

Research Paper

## Impact of Rape and Relevance of Psychological Intervention on Rape Victims

Prof. Shakeel Ahmad<sup>1</sup>, Akhlaqul Azam<sup>2\*</sup>

### ABSTRACT

The crimes committed against the individuals has many adverse effects on the victim as well as the family and society of the victim. Among such crimes, there is a crime that completely hampers the society, family and most severely, the victim. Among other crimes, the crime that completely shatters the life of the victim is crime of sexual assault including sexual abuse and rape. Rape is a crime that injures both the body of the victim and psychology of the victim. The adverse impact of such crimes is not over on completion of the crime, rather they hurt and harm the victim throughout the life and in every aspect of life. It is never easier for the victim of rape to live the same life as was prior to the commission of the crime. As compared to the traditional society, the present society is considered as more advanced society where women are treated at par with male counterpart and all the religious and moral texts obligates to respect women, yet the crimes of sexual assaults are committed specifically against women due to her gender. Still in some society the victim of rape is seen and treated as an accomplice to the crime which further victimises the victim. In India there were 4,48,211 registered crimes against the females in 2023 as compared to 4,45,256 in 2022 (Service, 2025). In 2023 there were 29,909 victims of rape and in 2022, 31,982 victims. Out of all victims of rape in 2023, 852 victims were under 18 years, 18 under six, 87 between six and twelve, 284 between twelve and sixteen, and 463 between sixteen and eighteen years (Pandit, 2025). Many studies have revealed that in maximum number of cases the offender committing crime is relative or close friend and unfortunately in some cases father or stepfather of the victim (Saraswathi Karelal et al., 2024, Kumar Meena et al., 2020). From victim's point, punishment of the culprit is an important aspect of justice, but it is not complete justice for the victim. As the offence of sexual assault has various aftermath consequences like depression, emotional disorder, anxiety, mood swings and other psychological related traumatic effects, the psychological rehabilitation of the victims becomes an urgent requirement. There are various psychological methods which can reduce the trauma of the survivors and enable her to lead a normal life. Unfortunately, in India the help of various psychological methods is sought less particularly due to lack of awareness among the victim, family members and society about the therapies and also due to less availability of qualified psychologist and psychiatrists at ground level. The paper will examine the adverse effect of rape on the psychology of the victims along with the requirement and relevance of psychological interventions on her.

<sup>1</sup>Dean, Faculty of Law, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

<sup>2</sup>Assistant Professor, Department of Law, Aligarh Muslim University Centre Murshidabad, West Bengal, India

\*Corresponding Author

Received: January 05, 2026; Revision Received: March 01, 2026; Accepted: March 05, 2026

**Keywords:** *Psychological, Rape, Therapy*

It is a known fact that crimes always existed in the society and that no society is free from criminal activities. But out of all crimes that are committed in a society, rape is most heinous crime that not only hampers the body of the victim, but also injures the emotional, mental and psychological wellbeing. In advanced contemporary society, gender violence has no boundaries, no limits, it does not consider whether the victim is a female, minor, or a child and at the same time women and children are at a higher risk of sex crime across the world and India is no exception to it. The attitude of the society and families is too harsh that in case of slightest mistakes on the part of women, she is started to be treated differently. In such a scenario the rights of the female are diminished. Men are brought up in society with a view that they complete dominance over their female counterparts. Indian meaning of rape is engaging in sexual relation (penile or not penile) without the consent or without the knowledge of the women. *Bharatiya Nyaya Sanhita* defines rape to include any non-consensual penetrative sexual acts of men against women and not only penile vaginal intercourse. The new charge is more life-like in its responsiveness to the reality of female experience of penetrative sexual assault by leaving behind the patriarchal interpretation of the crime. The law has historically favoured vaginal penetration as compared to penile-anus penetration or penile- mouth penetration. Besides labelling non-penile sex of the vagina as unnatural carnal, this distinction had in past helped to maintain the purity of the male lineage (*Bharatiya Nyaya Sanhita* 2023 Section 63). Rape is also against the provisions of Article 21 of the constitution and Articles 3,4,5, 28 and 29 of the Universal Declaration of Human Rights 1948. From victim's perspective, punishing the offender alone does not complete the delivery of justice. She requires various psychological and emotional support to enable her normal life in aftermath of the crime.

### ***Impact of Rape on the Victim***

Rape is an offence that is most traumatic to encounter in the present society and that can have long lasting effects of such magnitude that are psychological, emotional and physical. The different forms of rape, including gang rape, acquaintance rape, and marital rape, possess distinct legal and evidential problems, which influence the outcome of justice and rehabilitation of the victims. Reconstructing special treatment and support groups, which is oriented towards the individual needs of survivors, demands an advanced knowledge of these populations. Moreover, historical conceptualizations of sexual violence against women have made the legal discourse of these types of rape complex since most often they are founded on victim-blaming and patriarchal systems of power. It has increased the challenge of giving complete justice and rehabilitation to the victims. Different manifestations of rape produce different adverse consequences on the victim. To illustrate the above, gang rape often leads to heightened levels of physical injuries and deep feeling of dehumanisation, conversely, acquaintance rape may lead to psychological trauma which is of particular severity as it involves the betrayal of trust. In addition, the stigmatisation that is legally and socially attached to some forms of sexual abuse may prevent victims of such sexual abuse pursuing justice and hindering their recovery. The majority of studies have found that the victim of rape experiences a number of psychological disturbances such as anxiety, depression, and post-traumatic stress disorder (Mathew, 2022). The victim experiences debilitating and chronic mental health problems. A significant percentage of these victims also had symptom patterns that indicated persistent psychological suffering including impairment in social interaction and a higher predisposition to self-destructive behaviours. Depressive symptoms, anxiety, PTSD, alcohol dependence, and sleep disorders are also the most common psychosocial among survivors among others (Serrano-Rodriguez et al.,

2024). A major meta-analysis also helps to clarify the fact that more than half of those women who have been sexually violated later develop the symptoms of post-traumatic stress disorder but only one-third of them actively seek professional help (Almis & Sehlkoglu, 2024). The result of these psychological sequelae is often further increased by the social response to disclosure and perceived social support which is the critical determinant of the long-term mental health course of survivors (Thoresen et al., 2025). The long-term consequences of sexual violence are not just limited to instant trauma, but also to an assortment of lasting psychological distresses even with previous abuse during childhood (Tarzia et al., 2018). The direct consequence of sexual assault is normally acute psychological reactions that are threatening and confusing. The symptoms that commonly occur to the survivors are shock, fear, anxiety, confusion, and withdrawal. These responses constitute the first effort of the mind to work with an ununderstood breach of individual well-being and independence. Dissociation can be a survival mechanism employed by the survivor in order to distance him/herself to the trauma. Dissociation may be shown through feelings of not belonging to a body, or the surroundings. In more severe cases, survivors may develop dissociative conditions such as dissociative amnesia, a condition that is defined by the inability to recall important events of the traumatic event. Studies show that the post-assault period is acute, and the victim is highly emotionally dysregulated, with the sufferers experiencing emotional numbness and being extremely upset the next (Rockville, 2014). One of the most common and incapacitating effects of sexual assault is Post-Traumatic Stress Disorder. Evidence indicates that sexual assault is linked to significantly greater incidences of PTSD than any other kind of trauma with about 75% of sexual assault survivors satisfying the diagnosis of PTSD within one month of the assault. The PTSD post-sexual assault course can be notably different than PTSD post-any other type of trauma, and it is likely to be associated with more severe and persistent symptoms (Dworkin et al., 2024). The depressive symptoms of the crime victim in the post-crime period are often comorbid with PTSD and may also be such persistent sadness, loss of interest and pleasure in activities formerly enjoyed, drastic changes in appetite and weight, sleep disorders (insomnia or hypersomnia), psychomotor restlessness or retardation, fatigue and energy loss, feelings of worthlessness or excessive guilt, problems with attention or choice, and recurrent death or suicide thoughts (Bains N et al., 2023). Depending on the neurobiological effects of sexual trauma, the brain chemistry and functions may change in a manner that predisposes the survivors to depression. Chronic stress of the trauma may be disruptive to the hypothalamic-pituitary-adrenal (HPA) axis and result in cortisol dysregulation and also pathogenic to depressive symptoms. Also, the cognitive distortions and negative self-conceptions that typically succeed sexual assault, including the feeling of being damaged, unworthy, or responsible of the assault, develop a cognitive template that sustains and escalates the depressive symptoms (Sherin et al., 2011). In addition to PTSD, other fears related to sexual assault survivors often have other forms of anxiety disorders such as generalized anxiety disorder (GAD), panic disorder and social anxiety disorder. The survivors can develop incessant, uncontrolled anxiety over many facets of life especially concerning security and safety. Panic attacks, abrupt and strong the fear that is accompanied by physical effects like heart palpitations, perspiration, tremors, dyspnoea, and an impression of losing control or dying are prevalent in the survivors. The development and escalation of social anxiety is a likely outcome of sexual assault because the victim might be afraid of being judged, scrutinized or negatively evaluated by other people. This may result into social avoidance, poor relationship maintenance and massive occupational and educational functioning impairment. The gravity of anxiety after experiencing sexual assault indicates the core disturbance to the sense of safety and predictability in the world among a survivor. The survivors of sexual assault have a significantly high-risk of problematic

## **Impact of Rape and Relevance of Psychological Intervention on Rape Victims**

substance use and addiction. To cope with overwhelming emotions, intrusive memories and physical trauma symptoms, many survivors use alcohol, illicit drugs, or prescription drugs in an attempt to self-medicate. Drugs may provide short-term relief, but they ultimately interfere with the healing process, exacerbate mental health symptoms, and expose a person to more stress and health problems. Sexual trauma and substance use are in a complex and usually two-sided relationship. The vulnerability to assault may be caused by pre-existing substance use, whereas the assault itself may precipitate or exacerbate substance use. The integrated treatment approaches in the case of PTSD and substance use disorders involve the simultaneous treatment of both diseases as opposed to the sequential treatment (Resnick et al., 2012). Eating disorders such as anorexia nervosa, bulimia nervosa and binge eating disorder are more prevalent in survivors of sexual assault than in the general population. The disorders are typically efforts to have control over the body after the intense sense of powerlessness that ensues after sexual assault. To certain survivors, one may limit their food consumption or purge themselves as a form of punishment or to cope with disgust or shame of their bodies (Balasundaram et al., 2023). Numerous studies have established that survivors of sexual assault are at significant and significantly higher risk of suicidal ideation, attempts, and successful suicide than the general population and other trauma survivors. Survivors of numerous lifetime traumatic events and those who have symptoms of depression, PTSD or substance use disorders may be at high risk of suicidality. Risk factors associated with an elevated level of suicide risk in survivors of sexual assault are complex and encompass residual emotional agony, sensation of futility with recovery, strong sense of shame and self-blame, social isolation, and dysfunction in all life spheres. Trauma related symptoms are chronic and difficult to manage without the help of effective treatment which can lead to a feeling that there is no end of the pain and this risk leads to suicide (Dworkin et al., 2021). Revictimization of the victim is the most widespread and serious effect of sexual assault. There is also a risk of revictimization which is more likely to happen to a survivor of sexual assault. Nearly half of survivors of child sexual abuse experience sexual victimisation again at some point in their adulthood, according to numerous research. This increased risk may be due to various factors, such as the decreased self-esteem, worsened judgment, high-risk behaviours, dissociative symptoms that disrupt threat recognition, and a preference to familiar though unhealthy relationships (Walker et al., 2019). Revictimization may be a major contributor to the psychological impact of the original trauma, to the point of producing compounding trauma responses and rendering it many times harder to overcome. Given the complexity of the overall trauma treatment, knowledge of and intervention in the risk factors of revictimization is relevant.

### ***Applicability of Psychological Interventions to the Rape Victim***

Sexual assault has an impact that is usually devastating in terms of emotional, cognitive and behavioural upheavals that demand thorough and early psychological treatment. The significance of such interventions is explained by the possibility of reducing acute distress, enhancing the healing process, and avoiding the development of chronic mental disorders. Victims of rape require psychological intervention as essential in reducing the tremendous emotional, cognitive and behavioural effects of trauma. Rehabilitation in the case of sexual violence is not just about physical health improvement but something higher. It encompasses any kind of help whether mental, emotional and financial issues that help the survivor to re-enter the society and find his or her way home. This is a very extensive solution that acknowledges the fact that the trauma of sexual abuse is not limited to the initial episode, but it affects mental health, relationships with social workers, and economic well-being. It demands the prolonged assistance of PTSD, depression, anxiety and other mental disorders and actions to overcome the social stigma and enable the individuals to be self-sufficient in

## Impact of Rape and Relevance of Psychological Intervention on Rape Victims

the financial aspect. And, all, effective rehabilitation programs must take into account the interests of victims first. This is achieved by offering hope to the survivors by offering therapeutic support, legal support, training on employment as well as community-based support networks which enhance a sense of empowerment. A proper rehabilitation framework ought to possess an intersectional approach by integrating the effects of caste, classes, gender identity, and disability on the survivors and how the survivors should be in a position to attain justice and recovery with combine effect. It is this in depth understanding of rehabilitation that allows us to understand how vital it is to not only engage legal strategies to punish the criminals; but also to ensure that the victims are helped in numerous other ways than punitive as a mechanism of dealing with the long-term consequences of sexual abuse. The acute bodily and psychological impacts like post-traumatic stress disorder, depression and anxiety are very detrimental in enabling the survivor have a normal start to resume functioning within the societal systems. The long-term consequences of sexual violence go beyond immediate trauma and involve a spectrum of long-term psychological disorders, even with consideration of the children's previous abuse (Tarzia et al., 2018). The victims of rape often suffer a great deal of emotional instability immediately after the sexual act, such as shock, anxiety, fear, depression, and post-traumatic stress disorder (PTSD) symptoms. These symptoms could be minimized by early intervention by using psychological interventions that would help in alleviating the intensity and length of these symptoms. This stage is frequently associated with crisis counselling, psychoeducation against trauma reactions, and stabilization strategies to make victims feel safe and in control once again (Covers et al., 2021).

### **TYPES OF PSYCHOLOGICAL INTERVENTION OF RAPIST VICTIMS.**

#### ***Psychotherapeutic Treatment***

It is a form of talk therapy whereby behavioural, psychological changes and mental issues of individuals are solved. The issue of victimization is common to the survivors of sexual trauma and, as a result, predetermines the emergence of the psychological issues. The psychodynamic psychotherapy is a part of the psychotherapeutic treatment. The psychodynamic psychotherapy considers the role of the individuals who are sub-conscious to placate the symptoms. This type of therapy allows the victim to address the traumatic event, assimilate the consequence of rape or sexual assault and have the rape alters his/her behaviour and thinking patterns. The salient features that may be adopted by psychotherapist to cure the victims of crime involves:

- Speaking in details about the whole event.
- Sample of the conversation and identifying the theme once more and once more.
- Connection between the client and the therapist.
- The social relationships of the client.
- Emotions and emotions of the client.
- Investigating the wishes, fantasies and wants of the client.
- The aspect of avoidance behaviour in regards to certain aspects of the event.

Psychodynamic psychotherapy was found to be helpful in the treatment of posttraumatic stress disorder (PTSD) that could have been caused by sexual assault among the patients. The victim may experience some serious physical and emotional traumas because of sexual assault and abuse. It is significant to deploy individualized psychotherapeutic treatment to the survivor to ensure the best patient outcomes (Levi et al., 2015). Posttraumatic stress disorder (PTSD) and interpersonal difficulties that may arise due to sexual abuse and assault have a number of valid and evidence-based treatments (Cowan et al., 2020).

### ***Cognitive Behavioural Therapy with Trauma.***

It can also be referred to as Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) whereby the therapist targets adolescents and children who in one way or another have experienced the traumas in their lives. It is a conjoint parent-child treatment which was developed by Cohen, Mannarino, and Deblinger, which is based on cognitive-behavioural principles and exposure strategies to prevent and treat posttraumatic stress, depression, and behavioural issues. It is more concerned with ensuring that the incidence encountered is minimized and that the negative thought processes of the victim are re-healed. Nonetheless, the treatment is not limited to adolescents and children only, but simultaneously it helps the non-offending care givers of the victims, whether they are parents, guardians or siblings which will assist the victims in various ways to overcome the trauma experienced due to the brutal incident. The therapist overseeing the training of caregivers of the victims informs them of the various ways that the experiences can be suicidal or they can experience emotional distress of the patient and assist the survivor. They direct the care givers of the victims in the manner in which they should apprehend and process the situation of trauma within the life of the victim. Trauma experienced cognitive behavioural therapy is a model that seeks to furnish mental facilities either at home, hospital or in the community setup. Individual sessions with the victims and occasionally of the caregivers or occasionally even both the guardians of the victims and the victim itself are held. During individual session the method used to address the situation is narrative about trauma. During CBT of sexual trauma, the therapists assist the survivors to recognize and dispute some of the distorted or unhelpful thoughts concerning the trauma, e.g. excessive self-blame, catastrophic attitude about safety, or over generalised ideas of trust-worthiness of others. Cognitive restructuring techniques help the patients to substitute the negative and trauma-related thoughts with more balanced and realistic thoughts. The process would be of great benefit in alleviating the impact of guilt, shame, anxiety, and depression that are usually present with sexual assault. It assists the victim in showing very faced and opening up to the trauma to allow the victim to address the sexual trauma experienced. The experiment has revealed that the therapy has been extremely successful in treatment of PTSD symptoms and depressive symptoms and dissociation, impaired self-reference, dysfunctional sexual behaviour and tension reduction behaviours (Resick et al., 2003).

### ***Cognitive Processing Therapy (CPT).***

CPT comprises of cognitive and written exposure. The written exposure element is whereby the survivors are required to write comprehensive accounts of the traumatic event and read the accounts repeatedly, during and as homework. This allows the processing of emotions and the lowering of emotional intensity of the trauma memories. The cognitive component aims at the recognition and dismantling of certain forms of maladaptive cognitions that sustain PTSD symptoms, with the themes of safety, trust, power/control, esteem, and intimacy. It was created to address the symptoms of the posttraumatic stress disorder (PTSD) among rape victims. CPT is an information processing theory, which underlies PTSD and incorporates education, exposure and cognitive aspects. It is quite effective in counterbalancing the impact of PTSD and depression (Resick et al., 1992).

### ***Rational Emotive Behaviour Therapy (REBT)***

This therapy postulates that the main cause of the emotional distress is not the situation being experienced by the people but the belief of the people in the situation that is making the people feel fickle. The theory was created by psychologist Albert Ellis in 1955 to enhance mental health by substituting self-defeating views with those that are healthier. It suggests that the cause of psychological ailments is our way of looking at events and not the

## Impact of Rape and Relevance of Psychological Intervention on Rape Victims

events themselves. Ellis argued that when the victims are inspired to believe in new philosophies abandoning their irrational thoughts about their mind and neglecting their inappropriate behaviours, then to a significant degree it would be able to notice the significant behavioural changes such as surmounting the moods of depression, worthlessness, hopelessness and frustration. The therapy is effective in reducing the emotional and the cognitive symptoms that the rapist has been experiencing since a very long time. This is useful in dispelling all sorts of myths and untruths that the rape victims harbour concerning sex.

### ***Prolonged Exposure Therapy (PET).***

Prolonged Exposure therapy is special type of cognitive-behavioural therapy, created with a particular objective of treating PTSD, which has proved effective in survivors of sexual assaults. PE relies on emotional processing theory, according to which PTSD occurs and maintains itself due to avoidance of trauma memories and cues that do not receive the normal habituation and processing. PE incorporates two major elements of exposure. In *Imaginal exposure*, the survivors have to retell the traumatic experience in detail at the therapy sessions when the session is recorded and the survivors listen to the recording every day between the sessions, second in *in Vivo Exposure*, the components involve direct exposure to feared situations, places or people or objects which the patient has been avoidant since that experience in the background causes fear and distress but the objectively safe context. This prolonged, repeated exposure to the trauma memory in a therapeutic environment where it is not harmful will permit emotional processing and habituation, which means that the memory will become less distressing with time (McLean et al., 2024). Most researchers have found out that the therapy is highly effective towards alleviating the trauma of the sexual assault victim (Rothbaum et al., 2005). This treatment is typically administered through 8-15 sessions per week and has shown effectiveness on minimizing symptoms of PTSD, depression, and anxiety as well as improving overall functioning and quality of life of sexual assault survivors.

### ***Interpersonal Therapy (IPT)***

Interpersonal Therapy is aimed at enhancing interpersonal relationships and social functioning which are usually upset after sexual assault. The foundations of IPT are that mental health symptoms are sustained by relationship problems and that interpersonal functioning will be enhanced by reducing symptoms. IPT has four major areas of problems: grief and loss (including loss of sense of safety or loss of the person one was before the assault), role transition (Changes in life roles after the trauma), interpersonal disputes (conflicts with other people), and interpersonal deficits (the failure to develop and maintain relationships). IPT has proved to be effective with depression and can be a useful part of overall treatment of the victim of sexual assaults (Jacobson 2012).

### ***Supportive Counselling***

The supportive counselling is empathetic, validating and gives emotional support that are needed by the victims who tend to feel fearful, shameful, guilty and helpless. The intervention is useful in the reestablishment of some degree of safety and control that is often disturbed by sexual violence. Supportive counselling allows victims to open up their feelings and thoughts by giving them a non-judgmental environment, which helps them stabilize themselves emotionally and become resilient. It is also the basis of establishing trust and training people to a greater level of therapeutic effort in case of necessity (Gravelin et al., 2017). Counselling enables the survivors to know how to recover the sexual trauma as well as how to help themselves and other people. The counsellors are trained to deal with

## **Impact of Rape and Relevance of Psychological Intervention on Rape Victims**

every aspect of sexual abuse and the effects as well as the healing process. Counsellors assist survivors and partners, friends and families of survivors by simply listening to them and assisting them in figuring out, finding solutions, and getting the help that they need. This could be critical towards the recovery process as finding a safe and calm space to discuss how traumatic experiences have left you feeling could be essential.

### ***Group Therapy***

Group therapy promotes social support as survivors have fellow survivors with whom they can relate to. This contributing environment lowers isolation and stigma which are some of the obstacles to recovery. The mutual assistance allows the survivors to be validated and empowered, which builds self-esteem and coping skills. Group therapies also allow the opportunity of modelling new adaptive behaviours, learning through recovery experiences of other people, and restoring interpersonal skills lost due to the trauma. The group dynamic assists in normalizing trauma effects and fosters group healing which may work especially well in societies where a sense of community exists (Chouliara et al., 2011).

Group therapy with a trauma focus lessens the isolation experienced by most survivors through the association of peers with whom they can relate to as a result of having shared experience. This peer support is effectively affirming and restoring since the survivors understand that they are not unique and this is a normal response to an abnormal circumstance. Group therapy is associated with an opportunity to learn interpersonally, as the survivors are able to see how other people can cope with the same problems and are able to test the new methods of interacting with people in order to feel safe. The collective environment is also an effective way of providing psychoeducation and skills development because survivors are taught in common on how to respond to traumas, how to cope, and how to recover. Studies have shown that in a well-organized and moderated way, trauma-oriented group therapy could be helpful to minimize the symptoms of PTSD, depression, and anxiety (Sloan 2016).

Motivating and group counselling are vital in the rehabilitation of rape victims since they respond to emotional, psychological, and social needs that are formed as a result of the trauma. The supportive counselling and group therapy, when combined, will complement each other since they meet the needs of the victims of rape on an individual emotional level, as well as on the social aspect of the recovery process, enhancing the holistic cure of the victims.

### ***Dance Movement Therapy (DMT)***

Dance Movement Therapy (DMT) was originally founded and developed by a teacher of dance, Marian Chace, who is known as the 'mother' or 'the grand dame' of the movement, in the 1940s at St. Elizabeths Hospital. She stressed the necessity of mental health between the body and mind. Dance and movement are utilised in Dance Movement Therapy (DMT) as a psychotherapy, to improve mental, emotional, social, and physical wellbeing. It is a psychological treatment that assists individuals to seek alternative ways of expressing themselves other than using words, managing their emotions, overcoming mental impediments, and being near other people and their bodies. DMT is administered to address the physical, behavioural, and developmental problems of people of all ages and backgrounds (Chaiklin 1994). It also has a creative, artistic, exercise-based and psychological approach which is inherently trauma-informed. It concentrates on up-regulation via fitness and on down regulation via relaxation. Dance and movement therapy is organized yet at the same time flexible thus the survivors gradually gain control of their

## Impact of Rape and Relevance of Psychological Intervention on Rape Victims

bodies and their emotions and this is good in the overall healing of the survivors. Moreover, the traditional Indian dance forms used in the treatment may contribute greatly to the therapeutic value of the Dance Movement Therapy using therapeutic qualities of the survival of rape in India as they often contain rhythmic and expressive elements. There is a lot of potential in this integration because the classical Indian dance is therapeutic in nature. It reunites the body, soul and mind and this makes one convey his or her feelings and identify with their culture.

### CONCLUSION

The victim of the rape should be immediately subjected to proper counselling by certified professionals in India and psychological interventions should be performed on the victim. Sexual assault with rape as its part has severe emotional and psychological outcomes on the victim, including multiple traumatic fears and disorders. This type of rehabilitation is aimed at helping the victim cope with his or her atrocious experience and any psychological problems that may arise as a consequence of that experience. The first step in psychological rehabilitation is often an exhaustive assessment of the mental health, needs of the survivor and the nature and extent of his or her trauma. This observation would help the therapist understand the experiences of the survivor and develop a therapy plan that would suit his or her unique needs. In order to make the victims of sexual assault in India feel better in their psychic state, we should have a wide spectrum solution that addresses not only the immediate needs of the victims but also their long-term healing requirements. The review of the existing literature shows that there are multiple therapy strategies that are applied to female victims of sexual assault, with various degrees of confirmed effectiveness (Brown et al., 2019). Psychosocial interventions, especially those that employ cognitive behavioural therapy and behavioural methods, have been shown to play a significant role in reducing the symptoms of PTSD and depression in sexual violence survivors. During numerous trials individual trauma-focused cognitive behavioural therapy and the use of prolonged exposure therapy have proved to be effective in minimising the symptoms of post-traumatic stress disorder following rape (Miles et al., 2024). These psychotherapies are trauma-focused, and thus are regarded as the first line therapies of PTSD in this group of the population, but the limitations that come with the procedures warrant the need to consider the introduction of other non-exposure-based psychotherapies as second line therapies. In a country like India where a majority of population lives in rural part, and accordingly there are many victims of rape in those areas, and at the same time it is very difficult to find well trained psychiatrist in those areas. So it becomes an obligation for the government; both central government and state governments to ensure that at least one specialized psychiatrist fully trained in interventions required by victims of rape including survivor of child sexual abuse, is deployed in government run hospitals and clinics. Education that are solely oriented towards gender respect and gender values must be imparted in schools as well as in families and society. Overall, a combined obligation is imposed on the family, society, doctors, and law enforcement agencies to ensure that crimes of rapes are not committed, and in case if such crimes are committed, the victim of such crimes is rehabilitated through effective psychological treatments in addition to other medical requirements.

### REFERENCES

- Bains, N., & Abdijadid, S. (2023). Major Depressive Disorder. Retrieved from PubMed website: <https://www.ncbi.nlm.nih.gov/books/NBK559078/>
- Balasundaram, P., & Santhanam, P. (2023). Eating Disorders. Retrieved from National Library of Medicine website: <https://www.ncbi.nlm.nih.gov/books/NBK567717/>

## Impact of Rape and Relevance of Psychological Intervention on Rape Victims

- Brown, S. J., Khasteganan, N., Brown, K., Hegarty, K., Carter, G. J., Tarzia, L., ... O'Doherty, L. (2019). Psychosocial interventions for survivors of rape and sexual assault experienced during adulthood. *Cochrane Database of Systematic Reviews*, *11*(11). <https://doi.org/10.1002/14651858.cd013456>
- Chouliara, Z., Karatzias, T., Scott-Brien, G., Macdonald, A., MacArthur, J., & Frazer, N. (2011). Talking Therapy Services for Adult Survivors of Childhood Sexual Abuse (CSA) in Scotland: Perspectives of Service Users and Professionals. *Journal of Child Sexual Abuse*, *20*(2), 128–156. <https://doi.org/10.1080/10538712.2011.554340>
- Covers, M. L. V., de Jongh, A., Huntjens, R. J. C., de Roos, C., van den Hout, M., & Bicanic, I. A. E. (2021). Early intervention with eye movement desensitization and reprocessing (EMDR) therapy to reduce the severity of post-traumatic stress symptoms in recent rape victims: a randomized controlled trial. *European Journal of Psychotraumatology*, *12*(1). <https://doi.org/10.1080/20008198.2021.1943188>
- Cowan, A., Ashai, A., & Gentile, J. P. (2020). Psychotherapy with Survivors of Sexual Abuse and Assault. *Innovations in Clinical Neuroscience*, *17*(1-3), 22–26. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32547843/>
- de Arellano, M. A. R., Lyman, D. R., Jobe-Shields, L., George, P., Dougherty, R. H., Daniels, A. S., ... Delphin-Rittmon, M. E. (2014). Trauma-Focused Cognitive-Behavioral Therapy for Children and Adolescents: Assessing the Evidence. *Psychiatric Services*, *65*(5), 591–602. <https://doi.org/10.1176/appi.ps.201300255>
- Dworkin, E. R., DeCou, C. R., & Fitzpatrick, S. (2020). Associations between sexual assault and suicidal thoughts and behavior: A meta-analysis. *Psychological Trauma: Theory, Research, Practice, and Policy*, *14*(7). <https://doi.org/10.1037/tra0000570>
- Dworkin, E. R., Jaffe, A. E., Bedard-Gilligan, M., & Fitzpatrick, S. (2021). PTSD in the Year Following Sexual Assault: A Meta-Analysis of Prospective Studies. *Trauma, Violence, & Abuse*, *24*(2), 497–514. <https://doi.org/10.1177/15248380211032213>
- Gravelin, C. R., Biernat, M., & Baldwin, M. (2017). The Impact of Power and Powerlessness on Blaming the Victim of Sexual Assault. *Group Processes & Intergroup Relations*, *22*(1), 98–115. <https://doi.org/10.1177/1368430217706741>
- Jacobson, C. M., & Mufson, L. (2012). Interpersonal Psychotherapy for Depressed Adolescents Adapted for Self-injury (IPT-ASI): Rationale, Overview, and Case Summary. *American Journal of Psychotherapy*, *66*(4), 349–374. <https://doi.org/10.1176/appi.psychotherapy.2012.66.4.349>
- Kumar Meena, S., Verma, L., & Garg, V. (2020). Socio-demographic profile of victims of sexual assault: A one-year study at MBS hospital associated with government medical college, Kota (Rajasthan). *IP International Journal of Forensic Medicine and Toxicological Sciences*, *5*(2), 70–73. <https://doi.org/10.18231/j.ijfmts.2020.016>
- Levi, O., Bar-Haim, Y., Kreiss, Y., & Fruchter, E. (2015). Cognitive-Behavioural Therapy and Psychodynamic Psychotherapy in the Treatment of Combat-Related Post-Traumatic Stress Disorder: A Comparative Effectiveness Study. *Clinical Psychology & Psychotherapy*, *23*(4), 298–307. <https://doi.org/10.1002/cpp.1969>
- Mathews, S., Abrahams, N., & Jewkes, R. (2013). Exploring Mental Health Adjustment of Children Post Sexual Assault in South Africa. *Journal of Child Sexual Abuse*, *22*(6), 639–657. <https://doi.org/10.1080/10538712.2013.811137>
- McLean, C. P., & Foa, E. B. (2024). State of the science: Prolonged exposure therapy for the treatment of posttraumatic stress disorder. *Journal of Traumatic Stress*, *37*(4), 535–550. <https://doi.org/10.1002/jts.23046>
- Miles, L. W., Valentine, J. L., Mabey, L. J., Hopkins, E. S., Stodtmeister, P. J., Rockwood, R. B., & Moxley, A. N. H. (2023). A Systematic Review of Evidence-Based Treatments for Adolescent and Adult Sexual Assault Victims. *Journal of the*

## Impact of Rape and Relevance of Psychological Intervention on Rape Victims

- American Psychiatric Nurses Association*, 30(3). <https://doi.org/10.1177/10783903231216138>
- Pandit, A. (2025, September 30). “Cruelty by husband”: Crimes against women up marginally in 2023 - NCRB report. Retrieved from The Times of India website: <https://timesofindia.indiatimes.com/india/cruelty-by-husband-crimes-against-women-up-marginally-in-2023-ncrb-report/articleshow/124245044.cms>
- Resick, P. A., Nishith, P., & Griffin, M. G. (2003). How Well Does Cognitive-Behavioral Therapy Treat Symptoms of Complex PTSD? An Examination of Child Sexual Abuse Survivors Within a Clinical Trial. *CNS Spectrums*, 8(5), 340–355. <https://doi.org/10.1017/s1092852900018605>
- Resick, P. A., & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology*, 60(5), 748–756. <https://doi.org/10.1037//0022-006x.60.5.748>
- Resnick, H. S., Walsh, K., McCauley, J. L., Schumacher, J. A., Kilpatrick, D. G., & Acierno, R. E. (2012). Assault related substance use as a predictor of substance use over time within a sample of recent victims of sexual assault. *Addictive Behaviors*, 37(8), 914–921. <https://doi.org/10.1016/j.addbeh.2012.03.017>
- Rothbaum, B. O., Astin, M. C., & Marsteller, F. (2005). Prolonged Exposure versus Eye Movement Desensitization and Reprocessing (EMDR) for PTSD rape victims. *Journal of Traumatic Stress*, 18(6), 607–616. <https://doi.org/10.1002/jts.20069>
- SAMHSA. (2014a). Understanding the Impact of Trauma. Retrieved from National Library of Medicine website: <https://www.ncbi.nlm.nih.gov/books/NBK207191/>
- SAMHSA. (2014b). Understanding the impact of Trauma. Retrieved from National Library of Medicine website: <https://www.ncbi.nlm.nih.gov/books/NBK207191/>
- Saraswathi Karelal, None Puneetha V S, Ashwini Raju S, & Huchchannavar, R. R. (2024). Epidemiological, clinical and psychological aspects of victims of female child sexual abuse in the gynaecology and obstetrics department of tertiary hospital, Karnataka. *Indian Journal of Obstetrics and Gynecology Research*, 11(3), 447–451. <https://doi.org/10.18231/j.ijogr.2024.081>
- Sehlikoğlu, Ş., Nalbant, A., Sehlikoğlu, K., & Almiş, B. H. (2024). A retrospective descriptive study of male perpetrators of intimate partner violence referred by judicial authorities: an example from Turkey. *Archives of Women’s Mental Health*, 28(1), 129–138. <https://doi.org/10.1007/s00737-024-01495-5>
- Serrano-Rodríguez, E., Luque-Ribelles, V., & Hervías-Parejo, V. (2024). Psychosocial Consequences of Sexual Assault on Women: A Scoping Review. *Archives of Sexual Behavior*, 54(54(1)). <https://doi.org/10.1007/s10508-024-03013-1>
- Service, E. N. (2025, October). 4.5L cases of crime against women in 2023: NCRB. Retrieved from The New Indian Express website: <https://www.newindianexpress.com/nation/2025/Oct/01/45l-cases-of-crime-against-women-in-2023-ncrb>
- Sherin, J. E., & Nemeroff, C. B. (2022). Post-traumatic stress disorder: the neurobiological impact of psychological trauma. *Trauma, Brain Injury, and Post-Traumatic Stress Disorder*, 13(3), 263–278. <https://doi.org/10.31887/dens.2011.13.2/jsherin>
- Sloan, D. M., Bovin, M. J., & Schnurr, P. P. (2012). Review of group treatment for PTSD. *The Journal of Rehabilitation Research and Development*, 49(5), 689. <https://doi.org/10.1682/jrrd.2011.07.0123>
- Tarzia, L., Thuraisingam, S., Novy, K., Valpied, J., Quake, R., & Hegarty, K. (2018). Exploring the relationships between sexual violence, mental health and perpetrator identity: a cross-sectional Australian primary care study. *BMC Public Health*, 18(1). <https://doi.org/10.1186/s12889-018-6303-y>

## Impact of Rape and Relevance of Psychological Intervention on Rape Victims

- The Albert Ellis Institute. (2014). Rational Emotive Behavior Therapy. Retrieved from The Albert Ellis Institute website: <https://albertellis.org/rebt-cbt-therapy/>
- Thomas, D. C. (1994). Foundations of dance/movement therapy: The life and work of marian chace. *American Journal of Dance Therapy*, 16(2), 127–131. <https://doi.org/10.1007/bf02358572>
- Thoresen, S., Blix, I., Johnsen, G. E., Wentzel-Larsen, T., & Ullman, S. E. (2025). Social reactions to disclosure and perceived social support are each uniquely associated with mental health in the first 6 months following sexual assault. *Frontiers in Psychology*, 16. <https://doi.org/10.3389/fpsyg.2025.1648804>
- Walker, H. E., Freud, J. S., Ellis, R. A., Fraine, S. M., & Wilson, L. C. (2017). The Prevalence of Sexual Revictimization: A Meta-Analytic Review. *Trauma, Violence, & Abuse*, 20(1), 67–80. <https://doi.org/10.1177/1524838017692364>

### **Acknowledgment**

The authors convey heartfelt appreciation to all the people who have successfully contributed in completion of this paper.

### **Conflict of Interest**

The author declared that there is no conflict of interests.

**How to cite this article:** Ahmad, S. & Azam, A. (2026). Impact of Rape and Relevance of Psychological Intervention on Rape Victims. *International Journal of Indian Psychology*, 14(1), 1062-1073. DIP:18.01.106.20261401, DOI:10.25215/1401.106