PSYCHOLOGICAL TECHNIQUES IN HELPING RAPE VICTIMS

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Abstract

Counselling psychology is concerned with assisting people who have personal, social, educational and vocational problems to better understand themselves and solve their problems. Rape is seen as a problem that militates against the psychological well being of victims, because of the devastating aftermath of the incident. It is seen as a crisis that precipitates the individual into a state of disequilibrium. The paper reviews the symptoms and traumatic experience of rape victims. It also lays emphasis on the psychological techniques that could be used in helping the rape victims live a better and rational life.

Keywords*; Rape, Anxiety disorder, Affective disorder, Posttraumatic experience*

Introduction

Rape is largely a result of social socialization in which the man develops an exaggerated sexual impulse and puts a premium on social conquests. Sex and violence are linked as an appropriate form of social expression. According to Akinade (2006), rape is the crime of forcing sexual intercourse upon a person against the person's will. It is usually by using force and, at times, with the use of dangerous objects. Rape is an offence of forcing a woman to submit to sexual intercourse against her will (Longman Dictionary, 2006). According to Wilkipedia, rape is also referred to an assault by a person involving sexual intercourse with, or sexual penetration of another person without that person's consent. The prevalence rate of rape is a major concern that needs urgent measures. Although epidemiological data suggest both females and males are raped, females are at substantially higher risk of assault (Cambell, 2001). The women's rights advancement and protection alternative (WRAPA) reported that two or three people are raped every month

(Vanguard, Nov. 8, 2008). In 2000, 48 percent of the rapes/sexual assaults committed against people aged 12 and over were reported to the police, and in 2001, 41,740 women were victims of rape/sexual assault committed by an intimate partner in America, (Bureau of Justice & Statistics, 2003). The rape of women by men is a more frequent form of the assault. Recently, 54 cases of rape and 60 related arrests were reported in Kano State (WOW Gambia, 2008). It was indicated that the number of cases is two thirds the number recorded in the first six months of 2007.

With respect to the impact of the assault on victims, rape comes as a devastating shock, destroying victims' ability to maintain the important illusion of personal safety and invulnerability, and threatens many assumptions and beliefs survivors may have themselves, and the world around them (Katz, 1991). The victims of rape are psychologically overwhelmed on arrival in the hospital (Osterman, Jane, and Peggy 2001). Most victims exhibit high levels of psychological distress in the first week after the rape. This distress peaks in severity three weeks post assault and continues at high levels for one or two more months. One study found that the persistence of survival-mode functioning such as anxiety, anger and dissociation, complicate the forensic evaluation and medical treatments (Osterman and Chemtob 1991). There is need to help those who are raped in order to live a fulfilled life. Studies have shown that skilful psychological interventions immediately following rape could prevent a development of long-term adjustment problems and strengthen adaptive resources. This study reflects on the posttraumatic experience of rape victims, theoretical stance and psychological techniques in helping rape victims.

Theoretical Framework

The Interpersonal Approach was developed by Sullivan Stack. He believes that the basic determinant of personality is the interpersonal situation and that the personality is organized through interpersonal events in the life of the person. There is no doubt that if one has

nasty experiences with significant people around him, these experiences are likely to affect his personality. In the same vein, rape affects interpersonal relationship with the opposite sex, which in turn affects the victims' personality structure because of painful and nasty experiences. They have distorted personification. They view opposite sex as harmful people and must be avoided. The theory explains cognitive and emotional symptoms experienced by rape victims (Uba, 1981)

Posttraumatic experience of rape victims

Anxiety disorders: people who have been exposed to traumatic life events may experience posttraumatic stress disorders, (PTSD). Valent (2000) enumerated the four major symptoms that commonly occur:

(a) Severe trauma symptoms of anxiety, arousal, and distress that were not present before the trauma
(b) Relive the trauma recurrently in "flashbacks" dreams and in fantasy (Pitman et al, 2000)
(c) Become numb to the world and avoid the stimuli that remind him or her of the trauma

The trauma of being raped is experienced by every affected woman, and its aftermath can be nearly as traumatic as the incident itself. For months or even years after rape, victims may feel nervous and may fear relationship by the rapist. They may experience sudden flashbacks or nightmares that force them to, relive the traumatic experience. Victims frequently report decreased enjoyment of sexual activity long after the rape, even when they are capable of having orgasm (Holmstrom, 1974; Holmes and St Lawrence, 1983; Masters Johnson and Kolodny, 1988). In another long-term follow up of rape victims, one quarter of the women felt that they had not recovered psychologically at the end of a six-year period following the rape (Mayer & Taylor 1986). Moreover, women who had been subjected

to earlier physical abuse exhibited a post rape prevalence of PTSD symptoms three times higher than in a non-abused comparison group (Watson, Barnett, Kunen, Schuttz, Randolph, and Mendez 1997). In general traumas caused by human actions, such as war, rape, and torture tend to precipitate more severe PTSD reactions than do natural disasters, such as hurricanes and earth quakes (O' Donohue and Elliot, 1992). Smith and Passer's (2001) study found that women who experienced PSTD had double the risk of developing a depressive disorder and three times the risk of developing alcohol-related problems in the future. As noted by Resick and Nishith (1997)

> In summary, most rape victims, immediately after the assault, experience acute reactions that last several months. By 3 months post assault, there is some stabilization in the initial symptoms. However, some victims continue to experience chronic problems for an indefinite time in the areas of fear/anxiety, depression, social adjustment, sexual functioning, and self-esteem (: 31).

Mood (affective) disorders

Depression is primarily a disorder of mood. There are four symptoms, according to Smith and Passer (2001) that commonly occur to rape victims:

(a) Cognitive symptoms: they usually have low self-esteem, believing that they are inferior, inadequate and incompetent.
(b) Somatic symptoms often include sleep difficulties, lack of energy and loss of sexual desire and responsiveness
(c) Motivational symptoms often include inability to perform behaviour that might produce pleasure and lack of drive.
(d) Emotional symptoms include sadness, hopelessness, misery and loneliness,

There is also biological pleasures in which needs such as eating and sex lose their appeal (sexual dysfunctional)

Psychosocial Techniques

Psychotherapy is the modification of human behaviour though environmental manipulation. It also means the treatment of behaviours disorders by behaviour modification. Psychotherapy is the use of psychological means rather than biological means. The term embraces a variety of techniques, all of which are intended to help emotionally disturbed individuals modify their behaviour and feelings so that they can develop more useful ways of dealing with stress and with other people. Osterman and Chemtob (2001) enumerated five emergency interventions for restoring victims from acute traumatic stress to psychological safety. The steps are: 1) providing information, 2) correcting misattributions, 3) restoring and supporting effective coping and 4) ensuring social support.

The following techniques can be used by Counselling psychologists to handle traumatic symptoms of rape victims.

(a) ***Assertiveness***: The therapy is antagonistic to anxiety. By practicing assertive responses (first on the role playing with the therapist and then in real life situations), the rape victim not only reduces anxiety but also develops more effective coping techniques. The rape victims are so fearful of asserting themselves that they are not saying anything and build up feelings of resentment and inadequacy instead. According to Resick (1988), assertiveness training may be helpful for a number of women, helping to counteract the profound feelings of helplessness and vulnerability following the rape and encouraging them to resume their former independent behaviour.

(b) ***Systematic desensitisation*****:** This can be viewed as a de-conditioning or counter conditioning process. This procedure is highly effective in eliminating fears or phobias of rape victims. According to Koziey and McLeod (1987); there have also been positive results reported using relaxation training with rape victims. Through relaxation

training, the individual learns to contract and relax the muscles, starting from the feet and ankles and then gradually exposing him or her to the feared situation, either in imagination or in reality.

- ***Rational Emotive Behaviour therapy***: the therapy proposes that, it is what people believe about situations they face not the situation itself that cause their emotional disturbance. Ellis (1988, 1997) state that if clients are encouraged to adapt new philosophies of living after disputing their irrational thoughts and inappropriate behaviours, they will get new and often pronounced behavioural effects like loosing their feelings of anxiety, worthlessness and depression. This therapy is efficacious in alleviating emotional symptoms and cognitive symptoms that rape victims are experiencing. This helps in rebutting some irrational beliefs and myths that rape victims have about sex.

- ***Group therapy***: Recent findings also suggest that rape victims struggle not only with how the assault has directly affected them, but also with how it is affecting those close to them (husbands, friends and significant others). In this case, group therapy is helpful in working out the problems, which include feelings of isolation, rejection, and loneliness, and the ability to form meaningful relationships. Group therapy permits the clients to workout their problems in the presence of others; to observe how other people react to their behaviour, and to try out new methods of responding. Koss and Harvey (1991) posited that Group therapy is often a preferred treatment choice as a group setting can break down post rape isolation, promote sharing of experiences, and develop supportive relationships.

- ***Crisis intervention***: This is an important element of the healing process for victims. It involves establishing a rapport

with the short-term assessment and service delivery and averting a potential state of crisis. According to Gillian (1997), rape victims need immediate intervention which may be helpful in correcting distorted perceptions of what happened, reducing guilt and self blame, mobilizing effective coping skills and facilitating the victim's use of their wider social network and family members for continuing support. To be effective, crisis intervention must be provided in an orderly structured, humanistic manner and must focus on the individuality of the victims and their needs.

Conclusion

Rape is not just unwanted sex; it is a highly traumatic experience like other serious traumas. It is a form of crime to others. Anxiety disorders and mood disorders are the psychological disorders experienced by rape victims. It is as a result of this that Counselling psychologists need to acquaint with psychological techniques, which can be used in assisting the rape victims psychologically because victims need immediate assistance in order to survive the trauma and live a normal life.

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