

Psycho-Social Issues and Management of A Rape Victim

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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 socio-psychological issues 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: Women, Rape, Death, Victims.

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INTRODUCTION

The term rape originates in the Latin rapere, “to snatch, to grab, to carry off”. Since the 14th century, the term has come to mean “to seize and take away by force”. In Roman law the carrying off of a woman by force, with or without intercourse, constituted “raptus”

Rape is a pervasive problem in societies around the world. India is well on its way to being the rape capital of the world. For women across India, fear is a constant companion and rape is the stranger they may have to confront at every corner, any road, any public place, at any hour. Rape is a growing problem in today’s society and it is becoming increasingly difficult to ignore the startling statistics about this crime.

Definition

The definition of rape varies both in different parts of the world and at different times in history. It is defined in many jurisdictions as sexual intercourse, or other forms of sexual penetration, initiated by a person against another person without the consent of that person. The United Nations Office on Drugs and Crime defines it as “sexual intercourse without valid consent.

The elements that form the definition of rape under the ICC Statute are that:

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- “The perpetrator invaded the body of a person by conduct resulting in penetration, however slight, of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body.”
- “The invasion was committed by force, or by threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power, against such person or another person, or by taking advantage of a coercive environment, or the invasion was committed against a person incapable of giving genuine consent.”

In 2012, the FBI changed their definition from “The carnal knowledge of a female forcibly and against her will.” to “The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.” for their annual Uniform Crime Reports.

The World Health Organization (WHO) states that the principal factors that lead to the perpetration of sexual violence, including rape, are:

- Beliefs in family honor and sexual purity;
- Ideologies of male sexual entitlement;
- Weak legal sanctions for sexual violence.

Rape is also a legal term that is defined in Massachusetts by three elements:

- Penetration of ANY orifice by ANY object,
- Force or threat of force, or
- Sexual contact against the will of the victim.

Consent cannot be given (legally) if a person is impaired, intoxicated, drugged, underage, mentally challenged, unconscious, or asleep. Rape and sexual assault are about power and dominance; they are not about sex and certainly not about feelings of love and/or affection. Rape is a hate crime based on gender, power and control.

Types

Rape can be categorized in a several forms.

Stranger rape

When a person is raped by an unknown attacker it is considered a “stranger rape”.

Acquaintance rape/date rape

When a person knows his/her attacker (partner, family member, doctor, neighbor, co-worker, etc.) it is considered an “acquaintance rape”.

Sexism

Sexism is the system of attitudes, assumptions, actions and institutions that treat women as inferior and make women vulnerable to violence, disrespect and discrimination. In a sexist world, men have more political, economic and social power than women.

Coercion

Coercion is the use of emotional manipulation to persuade someone to something they may not want to do – like being sexual or performing certain sexual acts. Examples of some coercive statements include: “If you love me you would have sex with me .”, “If you don’t have sex with me I will find someone who will.”, and “I’m not sure I can be with someone who doesn’t want to have sex with me.

Consent

Consent is clear permission between intimate partners that what they are doing is okay and safe.

Sexual abuse

Sexual abuse is a term generally used to refer to inappropriate sexual conduct on a child.

Sexual harassment

Different from sexual assault, sexual harassment is any unwanted sexual advance, comment, attention, gesture or behavior.

Survivor

This term – used is used in place of “victim” to describe someone who has survived sexual abuse or assault.

Battering

Battering is a series of verbal, physical or psychological tactics that one person uses to gain control over another person, often a partner or ex-partner.

Domestic violence

Domestic violence is verbal, physical, psychological or sexual violence within the fluid concept of “family”.

Heterosexism

Heterosexism is the systematic, day-to-day, institutional mistreatment of gay, lesbian, transsexual and bisexual people by a heterosexually dominated culture.

Stalking

According to Massachusetts General Law, stalking occurs when someone “willfully and repeatedly follows and harasses another person and who makes a threat with the intent to place a person in fear” for their personal wellbeing.

Laws against Rape in India

The history of Rape laws in India begins with the enactment of the Indian Penal 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) With her consent, when her consent has been obtained by putting her in fear of death or of hurt, (4) With her consent when the man knows that he is not her husband, and her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married, 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.

- Rape should be replaced by the term ‘sexual assault’
- Sexual intercourse as contained in Section 375 of IPC should include all forms of penetration such as penile/vaginal, penile/oral, finger/vaginal, finger/anal, and object/vaginal
- 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
- Rape laws should be made gender neutral as custodial rape of young boys has been neglected by law
- A new offence, namely section 376E with the title ‘unlawful sexual conduct’ should be created.

Common Misconception about Sexual Assault

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. (h)

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

Few female police

Women are more likely to report sex crimes if female police officers are available. India has historically had a much lower percentage of female police officers than other Asian countries.

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: For rapes that do get reported, India’s conviction rate is no more than 26 percent. (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 female-to-male population ratios in the world because of sex-selective abortion and female infanticide. Throughout their lives, sons are fed better than their sisters, are more likely to be sent to school and have brighter career prospects.

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.

Physical Symptoms of Rape Trauma Syndrome

- Shock, in which the survivor feels cold, faint, confused and disoriented, trembles, nauseous and sometimes vomits
- Resulting pregnancy
- Gynecological problems include irregular, heavier and painful periods, vaginal discharge, bladder infections and sexually transmitted diseases
- Bleeding and infection from tears or cuts in the vagina or rectum
- A soreness of the body, bruising, grazes and cuts
- Nausea and vomiting
- Throat irritation and soreness from forced oral sex
- Tension headaches
- Pain in the lower back and in the stomach
- Sleep disturbances, including difficulty sleeping or feeling exhausted and needing more sleep than usual
- Eating disorders, including not eating, eating less or eating more than usual

Behavioural Symptoms of Rape Trauma Syndrome

- Crying more than usual
- Difficulty concentrating
- Restless, agitated and unable to relax or feeling listless and unmotivated
- 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
- Stuttering and stammering more than usual
- Avoiding anything that reminds victim of the rape
- More easily frightened or startled than usual

- Very alert and watchful
- Easily upset by small things
- Problems with family, friends, lovers and spouses from irritability, withdrawal and dependence
- Fear of sex, loss of interest in sex or loss of sexual pleasure
- Change in lifestyle
- Increased substance abuse Increased washing or bathing
- Denial, behaving as if the rape did not occur, trying to live life as it was before the rape

Psychological Symptoms of Rape Trauma Syndrome

- Increased fear and anxiety
- Self-blame and guilt
- Helplessness, no longer feeling in control of life
- Humiliation and shame
- Lowered self-esteem, feeling dirty
- Anger
- Feeling alone and that no one understands
- Losing hope for the future
- Emotional numbness
- Confusion
- Memory loss
- Constantly thinking about the rape
- Having flashbacks to the rape, feeling it is happening again
- Nightmares
- Depression
- Developing suicidal ideas

Social Symptoms of Rape Trauma Syndrome

- Social rejection
- Family problems
- Stigma
- Loss of work
- Forced marriage
- Honor killing
- Social isolation
- Marital difficulties
- Unwanted pregnancy in woman

Management

- Physician's role in the care of the adolescent rape victim
- Medical

- Obtain and document medical history
- Recognize and stabilize any emergent conditions
- Evaluate and treat physical injuries
- Obtain cultures
- Offer STD prophylaxis
- Offer postcoital 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

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 1 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

Best Practices

Training

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. One of the obstacles to recognizing the markers of sexual violence is the continuing social (including psychiatric) denial of the frequency with which children are sexually abused. Unresolved childhood experiences on the part of the clinician can also be an obstacle to recognizing sexual abuse in one's patients.

Screening

Screening for a history of sexual violence in childhood and in adulthood should be a fundamental part of every psychiatric evaluation.

Safety

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.

Self-destructive behavior

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 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.

Treatment techniques

The field of trauma treatment is still young and many different approaches to treatment are being tried and researched.

Supervision and consultation

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.

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. Relaxation exercises, 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 recreate a sense of family, some researchers have found family therapy itself to be effective in treating sexually traumatized females. 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 developed in response to the difficulty in treating youth with high levels of co-morbidity, which resulted in ongoing resistance to current treatments modalities as well as being considered treatment failures in both the outpatient and residential settings. MDT is effective in reducing aggression and suicidal ideations within this population. Through the synthesizing of an applied CBT methodology as well as with Dialectical Behavior Therapy (DBT), MDT was developed for youth who displayed a reactive conduct disorder, personality disorders/traits, and Post Traumatic Stress Disorder symptomology. 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.

- 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 designed to teach service providers about the beneficial and detrimental effects they may have on rape survivors.

- Counselors must personally endure repeated exposure to distress and use their own feelings of sorrow as tools for therapy and intervention. 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.

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. Nurses, social workers, 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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