places clinicians at risk for various negative physical, psychological, relational, spiritual, and professional consequences. The professional consequences include: Decrease in quality and quantity of work, low motivation, avoidance of job tasks, increase in mistakes including boundary violations, setting perfectionistic standards, obsession about details, decrease in confidence, loss of interest, dissatisfaction, negative attitude, apathy, demoralization, withdrawal from colleagues, impatience, decrease in quality of relationships, poor communication, staff conflicts, absenteeism, exhaustion, faulty judgment, irritability, tardiness, irresponsibility, overwork, and frequent job changes The best antidote to the undesirable professional consequences of this exposure is regular supervision.

Clinicians need to be thoroughly trained in recognizing the signs and symptoms of PTSD, dissociative disorders, other complex trauma related syndromes, and the many masked and co-morbid presentations associated with a past history of sexual violence.

Time Limited Same Gender Group Therapy
Time limited same gender group therapy has been considered a cost-effective method of providing services to an increased number of clients, and group therapy has been identified as the treatment of choice when working with sexually abused adolescents. For survivors of childhood sexual abuse, group therapy provides benefits beyond what individual therapy is able to provide in that it results in increased empowerment and psychological well-being.

Feminine Group Therapy Model
A feminine group model that is body-focused has been used to facilitate healing in adult survivors. The model utilized Integrative Body Psychotherapy which is an approach that addresses cognitive, emotional, physical, and spiritual elements. Various exercises like Relaxation exercise, visualization and other techniques were used as well.

Art Therapy
Some practitioners have also utilized art therapy in group and individual settings. Cognitive approaches with art therapy in a group setting with sexually abused adolescent females. Cognitive restructuring is required to counter false beliefs that have developed, such as believing that sexual abuse was one's fault. Mood disturbances and relevant emotional difficulties occur because of cognitive distortions regarding the sexual assault. It is postulated that these beliefs lead to distress and distressing behaviors. Therefore, it is believed that the alleviation of these beliefs will lead to the correction of these behaviors. The most common cognitive changes that are related to abuse involve a negative view of the self and feelings of guilt, perceiving oneself as both helpless and hopeless, and having difficulty trusting others Dissociation is a defense mechanism that is often utilized in the midst of sexual abuse. This is an effort to retain a positive sense of self while simultaneously suppressing parts of the trauma from consciousness. This is a coping mechanism for dealing with the abuse. Therefore, there is a gap between thinking and feeling, and it has been argued that verbal therapies alone may encourage the survivor to reinforce that gap. This is the logic for using more expressive modalities such as art therapy that reintegrate the cognitive with the emotional. Goals for a group like this may involve acting out distressing thoughts and feelings symbolically through art rather than behaviorally, the reframing of cognitive distortions related to guilt and shame, and the utilization of transference for the group to have a healing "family" experience.

Family Therapy
Although group therapy may restore a sense of family, some researchers themselves have found family therapy to be successful in treating sexually traumatized women. In the midst of group work. The group's process of dysfunction was related to the group members' family dysfunction processes.

Mode Deactivation Therapy
Mode Deactivation Therapy (MDT) was created in response to the challenge of treating young people with high levels of co-morbidity, resulting in continuing resistance to existing treatment modalities as well as care failures in ambulatory and residential settings. MDT is beneficial in reducing suicidal ideation and violence within this group. Through the synthesizing of an applied CBT methodology as well as with Dialectical Behavior Therapy (DBT). MDT was designed for adolescents with reactive behavioural disorder, personality disorders / characteristics and post-traumatic stress disorder symptoms. The effectiveness of MDT in reducing aggression, specifically with youth who display the aforementioned diagnostic traits and the further emphasize the need for an efficacious methodology by

positing the development of personality disorder traits/features as a coping mechanism by these youth. These methods are effective counseling techniques and mental health intervention should be available for the victim to deal with the trauma, mental health practitioners help survivor to work through their post-assault disclosure experiences, Additional training for community service providers may be needed to address the problem of secondary victimization. An instructional video "Restoring Dignity: Frontline Response to Rape." created by the Long Island College Hospital and Junior League of Brooklyn (1998) is an important resource for such training. This video was intended to educate service providers about the beneficial and negative impacts they can have on survivors of abuse.

Counselors must face frequent exposure to distress directly and use their own feelings of sorrow as counselling and prevention resources. As such, it is impossible to escape that kind of work without personal consequences, most research to date has focused on CBT and feminist techniques provided by practitioners in private practice or clinic settings. There have been far fewer evaluations of feminist therapy as compared to CBT, but research findings suggest both approaches can promote effective recovery outcomes, cognitive techniques, such as challenging automatic thoughts, may also be employed to diminish guilt, fear, and depression. Didactic and behavioral therapy techniques, including educating survivors about rape myths and teaching them anxiety reduction techniques may also be helpful, social awareness, sensitization and protection programmes should be a high priority. Young girls should receive special attention especially from poor settlements and lower social strata, Increasing the literacy level is must for making women aware of her rights and encouraging her to speak. There has to be definite steps initiated to raise the literacy level of women and provide them effective access to information and knowledge.[21]

CONCLUSION

Sexual crime against women in India is in increasing trend which indicates the gross social disharmony in the country. Survivors of sexual violence bear the brunt of the psychological burden. Hence, there is a need to tackle this serious issue through strict enforcement of law and addressing different vulnerability factors adequately. At the same time, increasing awareness, de-stigmatization, empowerment of women and prompt response to the physical as well as mental health is highly essential for the survivors of sexual assault. Besides, proper management of physical as well as emotional problems of rape victim can relieve the patient's acute distress and help to prevent future complications. Mental health professionals, Nurses, chaplains and law volunteers can also play their active role in recovery of such kind of patient. In addition to that, they can encourage more women to report sexual attacks. This would not only be valuable to the victim but also, by assisting enforcement of the law regarding this crime, might help to decrease the frequency of rape.

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