



Psychological Interventions for Sexual Assault

-A Draft Tool Kit for Health Settings

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Our toolkit is an effort to address felt needs of women survivors when they approach health settings.

Sincerely,

Prof. Prabha S. Chandra

Dr. Veena A. Satyanarayana

CONTENTS

Section I: Introduction to the Toolkit for Psychological Interventions in Sexual Assault

Section II: The emotional experience of rape and sexual assault.....

Section III: Helping health facilities develop psychological support services for sexual assault.....

Section IV: Psychological reactions to Rape – the various stages

Section V: Assessment of mental health- what should the counselor look for

Section VI: The role of a counselor in the acute stage or immediately after rape

Section VII: When should the survivor be referred to a mental health professional?-

Section VIII: Ongoing counselling- support in reintegration, healing and recovery

Section IX: Handling special situations- sexual assault in women with physical, intellectual and psychological disabilities.....

Section I: Introduction to the Toolkit for Psychosocial interventions in Sexual Assault

1.1 The toolkit

Overview

1.1 The Toolkit

1.2 Need for the Toolkit

1.3 Target Audience

1.4 Language and Terminology

The Department of Health Research, Ministry for Health and Family Welfare, Government of India set up a Task Force on Gender and Health in 2012, which identified two important areas as priorities in health care settings. The first was the health care response to women presenting with Partner Violence and the second was to develop Protocols for women reporting Sexual Assault or Rape. Psychological support for women who experience Sexual Assault was considered as one of the priorities and the need for a protocol for the same

was emphasized.

As part of the initiative, this toolkit was developed to disseminate a protocol for appropriate and gender sensitive psychological support to women survivors of sexual assault. Most countries in the world which have well developed services for women undergoing sexual assault have realized the need for psychological support and the need for a **Sexual Assault Survivor Support Case Worker** who will help the woman through all the stages- from the initial contact at the police station or health facility, helping her handle a medical examination, discussing emergency contraception and STD/HIV prophylaxis and subsequently helping her with the court proceedings and getting her to normalize her life. The support also needs to extend to the woman's family and partner.

We hope that this ToolKit will help in enabling nurses, doctors and counsellors to give adequate psychosocial support to survivors of rape, help them with the consequences of the experience and help them through their journey of recovery from trauma.

1.2 Need for this Toolkit

We recognize that at this point there are no organized services for sexual assault in most hospitals and health settings. This Tool Kit hence is designed in way that any health professional can follow and use the basic tenets of psychological support and intervention when a woman approaches the health services for help. The Tool Kit can be used by doctors, nurses and counsellors at the initial contact when a woman seeks help i.e. a few hours or days after the assault or if the woman reveals sexual assault at any future point during her contact with health services.

This Tool Kit focuses only on the psychosocial consequences and support of the woman and not on the medical examination or medical interventions.

1.3 Target audience

The toolkit is designed mainly for use by primary care health professionals including doctors, nurses and counsellors.

It provides simple information on the impact of sexual assault and rape on a woman's mental health and how health professionals can evaluate and respond to these issues within their professional practice. It assumes that the health professional using this toolkit would not have had any mental health training and hence is basic and simple.

The tool kit does not provide information on psychological interventions that need professional mental health training.

1.4 Language and Terminology

Sexual Assault- Forcing an unwilling person to engage in any kind of sexually intimate behavior and can range from grabbing, touching etc to penetration.

Rape-A type of sexual assault usually involving sexual intercourse where one or more persons force/coerce/threaten an unwilling person to engage in the act

Survivor-Is a person against whom sexual assault/rape is directed towards.

SECTION II: The emotional experience of rape and sexual assault

Sexual Assault or Rape is not just a sexual act – it is a violent act which is related to power imbalances in society in the context of gender and absolute disrespect for girls and women. Most rape happens to helpless girls and has nothing to do with dress or attitude. Rape is a violent crime for which the victim is not responsible in any way. The perpetrator maybe a stranger or a person known to the woman. The assault maybe associated with fairly severe forms of physical and emotional violence.

Rape and Sexual Assault are severely traumatic experiences and are often associated with immediate psychological reactions such as shock, shame, guilt, anger, numbing and severe psychological distress. Women and young girls may not be able to discuss everything or reveal all details at the first contact at a police station or hospital. To add to this, the clinical environment of a hospital or the alien atmosphere in a police station, may add to the distress and this may often result in the survivor not revealing important information. Research has also shown that sensitive and supportive counselling received at the time of first contact and the first few weeks, determine to a large extent how the woman will cope later.

One must remember that it is very important for the girl to feel safe to be able to talk about the event. 'Safety' means that she should be treated by the professional with

respect and she should be able to trust the doctor, nurse or counsellor. She should not feel that she will be blamed or shamed for the rape. She should not be made to feel at any point that she was responsible for the rape.

It takes great courage to be able to talk about severe trauma that shakes the core of your very being and which makes you face the worst side of humanity. The fear and trauma may persist for years and it is important for the health professional to be very gentle, to help the survivor to tell her story without judging or blaming her.

The health professional has to be very gentle and slow as reliving the event may cause a lot of anxiety and distress. It may sometimes take several sessions for the woman to talk about it in detail. During this period she should be assured of complete confidentiality.

`You are not to blame' is the key message that the survivor wants to hear. She should not be quizzed and questioned by too many professionals. `I believe you' and `I understand your distress' are two critical messages that help a survivor in talking about her problem.

Section III: Helping health facilities develop psychological support services for sexual assault



Section IV: Psychological reactions to Rape – the various stages

1. The acute phase- starts immediately after the assault and lasts for several weeks or months and results in the complete disruption of the survivor's life.
2. The reorganization phase, which may continue for months or years, encompasses the survivor's process of reorganizing her disrupted life.
3. The restitution phase

1. The Acute Phase – When a woman comes to a health facility within hours or days of the rape you may see her going through several of the following reactions.

Severe anxiety – I feel very scared. Someone may come after me. I don't feel safe; my hands tremble, I can sleep or relax; my heart is beating very fast; I startle at the slightest noise

Fear – I can't stay alone; I have nightmares

Helplessness – I feel I have no control over anything; I don't know what to do, I have no one who can help me, How will I go on?

Suicidality – I feel like ending my life; what is the point in continuing to live?

Anger - I want to kill him

Irritability - I want to shout at everyone; I feel like hitting someone

Dissociation - I feel like I am in a daze, nothing seems real

Numbing – I don't feel anything at all

Shame – I am dirty, I feel unclean, I feel sullied

Denial – I can't think. I don't feel anything

Confusion – I can't think clearly, I feel I am going mad

Following a sexual assault a woman may show one of the following reactions-

1. She may be quite communicative and be able to explain what happened
2. She may be crying or sobbing or shuts down when talking about events
3. She may be speaking but is totally numb and appears as if she is unaware of herself and her surroundings (does not know the day, date, place or her identity)
4. She is completely non communicative, in a daze and will not speak.

The counselor will have to judge the situation, make the woman feel safe, ensure that she is not injured, bleeding or dehydrated and enable the woman to first feel slightly in control of her surroundings before probing and questioning. Ensure that the woman gets some water or a cup of tea; check when she has eaten last and ask if she has pain anywhere.

The Rape Trauma syndrome

RTS or Rape Trauma Syndrome is a common psychological reaction to sexual assault. Rape Trauma Syndrome (RTS) is the medical term given to the response that survivors have to rape. It is very important to note that **RTS is the natural response of a psychologically healthy person to the trauma of rape** so these symptoms do NOT constitute a mental disorder or illness.

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Behavioral symptoms are those things the survivor does, expresses or feels that are generally visible to others. This includes observable reactions, patterns of behavior, lifestyle changes and changes in relationships.

- Crying more than usual.
- Difficulty concentrating.
- Being restless, agitated and unable to relax or feeling listless and unmotivated.
- Not wanting to socialize or see anybody or socializing more than usual, so as to fill up every minute of the day.
- Not wanting to be alone.
- Avoiding anything that reminds the survivor of the rape.
- Being more easily frightened or startled than usual.
- Becoming easily upset by small things.
- Relationship problems, with family, friends, lovers and spouses.
- Irritability, withdrawal and dependence
- Fear of sex, loss of interest in sex or loss of sexual pleasure.
- Problems in school, college or in work performance.
- Increased washing or bathing.
- Behaving as if the rape didn't occur, trying to live life as it was before the rape, this is called denial.

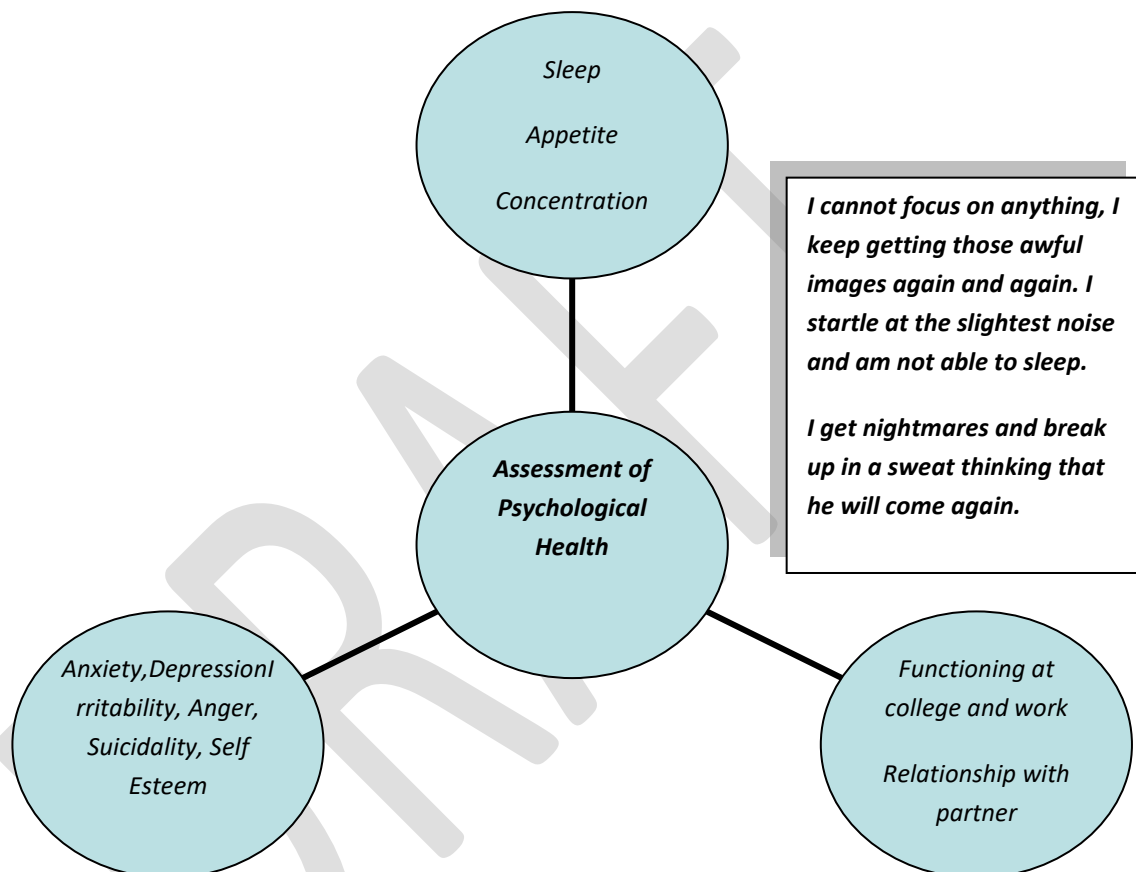
- Suicide attempts and self harm
- Using substances like alcohol or taking sleeping pills without prescriptions and doctors advice

Psychological symptoms are feelings that a survivor experiences and need to be elicited by sensitive questioning. The woman might discuss this only if she trusts the health care provider and feels comfortable in her presence.

Increased fear and anxiety

- Self-blame and guilt.
- Helplessness, no longer feeling in control of her life
- Humiliation and shame.
- Lowering of her self esteem
- Feeling dirty or contaminated by the rape
- Anger
- Feeling alone and that no one understands
- Losing hope in the future.
- Emotional numbness.
- Confusion
- Loss of memory
- Constantly thinking about the rape.
- Having flashbacks to the rape, feeling like it is happening again
- Nightmares
- Depression
- Becoming suicidal

Section V: Assessment of mental health



Section VI: The role of a counselor in the acute stage or immediately after rape

The role of a counselor in the acute stage or immediately after rape

The professional who is helping the woman needs to remember the following important tenets

Women who have experienced Sexual Assault need

1. Safety
2. A feeling that they are being heard and listened to
3. Validation of their feelings
4. Respectful treatment
5. Involvement in decision making regarding the medical exam, police complaint, contacting family
6. Timely responses
7. Accurate Information regarding procedures
8. Support
9. Information regarding resources such as medical help, legal help and counseling

a. Physical and Psychological Safety -support, ventilation, validation

Sexual assault undermines a victim's sense of herself and her personal boundaries, trust in others, and ability to control what happens to her.

If the woman comes a few hours after the rape then she is in a more vulnerable state and first needs to feel safe and secure. It is important that a woman nurse or counselor be available to talk and counsel her and all medical examinations are preferably done by women. It is very important that the health care provider is empathic; ensures privacy and confidentiality. In addition to the sexual assault, the women may have physical injuries, which might add to her distress.

Many of the later psychological consequences can be prevented if the initial few days are handled sensitively.

Believe what the patient says and let her know that you believe her. Encourage her to talk about her feelings. Allow her to express anxiety, fear and anger.

Educate about normal reactions and let her know that the emotions she is experiencing are part of the reaction to such a violent crime

Reassure that she is not at fault and emphasise that she did not do anything wrong and that the sexual assault did not happen because of anything that she did, said or wore.

b. Information regarding medical examination and treatment

The counselor/nurse/doctor should provide the woman with clear, accurate, unbiased information regarding her medical options and then, regardless of her choices, be supportive and non judgmental of the decisions she makes.

This approach will facilitate her ability to make informed decisions and help her to regain some control over her situation.

She should be informed that a lady doctor will examine her and check and treat her for injuries (both internal and external), she will be offered prophylactic medication to prevent pregnancy and sexually transmitted diseases (STDs) and HIV, and have evidence collected.

She should be informed that if she is contemplating criminal charges, it is recommended that she receive medical attention, even if there are no apparent injuries. She should also be informed that the police will need the evidence from her medical examination if she would wish to report the assault to police. Let her know that if she wants to report to police, a medical forensic examination will be conducted, generally using a sexual assault evidence kit, and the medical forensic evidence will be turned over to police.

A survivor may then choose one or more of the following options:

- Medical consultation only
- Treatment without a medical examination
- Medical examination and treatment
- Medical forensic evidence collected and submitted to police
- Medical forensic evidence collected and stored and submitted to police at a later date, if she chooses

b. Information about emergency contraception- This is an important component that is often forgotten. Any girl or woman who has been sexually assaulted, needs to be made aware of the chances of her becoming pregnant and should be offered emergency contraception.

Before discussing pregnancy, find out whether she is using any contraception. If it seems appropriate, you might also help her determine the first day of her last period.

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Be Non Judgmental

Believe, Educate and Reassure

Emergency contraceptive pill is a pill used to prevent a woman from getting pregnant following a sexual assault that carries a risk of pregnancy. It can be used immediately or within 72 hours of the sexual assault.

When used correctly the ECP is 98% effective, which means that if 100 women take ECP only 2 will get pregnant. The use of ECP is only within 72 hours after sex. After that alternative and regular forms of contraception or birth control need to be used for which a gynecologist needs to be consulted.

c. Sensitive Discussion about medical and forensic examination

The medical and medical forensic examination will include the physical examination and the collection of specimens. During the history taking the doctor may ask the woman some sensitive questions which may make the woman feel uncomfortable. Inform the woman that the questions are asked in order to help guide the examination. Let her know that she is free to ask the examiner why specific questions are being asked. If she has never had a pelvic exam or if she is anxious about it, outline the procedure and inform her about the tests that may be done.

The sexual assault survivor may be experiencing fear, anxiety, a loss of control, and physical trauma when she arrives at the hospital emergency department. Providing her with information about what will happen at the hospital may help alleviate some of her anxiety and help her feel more in control. You can also assure her that she has the right to consent or decline any of the procedures or treatment options.

Do not give all the information at once. Assess her ability to absorb information and respond to her needs.

At this stage what the woman needs most is an empathetic person who will simply be with her, make her feel safe, validate her feelings, and discuss whatever issues she raises, which may or may not be medically related. Try to be with her during the medical examination if she wishes you to stay.

During the medical examination, be aware that the examiner is probing the same bodily areas that were recently violated by the assailant. This may be very emotionally and/or physically painful. Keep checking how she is feeling and whether she needs anything to make her feel more comfortable. Ask her if it is too overwhelming and she wants a break from the medical examination.

After the examination check how she is feeling and provide support and comfort as required.

7. Education and preparation for the police report

Many women survivors are reluctant to consider talking to police at this point. They are not in a position to make a decision and may feel overwhelmed if they are pressurized to do so. Family members may also feel that a police report will cause stigma and secondary victimisation. **Secondary victimization** results from inadequate responses to victimization on the part of family, friends, service providers, or the criminal justice system.

Let the woman (and family) know that this feeling is quite normal, but that she might change her mind in the days, weeks, or months ahead. Tell her that she can have the medical forensic evidence collected and stored, so that if she changes her mind about talking to police, the evidence will be available. The decision to report a sexual assault to police is an important one and, for many women, a very difficult one.

8. How women may respond to a physical exam or intense probing/police interview and how can you help her?

The woman may find the cold and alien hospital environment quite intimidating. She may feel vulnerable and afraid in the presence of a physician or nurse. The pain, humiliation, and emotional distress experienced by a sexual assault survivor may increase her feelings of vulnerability. These feelings may be heightened by the examination, when she will be requested to lie on her back and examined for injuries to her private parts. If she understands the process and feels listened to, taken seriously, and respected, she may begin to regain some feelings of personal dignity and a sense of control. It is very important that there is complete privacy while examining her and anything that is said or done is done with dignity.

The counselor should also inform the woman about the nature of the police examination and the kind of questions she will be asked. She should be encouraged to ask questions, get information and also request for help if she feels she needs someone to stay with her during the police examination.

Section VII: When should the survivor be referred to a mental health professional?-

Most women may NOT need referral to a mental health professional and with adequate support from a counselor or trained nurse and support from the family, will be able to handle the emotional consequences of sexual assault.

However, it is very important that the counselor seeks advice from a supervisor regarding possible referral or stays in touch with a mental health professional to ensure that all the emotional needs of the woman are being met adequately.

It must be remembered that a psychiatric referral or a consultation with a psychologist should not add to the stigma and cause more distress to the woman. It should hence be handled in a sensitive manner and the counselor should ensure that she continues to stay in touch with the woman and the mental health professional to maintain continuity of care.

Some of the situations in which a referral is needed include-

- a. Suicidal Risk or Self Harm
- b. Severe emotional reactions such as mood swings, anger, poor concentration and impaired sleep or appetite that do not come down even after a few months and are disabling
- c. Symptoms of Post Traumatic Stress Disorder which include frequent intrusive memories of the event, difficulty in staying alone or fear of men, high levels of anxiety, nightmares and sleep problems
- d. Substance use
- e. Earlier history of a mental health problem such as Psychosis or Bipolar Disorder
- f. Presence of intellectual disability

Section VIII: Recovery and Restitution - support in reintegration, healing and recovery

We should remember that recovery and healing takes time. A similar report in the newspaper might trigger a reaction; a TV serial episode that shows violence or rape may increase anxiety. The survivor needs to be helped by professionals and family to gradually build herself and gather confidence to face the world. It is important to get her involved in day to day activities, encourage her to face the world with her head held high and also find the strength to face life after trauma.

Discussing triggers of re experiencing trauma- Even if a woman comes to you several weeks or months after the trauma, the memories may be very fresh. Also, small noises may startle her and certain smells, colours or being alone may trigger the memories of the assault and as a consequence may cause severe anxiety. The triggers may vary from woman to woman but may include – using the same route as she did on the day of the assault; seeing men who might resemble the perpetrator; objects that she had with her during the time of sexual assault; any physical contact (specially of the assault was associated with severe bodily harm); watching or reading about violence.

The counselor must educate the woman about these symptoms so that she does not think she is going crazy. Helping her with breathing exercises and relaxation methods may decrease the anxiety. She can also be instructed to anticipate these reactions so that she is prepared and she is not taken by surprise.

Ongoing counselling for Support in reintegration, healing and recovery

- Emotional support during this period by regular contact and handling emotional reactions like anger, irritability and mood swings by calming and understanding
- Reassurance that she is not going crazy,
- Encourage normal activities gradually
- Decrease shame and guilt by validating her feelings and assuring her that she was not at fault (this is a theme that will keep coming up again and again)
- Encourage interaction with family members who understand
- Help her in selecting the people with whom she wants to interact- avoid those who shame or blame; or those who feel that she was at fault.
- Allow anger – try to encourage her to express anger in healthy ways rather than at her family or friends. Make her discuss her anger and help her to write about it or maintain a diary about her feelings

Becoming comfortable with her body

Many women do not feel like looking at their bodies in the mirror or touching themselves. They may also respond aggressively if someone else touches them. Encourage her to use techniques like massage to become comfortable with her body. Yoga and Dance based therapies are also useful to help the woman relax and become comfortable with body sensations and touch.

Discussing relationship issues including sexual relationships

The husband or partner may feel quite helpless and angry and may also have to face stigma. He may not understand why the woman refuses intimacy and sexual relationships or even his touch. He may not understand the mood swings and anger that may often be directed against him. This can lead to feelings of resentment if the disruption arising from the sexual assault continues over a long period of time.

The partner needs to be educated about the normal reactions to healing after sexual assault, how anger sometimes serves a function and how the partner may also need to talk about his own emotions with the counselor.

Working with friends and relatives

Relatives and husbands/boyfriends of survivors of rape also need to be counseled. They may not understand the girls' mood swings, wonder why she gets so angry and may sometimes be insensitive about their questions. They may indirectly insinuate that she invited the rape (by going out alone, dressing in a certain way). This can result in severe emotional reactions and even self harm. So counseling the family is extremely important.

Family members, including the survivor's partner and children, and close friends may feel a range of emotions similar to those felt by the survivor, including sadness, grief, loss, fear, and anger. Feelings of anger and blame may be directed towards themselves, the survivor, or the suspect.

It is important for family members and friends to be able to voice these reactions to the sexual assault in a safe way, rather than blaming the survivor. They may need to clarify their feelings and the counselor may have to breakdown some of the myths and misconceptions about sexual assault.

Refusal to discuss the sexual assault or pretending that it didn't happen because of a belief that an assault brings shame on the family is a reaction that the survivor may have to deal with as well.

Family members may become over protective about the survivor after the assault, making sure she is never alone. This can be isolating and suffocating for the survivor, who needs to feel that she is working towards normalizing her life.

Trying to tell her to move on or to forget about it may not be useful. Sometimes just giving the time and space to heal may be ideal.

Court appearances

Court appearances can be quite traumatic as the woman may be questioned and has to re live the trauma. Most court proceedings may be conducted in camera, however, discussing the circumstances of the assault can bring forth severe emotional reactions on occasion. A woman may avoid attending court because of this. The counselor needs to prepare the woman about what might happen in court and discuss with her methods by which she will handle her reactions. These could be by using visualization techniques which help her de focus from the trauma soon after the question are over; using conversations with friends and family as a way of distracting her from thinking about the trauma.

Secondary Victimization

Secondary victimization results from inadequate responses to victimization on the part of family, friends, service providers, or the criminal justice system. Some women even call it Secondary Wounding. The survivor may feel a sense of injustice resulting from lack of information; perceived lack of interest by the police or courts, delays in the legal process; or loss of income or job resulting from the impact of the assault.

She may have been treated disrespectfully by hospital or police personnel, or she may have lacked support from her friends and family. In cultures like India, where 'honour' is considered important, secondary victimisation by family and society is not uncommon and this may have a great negative impact on a woman's mental health and increase of feelings of vulnerability.

She may feel isolated by family, friends, or others who may blame her for the incident or do not understand her mental state. They may minimize the problem or her reaction to it.

Section IX: Handling special situations- sexual assault in women with physical, intellectual and psychological disabilities

Women with disabilities are highly vulnerable to sexual assault and may have special needs. Women with intellectual disabilities may not be able to understand or report what is happening to them and may get upset because of an inability to express their distress. Mentally ill women are very often abused during an episode of mental illness and may hence not be taken seriously or maybe so disorganized that there is risk to their bodies due to unreported injuries.

Women with physical disabilities such as those who are hearing or visually challenged may need special assistance to communicate and describe what happened to them. It is very important that a counselor be aware of these issues. When needed, it might be important to take the assistance of specialist services or a concerned and caring family member. Women with mental illness should be taken to psychiatric services for treatment as soon as the initial procedures are completed.

Regardless of the disability, women with special needs will require extra care and concern, they will need to feel safe and efforts should be made to enable them to communicate their distress.