

CURRENT STATUS OF REHABILITATION AND INTERVENTIONS FOR INDIAN RAPE VICTIMS

Jaitshree Naik¹, Dr. Ranjeeta Kumari²

¹Jindal School of Psychology and Counselling, O.P. Jindal Global University,
Sonapat, Haryana 131001
Email ID: naikjaitshree@gmail.com, ranjeet.gfatm@gmail.com
Contact no.: 8691938282

²Assistant Director, Forensic Psychology Division, Central Forensic Science Laboratory, Delhi

Abstract

Provided that a rapist is convicted, the aftermath of the rape itself can be potentially incapacitating on the victim. While the criminal justice system's primary focus lies on convicting and punishing the rapist, victims are too often ignored. Financial compensation appears to be the primary outcome for many victims, with very few being able to access mental health or other counselling services. This paper seeks to understand rape in the Indian context, as well as the various medical, psychological and social interventions that are put in place to ensure the wellbeing of rape victims. We summarize literature on the impact of rape on victims and use past research on effective treatment strategies to adopt an evidence-based approach to providing suggestions for their treatment and rehabilitation.

Keywords: rape, rape victims, interventions, rehabilitation, treatment

INTRODUCTION

Addressing the complexities of rape is no easy task; its impact is hardly limited to the victim and the rapist – families, bystanders, the criminal justice system, and even society at large are plagued by the abhorrent actions of some individuals. Despite this being an age-old crime, criminal justice systems across the world continue to face challenges in dealing with its occurrence and aftermath effectively. To do so, it is necessary to first unravel the concept of rape to its very core, that is, in terms of personal, interpersonal and social dynamics. While this in itself is subject to extensive discourse, the scope of this paper concerns itself with victimhood. This paper seeks to describe the aforementioned dynamics in context of rape victims, with particular emphasis on interventions post the victimizing incident. Furthermore, we seek to understand interventions through the Indian lens and the prevalent practices within. This is juxtaposed with practices in other settings in order to provide suggestions for intervention strategies that are most suitable for the Indian scenario.

AN INTRODUCTION TO RAPE IN INDIA

There is much political and academic debate concerning the meaning of rape and what constitutes the same. For example, the existence of marital rape is often questioned or viewed as an invalid or exempted crime (Martin et al., 2007; Sachdev, 2022). It should also be noted that different sources present varying answers to the question of *what is rape?* Most definitions of rape tend to highlight that for a sexual act to be deemed rape, it must satisfy two conditions: (a) lack of consent from the victim, and (b) penetration of some form (APA, n.d.; Merriam-Webster Dictionary, n.d.; U.S. Department of Justice, 2012). Although the Indian Penal Code's Section 375 has a similar approach to understanding rape, there exist certain differences, stating that for a man to be guilty of rape he:

“(a) Penetrates his penis, to any extent, into the vagina, mouth, urethra or anus of a woman or makes her to do so with him or any other person; or (b) inserts, to any extent, any object or a part of the body, not being the penis, into the vagina, the urethra or anus of a woman or makes her to do so with him or any other person; or (c) manipulates any part of the body of a woman so as to cause penetration into the vagina, urethra, anus or any part of body of such woman or makes her to do so with him or any other person; or (d) applies his mouth to the vagina, anus, urethra of a woman or makes her to do so with him or any other person” (IPC Section 375).

In this case, it is important to note some distinctive characteristics from the Indian judicial system's definition of rape: first and foremost, rape is viewed as an act that only a man can be guilty of. Secondly, only a woman may be a victim of rape. Moreover, Section 375 of the IPC also provides that “sexual acts by a man with his own wife, the wife not being under fifteen years of age, is not rape.” However, rape against children in India falls under the Protection Children from Sexual Offences Act, 2012 (POCSO).

RECENT STATISTICS

As per the National Crime Records Bureau (2022), the year 2021 saw 32,032 rape cases, 3,941 attempted rape cases, and 47,324 cases under the POCSO act in India. Of all reported crimes against women, 7.4% are rape. For all reported crimes against children, 38.1% constitute child rape, and 15% of all crimes against Scheduled Tribes (STs) are rape. In metropolitan cities, 12.7% of all crimes against Scheduled Tribes are rape. What is even more appalling is that according to the same report, in 96.5% of all rape cases, the offender is known to the victim rather than being a stranger. Even so, cases that involve both, rape and murder are considered primarily as murder cases (National Crime Records Bureau, 2022). This, in addition to the exclusion of marital rape, rape against men, and underreporting of this crime leads to the unfortunate revelation that these statistics are only a small part of the gruesome reality that many continue to live in India.

WHAT HAPPENS TO THE VICTIMS?

To understand how the current criminal justice system should proceed with treatment and interventions for rape victims, it is necessary to first understand and empathize with the nature of their victimhood. The effects of rape are not simply limited to the individual's psychological and sexual wellbeing, other dimensions of their life, including their occupation and social groups may be impacted as a result of the same.

In a review of literature by Weaver (2009), multiple studies explored the effects of rape on female sexual health; they highlighted genital injury, sexually transmitted infections, menstrual complications, and even pain during sexual intercourse (not due to an injury or a disease) as some common problems amongst victims of rape. In another study, it was found that victims of rape experienced significantly decreased sexual satisfaction post the victimizing incident (Feldman-Summers et al., 1979). Similarly, women that are victims of rape have been found to take more risky decisions related to their sexual health (Campbell et al., 2004).

The psychological consequences of rape have been studied extensively across the past few decades (Campbell, 1998; Denov & Piolanti, 2019; Hanson, 1990; Lomax & Meyrick, 2020). Anxiety has been found to be a persisting problem for rape victims, while fear appears to be recurring rather than continuous (Resick, 1993). Clinical depression is also a fairly common occurrence, which is sometimes related to self-blame and suicidal ideation and attempts post-rape (Atkeson et al., 1982; Diehl et al., 2020; Janoff-Bulman, 1979). In addition to depression, survivors are also at risk for developing post-traumatic stress disorder (PTSD), which has serious implications for their overall psychosocial functioning (Agarwal et al., 2022; Bhuptani & Messman, 2021; Machisa et al., 2022). Research has also found that the experience of rape has long-lasting effects on victims' self-esteem, relationships with others, and satisfaction with various dimensions of their lives (Murphy et al., 1988; Shapiro & Schwarz, 1997). Some other psychological symptoms have also been noted in rape victims. These include obsessive-compulsive symptoms (de Silva & Marks, 1999; Shields & Hanneke, 1992), anger, hostility (Resick, 1993), and substance abuse (King et al., 2004; Najavits et al., 1997).

It is also necessary to note that rape victims tend to experience a considerable amount of self-blame, which may as well be attributed to socialization practices and rape myths that promote the woman's role as a victim (Meyer & Taylor, 1986; Pitts & Schwartz, 1993). This is in addition to the fact that rape victims also deal with difficulties in social adjustment (Resick et al., 1981). Depending on the characteristics of the rape, victims can face adjustment issues in relation to their immediate families (Frank et al., 1980), however, adjustment issues pertaining to work have been found to be the most persistent (Resick et al., 1981).

Studies have also revealed that social reactions play a key role in how victims are treated. When people are exposed to negative social reactions such as victim-blaming and shaming, they are less likely to sympathize with, or provide emotional support to the victim. In such cases, there is also a reduces sense of responsibility that is attributed to the rapist (Brown & Testa, 2007). Furthermore, negative reactions from professionals, friends, and family force the victim to question the validity of their own experience and reinforce feelings of self-blame, as a result of which victims are less likely to disclose their ordeal (Ahrens, 2006). Even in cases where rape victims seek redressal or rehabilitation, they are prone to secondary victimization. Victim-blaming attitudes in legal as well as medical personnel are associated with greater post-traumatic stress in victims (Campbell et al., 1999). Whether secondary victimization occurs or not also plays a role in determining whether the victim will seek help in the future if another crime were to happen (Patterson, 2010).

The combination of the aforementioned physical, psychological, interpersonal and social consequences of rape make it clear that rape victims face a multitude of challenges post victimization. Medical practitioners and the criminal justice system alike must make it imperative to design and implement effective interventions to ensure that the needs of rape victims are addressed appropriately. Further, victims should receive adequate support by all means to possible to successfully recover from the victimizing incident. What follows is an overview of existing strategies and suggestions for the Indian criminal justice system in treating and dealing with victims of rape.

APPROACHES TO INTERVENTIONS FOR RAPE VICTIMS

The Indian criminal justice system adopts a deterrent and retributive approach to seeking justice; that is, focus is most often on punishing, reforming or rehabilitating offenders rather than compensating and supporting victims adequately (Ambasht, n.d.). As a result, the efforts made by the legal system are more so symbolic than effective in actually bringing justice to the victims. A victimological approach to justice has only been observed more recently, especially with growing awareness about mental health and wellbeing. However, the justice system should not limit itself to providing the bare-minimum services for the victim's mental wellbeing; instead, other aspects such as their physical, social, interpersonal and occupational wellbeing should be taken into consideration.

CURRENT INTERVENTIONS: INDIA

The National Legal Services Authority's (NALSA) Compensation Scheme for Women Victims/Survivors of Sexual Assault/other Crimes, 2018 provides women victims with a compensation fund, first-aid facilities and medical benefits free of cost, as deemed appropriate. It should be noted that in this scheme greater emphasis is placed on monetary compensation, and the amount of money given is dependent on the severity of the crime (NALSA, 2018).

Furthermore, Section 33 (8) of the POCSO Act allows Special Courts to punish as well as direct offenders to pay victims to compensate for any physical or mental trauma. They may also order for immediate rehabilitation of the child. The Scheme for Rehabilitation Support to Minor Victims of Rape, Child Abuse, & Objectification Background allows minor rape victims to access financial compensation or assistance, medical counselling, vocational training or skill upgradation, and assistance in employability.

Perhaps one of the most notable efforts made by the Indian Ministry of Women and Child Development is the implementation of One Stop Centres (OSCs). Established using the Nirbhaya fund, OSCs provide women and girls under the age of 18 with the following services: emergency response and rescue, medical assistance, assistance in lodging FIR/NCR/DIR, psycho-social support/counselling, legal aid and counselling, shelter, and video conferencing facilities.

Provisions enlisted by NALSA and POCSO in combination with the existence of OSCs show that there exists some framework and concern for the rehabilitation of rape victims. Nevertheless, such frameworks prove ineffective in several cases due to the increased rape myth acceptance, stigma, shame, and blame that occupy the lives of rape victims across India (Hill & Marshall, 2018; Human Rights Watch, 2013).

EXPLORING STRATEGIES TO SUPPORT RAPE SURVIVORS

A large variety of cognitive-behavioural intervention techniques have been studied in response to the unique challenges faced by rape victims (Foa et al., 1993). Meta-analyses have shown that cognitive-processing therapy, prolonged exposure therapy, and eye movement desensitization reprocessing are some methods that have had a significant impact on alleviating symptoms of PTSD and depression. In fact, these treatment methods have also been successful in helping with other symptoms like anxiety, guilt, and dissociation (Covers et al., 2019; Regehr et al., 2013).

Considering that post-traumatic stress is common in rape victims, treatments to mitigate the same should be understood. Stress Inoculation Training (SIT) and Prolonged Exposure (PE) have been found to be effective in reducing symptoms of PTSD. In addition, supportive counselling has been found to be useful in tackling arousal-related symptoms (Foa et al., 1991). Nevertheless, the effectiveness of cognitive-behavioural treatment methods depend on the characteristics of the victim. For example, hopelessness has been studied as a mediator of change in PTSD among female rape victims (Resick et al., 2017). Interestingly, group therapy has been studied as yet another approach to treating victims of rape; however, its efficiency is yet to be determined (Cryer & Beutler, 1980).

The problem of secondary victimization can be tackled with hospital-based programs wherein interdisciplinary teams including doctors, nurses, psychologists, police officers and advocates can be created. This allows for smoother coordination between all systems, therefore avoiding re-traumatization of the victims that can result from having to recount their experience multiple times (Resnick et al., 2000). In addition, a trauma-informed approach to healthcare allows for practitioners to be more cognizant of how to screen for and treat victims (Palmieri & Valentine, 2020).

SUGGESTIONS FOR TREATMENT OF INDIAN RAPE VICTIMS

India has a comprehensive framework through which rape victims can seek justice and rehabilitation. Even so, the lack of awareness as well as the stigma surrounding rape cases often makes it difficult to implement interventions for rape victims. Considering the vast nature of India's population, it is important for centre administrators and counsellors in OSCs to be aware of how diverse communal identities impact people's reaction

to the crime of rape. The same should also be encouraged in medical professionals, especially since they have direct access to the population at large. Some suggestions for intervention and rehabilitation strategies for rape victims are enumerated below.

The rapist and the victim are not the only stakeholders in the crime. Family, community and other social settings, along with the educational and criminal justice systems are equally guilty of and affected by the crime of rape. Therefore, the first step to helping rape victims is to provide sex education to children and adults alike. This method would allow people gauge the meaning and scope of consent – whether it is from a child or an adult. The problem lies in our unhealthy relationship with sex; people are often discouraged or explained the risks of sex rather than what it truly entails. If done correctly, sex education can aid productive conversations in exploring one's sexuality and sexual pleasure, with a greater understanding of consent and dignity associated with such acts (Lanford, 2016).

Next, it is necessary that information regarding the government's initiatives to help rape victims is disseminated more effectively. While communicating about such schemes should take advantage of social media, to ensure that this information is more accessible schools, colleges, offices, and even hospitals should take it upon themselves to inform individuals. Disseminating information about valuable resources such as OSCs and compensation schemes would allow more victims to come forward and receive rehabilitation.

As provided by Palmieri and Valentine (2020), adopting a trauma-informed approach can help medical practitioners in government hospitals to screen for and treat rape victims adequately. Doctors and nurses in government hospitals can be educated through short courses and workshops regarding how to recognize signs of trauma, respond appropriately and sensitively, and finally, how they can help resist re-traumatization. Since hospitals are accessible to both, rural and urban populations in India they hold much power in initiating the first steps towards a culture that is more cognizant of the pervasive nature of sexual assault and supportive of the needs of victims.

As for OSCs, it should be ensured that both, the centre administrators and the counsellors are well-aware of and sufficiently trained in treatment methods such as cognitive-processing therapy, SIT, and cognitive-behavioural therapy. Social adjustment issues are also common in rape victims and therefore, OSCs should make efforts to help victims build strong social support networks. This may be done through support groups or family therapy. Lastly, schemes provisioned by NALSA and POCSO should be monitored for their effectiveness. The simple existence of such resources is not enough to ensure adequate help and support for survivors of rape. As they continue to be implemented, their functions should be closely looked at to understand their ability to fulfil the needs of rape victims. In cases where they prove ineffective or inadequate, changes should be made accordingly following an evidence-based approach to treatment and rehabilitation.

CONCLUSION

The Indian definition of rape holds the view that only a man may be guilty of rape and only a woman (or a child) may be a victim of this crime. The exclusion of marital rape and sexual assault against men brings forth the unfortunate reality that the Indian criminal justice system currently caters to only one part of the population of rape survivors. This is especially harrowing considering the far-reaching consequences of this crime. Presently, India has a basic framework to address the grievances of victims, however, this too tends to prove insufficient at times. Rape victims in India are a vulnerable population that is often underrepresented and ill-treated. Training programs dedicated to dealing with victims of sexual assault should be strongly encouraged in all practitioners that interact with this population. This includes police officers, lawyers, OSC administrators and counsellors, doctors, nurses, and more. Future efforts should also focus on expanding the legal definition of rape to acknowledge and bring justice to male victims as well as victims of marital rape.

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