

# STREE MANORAKSHA TRAINING

## Sexual violence: Guiding Principles and Challenges in Managing Trauma



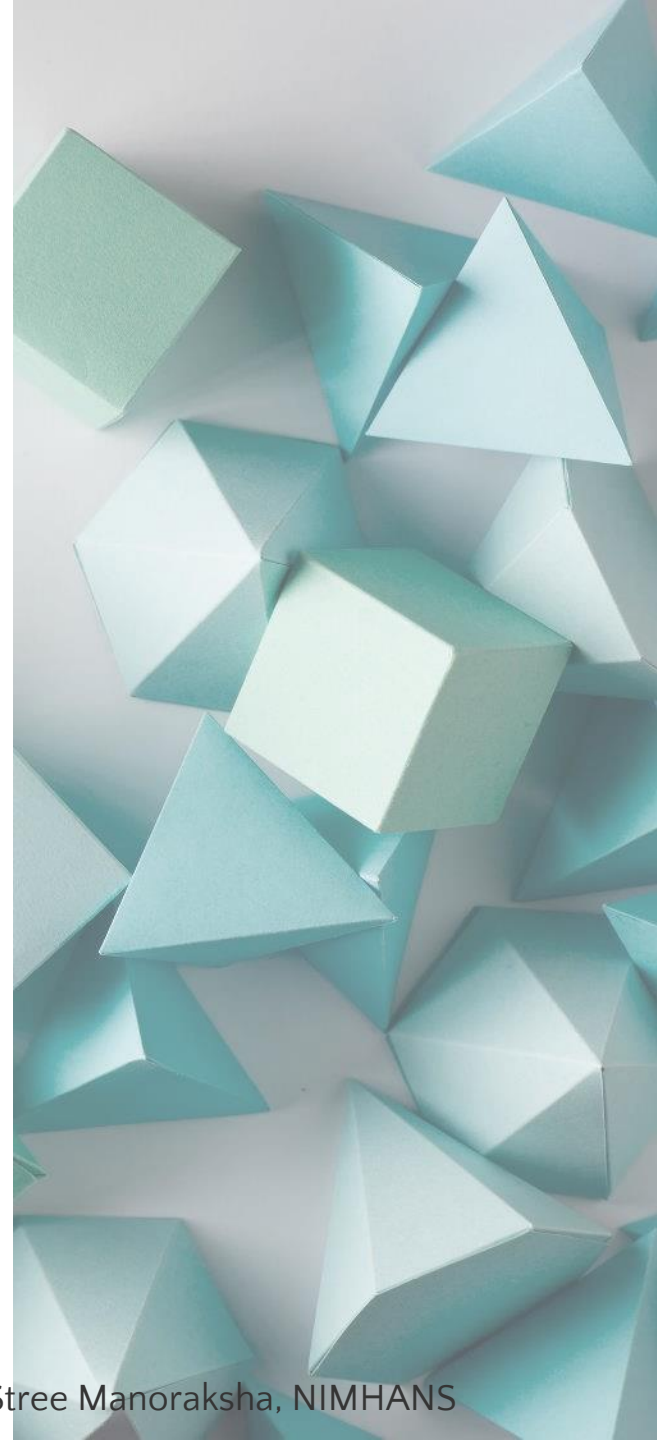
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# Learning Objectives



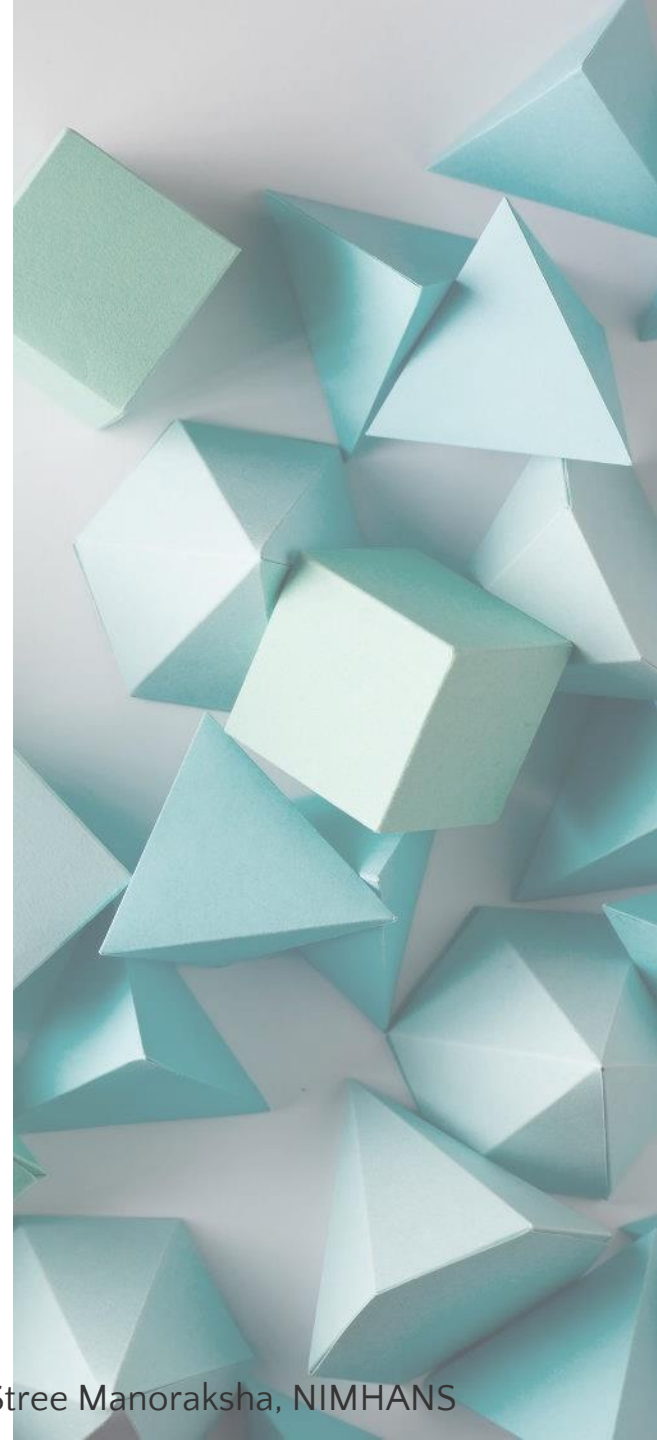
# 1. Understanding Trauma Reactions

- ❑ Immediate Psychological reactions related to trauma
- ❑ Secondary trauma from police and court procedures
- ❑ Long term psychological issues related to trauma
- ❑ Psychological reactions related to marital rape
- ❑ Factors that increase or decrease trauma



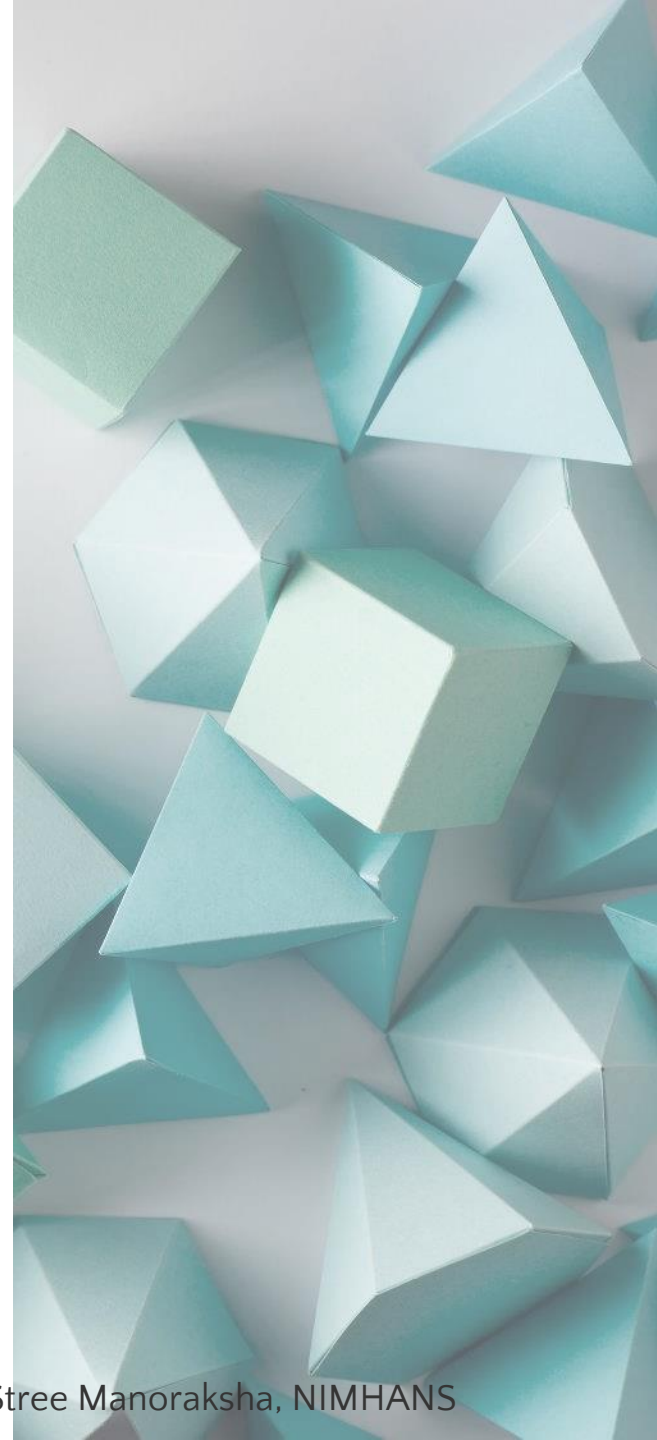
## 2. Child sexual abuse (CSA)

- ❑ Nature and Types of CSA
- ❑ Warning signs to look for in children
- ❑ Primary Guidance for handling CSA



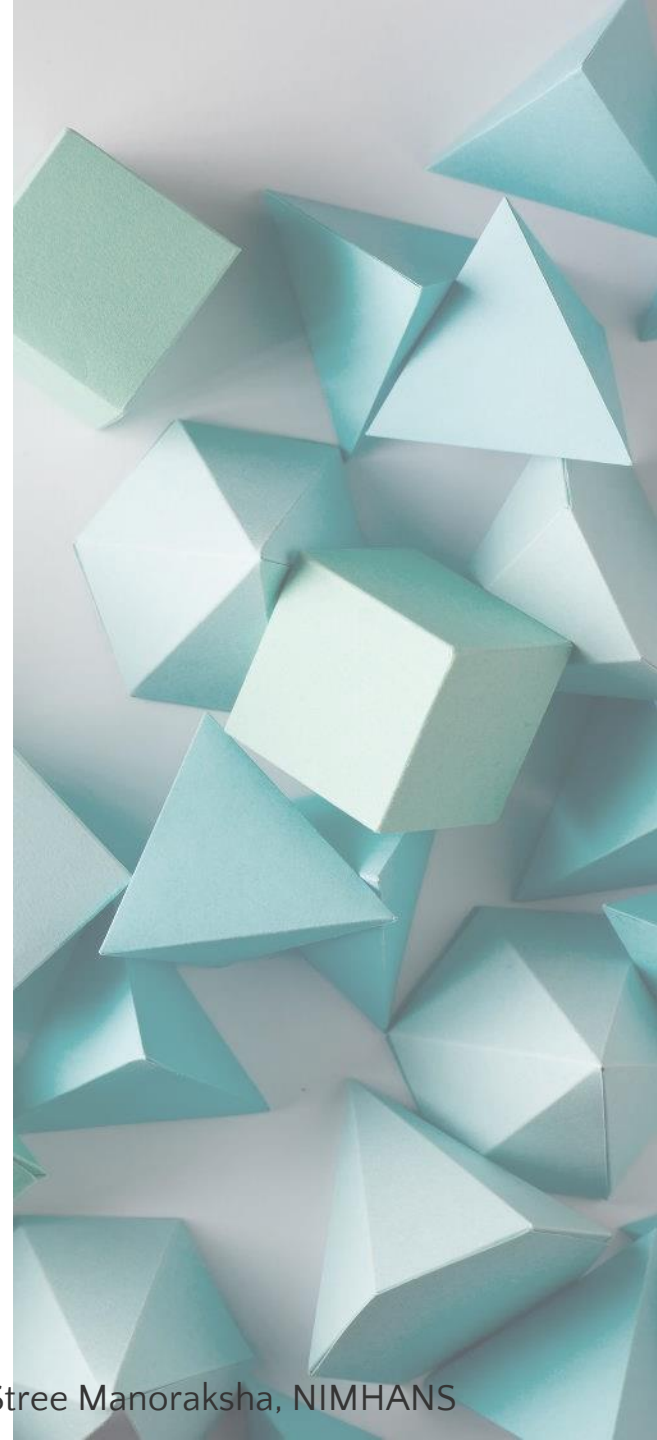
### 3. Counselling to reduce trauma

- ❑ Educating the woman about possible reactions to trauma
- ❑ Managing Reaction to triggers



## 4. Referral to a mental health professional

- ❑ When to Refer
- ❑ To Whom
- ❑ How to Refer
- ❑ How will treatment help





# Let's understand what Sexual Violence is

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**Any sexual act, attempt to obtain a sexual act,  
unwanted sexual comments or advances**

**By any person, regardless of their relationship to the  
victim**

**In any setting, including home and work**



## Types of Sexual Violence

- ❑ Coercive penetration of vagina, anus, mouth
- ❑ Attempted penetration
- ❑ Drug facilitated sexual violence
- ❑ Threats of sexual violence
- ❑ Unwanted sexual advances
- ❑ Sexual harassment
- ❑ Incest
- ❑ Sexual intercourse without the spouse's consent
- ❑ Child sexual abuse



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# What People think About Rape

Are the following statements True or False?



## What do you think?

- ❑ Women or children wearing short dresses, sleeveless or no *dupatta* provoke men to behave badly.
- ❑ Why did she not scream and shout for help when she was being sexually assaulted?
- ❑ She was raped because she went out alone at night- it was her fault!
- ❑ Children can forget about the assault and can get over it with time.

## What do you think?

- ❑ Once a woman gives consent for kissing or touching her breast, she cannot object if the man does more.
- ❑ 'If he did not touch you and he only said sexual things' it is not actually abuse.
- ❑ Married woman can never say that their husband raped them.
- ❑ An adult can show their love by kissing or touching a child's genitals.
- ❑ Sex workers cannot complain of being raped- it's their job.

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# Now Let's Understand Psychological Responses to Trauma - Ms. S

## Immediate response

Ms S, 27, works in a bank. She came early in the morning to work, and a co-worker had tried to kiss her and touch her when they were alone, without her consent.

She was shocked and felt dirty. When others came at 9 am, she could not greet anyone or smile, and She didn't feel like speaking to anyone. She quietly walked to her desk, and kept staring at her desktop, and She couldn't even work.

She told a female colleague about what happened. who made a statement – but you looked so calm this morning, and It doesn't look like you would have gone through such a terrible and scary experience.

## Secondary Victimization Response

Ms S, with a lot of difficulties, finally managed to discuss with her colleague and elder sister about the incident in detail. They suggested that they should complain to the official authority and the police.

The next day, while reporting to the HR and manager and then to the police, Ms S burst out crying. She was shaking and was very anxious.

The more questions were asked, the more she became uncomfortable and quiet, she started breathing heavily, and started feeling dizzy. After some time she fainted, and this happened every time she spoke to the office lawyer and at the medical examination.

## PTSD Response

Ms S, now 31 years old, housewife, has difficulty feeling happy or excited. She tries hard to forget the incident that happened 4 years ago but fails, as the memories keep flashing in front of her.

Whenever she sees a man in a blue shirt, or standing close to her and talking she freezes and starts sweating. She gets so frightened that she keeps her doors and windows locked.

At night she wakes up trembling; she dreams of her being attacked. She avoids watching crimes scenes or fights on TV.

When her husband tries to be intimate with her, she freezes and feels like a stone with no feelings.



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Now Let's Understand  
about Marital rape and  
trauma reactions to it.

# Marital rape

- The act of sexual intercourse with one's spouse without the spouse's consent.
- An act of marital rape is not considered as a criminal act in India.
- Women suffering from marital rape often report of being beaten or abused by her husband.
- Marital rape often goes underreported and unreported

# Marital Rape Implications

Most women fail to report marital rape as it is socially tolerated. People do not believe the experience of the woman.

Some abused women are afraid to report the violence because they rely financially on their husbands for their upkeep and children's maintenance.

Others feel unable to speak out due to fear and humiliation.

Most women continues to experience marital rape with the belief that its their 'wifely duty'.

## Case vignette

Sunita, 26 years old, married for last 3 years. Soon after a year of her marriage, Sunita got pregnant, but she was not happy about it.

Sunita tells her mother that, “I get angry, when I see him”, .....“he used to force me”, .....“I shouldn’t have married him, he has made my life miserable”

Mother tells Sunita that “He is your husband, it’s your wifely duty to satisfy him and you cannot leave him”. Sunita feels devastated

## Case vignette

Sunita has been visiting a gynaecologist for her pregnancy. The gynaecologist notices that she is not happy with the pregnancy and she tells Sunita, “If you want to share anything, please feel comfortable and say, it will remain confidential.”

Sunita felt little hopeful, and shares that her husband used to beat her and abuse her. He used to force for sexual relations every night. Even though she would say no repeatedly and report pain, he would not listen.

# What is Dissociation and Flashback?



## Dissociation:

- Experiencing flashbacks of traumatic events.
- Inability to remember things for some time.
- Losing memories about specific people, places, information, events, or specific periods.
- A blurred or distorted sense of reality.
- A feeling of numbness and disconnection towards one's environment.
- A distorted sense of place and time.
- A feeling of detachment from one's emotions.



# What is a Flashback?

- Distressing memory of the trauma.
- Unwanted & intrusive in nature.
- Reliving the trauma as if it were happening now.
- It takes over all the senses.





# To Summarize

## Immediate Psychological Reactions

Blame oneself

Numb

Confused

Frightened

Angry

Ashamed

In a Daze

## Later Psychological Reactions

Memories of the incidents flashing up

Living in constant fear

Isolating oneself

Sudden palpitation, sweating

Loss of trust

Inability to concentrate on work or studies



# Now Let's Understand about Child Sexual Abuse

## Child Sexual Abuse

- Any sexual activity with a child (under age 18) by an adult or adolescent.
- An interaction between a child and an adult where the child is used for sexual stimulation.
- These acts can include sexual touching or non-genital forms of touching behaviours,

# Types of Child Sexual Abuse

**Contact Abuse:** touching of the intimate parts

**Non-contact Abuse:** Offensive sexual remarks, observing child while undressing

**Genital Abuse:** Touching and fondling of genitals

**Non-genital Abuse:** Touching and fondling parts other than genitals

**Penetrative Abuse:** Using the penis/other objects to penetrate any orifice of the child's body

**Grooming:** method of manipulation that entails a process of engaging the child/adolescent in sexual acts

# Child Sexual Abuse : Warning signs to look for in children

## In Younger Children...

- Sexualized behaviour
- Avoidance of specific adults
- Nightmares/ Sleep disturbance
- Clingy behaviour/ separation anxiety
- Fearfulness and anxiety
- Bedwetting
- School refusal
- Decreased scholastic performance
- Medically unexplained body aches and pains

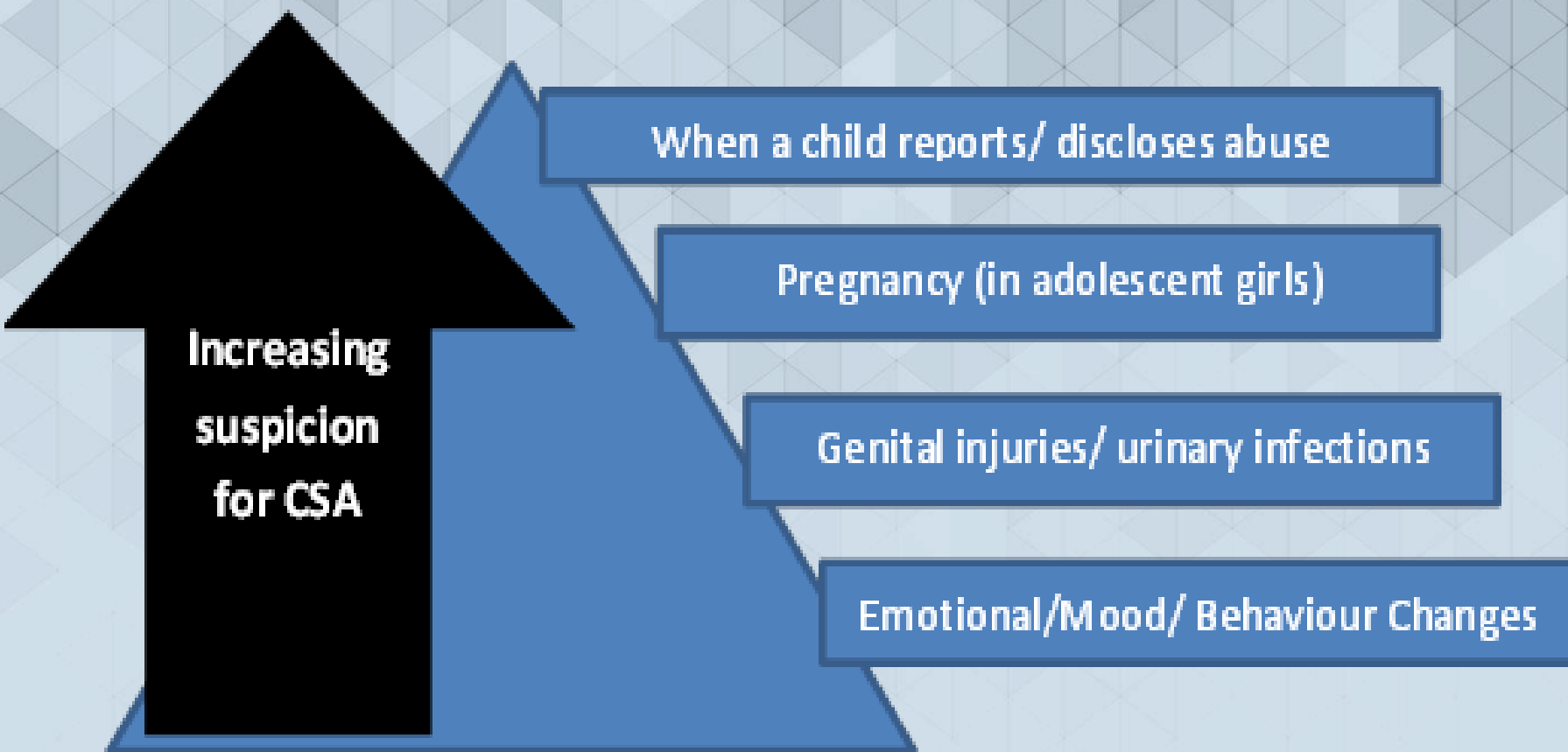
# Child Sexual Abuse : Warning signs to look for in children

## In Older Children/ Adolescents...

- Self-harm
- Depression/ isolation
- Anger
- Fearfulness and anxiety
- Sleep disturbance/ nightmares/ flashbacks
- Avoidance of specific adults
- School refusal
- Decreased scholastic performance
- Medically unexplained body aches and pains/ fainting attacks
- High risk behaviours—sexual behaviour/substance abuse/ runaway



# When to Suspect Child Sexual Abuse



# Primary response after finding out about CSA

- Reporting to CWC/ Police (Mandatory Reporting).
- Guiding/ Supporting family through Medical & Legal Processes.
- First-Level/ Emergency Response with Child
- Necessary referrals to be made
- Ensure child's safety
- Respond to children's queries and confusions
- To discuss with child's parents in a sensitive and gentle manner



# Now Let's Understand Factors that Influence Psychological Distress related to Sexual Assault

# Factors that may influence the severity of psychological distress

## **Nature of Assault**

- With Physical Violence
- Threat to Life
- Woman was drugged
- A person with her threatened or harmed
- Raped by more than one person
- Assaulted by known person (like husband)

# Factors that may influence the severity of psychological distress

## **Response of Family and Friends**

- Supportive Responses
- School, College or Workplace giving time off
- Counselling
- Not being blamed
- Not being discriminated

## Factors that may influence the severity of psychological distress

- **Perpetrator issues** – being out on bail, being in the same place
- **Media trial** - Media becoming the judge
- **Sensitivity within the system**– Health system, Police system, Legal system, Counsellor Sensitivity

## Factors that may influence the severity of psychological distress

- Past experience of traumatic events
- Childhood sexual abuse
- History of psychological problem
- Abused by relatives or known person
- Abusive family
- Homelessness
- Physical or Sensory disabilities
- Intellectual Disability





## Protective factors

- Support from family, relatives
  - School, college or workplace gives time off or provides support
- Help with work or studies
  - Trauma Counselling

## Vulnerable factors

- Re-traumatising experiences
- History of abuse or psychological problem
  - Abused in childhood
- Media and system's faulty way of handling the case
- Lack of adequate support from closed ones

## Testimony video

Identify the concept and importance of consent/partial consent.

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# Counseling after Sexual Assault



## Counselling soon after the Trauma

**L** – listen patiently, without interrupting, understand her silences, don't push her to give all details

**I** – Inquire about her physical and emotional health

**V** – Validate her responses, her decisions, Believe what she says

**E** – Ensure her safety and confidentiality

**S** – Support her throughout the procedure, provide links to support systems

## Counselling to reduce Secondary Trauma

- Assuring the survivor that the assault was not her fault
- Giving her a sense of control and agency, e.g. she decides whether she wants to file a case or whom to inform
- Providing her with the freedom to step out of the procedures anytime she wants to.
- Assuring that consent would be sought before introducing any therapeutic technique and proceeding with mutual agreement.
- Get permission before providing information to friends or family unless she cannot give consent.

# Reducing Flashbacks and Reactions to Triggers

**Identify internal or external stimuli that is a trigger – could be an event, situation or memory**

- What were the time and day?
- What was happening around you?
- Where were you at that time?
- What were you doing at that time?
- Any particular thing that you noticed? Any person, colour, place, smell, words, images?

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# Referral to Mental Health Services





# When to Refer?

- Risk of self-harm
- Depression that interferes with day-to-day activities
- Severe flashbacks, nightmares, anxiety or other symptoms of PTSD
- Psychological distress persists despite counselling
- Psychosis or severe mental illness
- Survivor is pregnant or has gone through an MTP
- Persons with intellectual disability

# To Whom?

- Psychiatrist / Child psychiatrist
- Clinical Psychologist / Child psychologist
- Occupational therapist
- Special educators
- Speech therapist
- Psychiatric Social Worker
- Counsellors
- District Mental Health Program
- Primary Care Doctor

## How to Refer?

- Set up an appointment
- Call the mental health professional and brief them about the case
- Make a referral letter
- Follow up after the referral
- Give feedback to the survivor
- Ensure careful documentation

## How will Treatment help?

- Managing the symptoms
- Improving mental health status
- Improving the day-to-day functioning
- Improving relationships among couples or family members
- Helping in reducing secondary trauma and anxiety related to evidence and procedures

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# Creating Inclusive Services and Tailoring it for persons with specific needs



## Special Groups

- Sex workers
- LGBTQI+ Communities
- Persons with Disability
- People facing caste, class or religion based discrimination

## Some Guiding Principles:

- We must not make assumptions and look at our own biases carefully.
- We must show cultural sensitivity & enable survivors to feel at ease
- We must acknowledge challenges and provide an enabling environment
- We must not show disbelief, ridicule, bias, judgemental and discriminatory behaviour (explicit/implicit comments)
- Confidentiality of their orientation, identity, the occupation must always be maintained.



# Thank you

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# Reflective Exercise: Breakout Room

Jyoti, a 19 year old girl was raped by a relative

Jyoti notices that she missed her period for two months, and has severe abdominal pain.

In the hospital her mother was told that Jyoti is pregnant. Mother and the Doctor start asking questions - who is the father? Did she had a boyfriend? Jyoti starts shivering and loses consciousness for 5 minutes.

She tells them it was the uncle. “Uncle ji used to touch me and I didn’t know what he was doing”.

The doctor and nurse say- “you could have stopped him. You are 19 year old, you should know what is wrong or right.”

Jyoti appears to be in a daze for some time and again starts trembling and falls down.



Jyoti and her mother decides to file an FIR The police asks – Were you both involved with each other? Why did you let him touch you? Why were you alone with him? And then you did not tell your mother- were you hiding something?

Feeling humiliated - Jyoti decides not to talk to the police.

She agrees to a medical examination but when the doctor tries to examine her she starts shivering and is unable to allow medical examination.

She however, terminates the pregnancy.

Following this, Jyothi goes into a shell

She stops college and refuses to meet her friends. She feels very scared about staying alone.

Often her mother finds that she looks lost as if in a daze.

She gets startled easily and stops talking to men including her own father and brother.

She often gets into a rage at small things and shouts and at times like this cuts herself

Breakout Room 1: Identify the symptoms of distress in Jyoti

Breakout Room 2: How will you help her? What are the counselling techniques?

Breakout Room 3: Will you refer her to a Mental Health Service? Why?



# PROJECT STREE MANORAKSHA



**NATIONAL INSTITUTE OF MENTAL HEALTH AND  
NEUROSCIENCES (NIMHANS), BANGALORE**

**Psychological support for women who have faced  
sexual assault:**

***Demonstrating through two videos :***

Unsupportive response

Supportive response



## ABOUT THE CASE

Anita, a 21 years old college going girl, got raped by her boyfriend Raj who is 22 years old. Anita and Raj were in committed relationship, but Raj started demanding for sexual favours, after which Anita decided to break up.

One day Raj calls Anita over his house, and he rapes her, Anita gets devastated and after the assault she runs to the nearest One Stop Centre.



# Video

## *“Unsupportive Response” & “Supportive Response”*

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**Please watch the videos carefully and observe the following:**

- Client’s body language during the conversation (eye contact, posture, hand movements).
- Counsellor’s way of responding to the client (communication skills).
- Counsellor’s attitude towards the client.
- How counsellor’s role can impact the client’s behaviour.





# PROJECT STREE MANORAKSHA



**NATIONAL INSTITUTE OF MENTAL HEALTH AND  
NEUROSCIENCES (NIMHANS), BANGALORE**

**Unsupportive response**



# PROJECT STREE MANORAKSHA



**NATIONAL INSTITUTE OF MENTAL HEALTH AND  
NEUROSCIENCES (NIMHANS), BANGALORE**

**Supportive response**

## DISCUSSION

- Identify the counsellor's skill which were helpful or unhelpful for the client.
- Discuss the changes you observed in Counsellor's and client's body language.
- Identify the statements which made the client comfortable.
- Identify the statements which helped the client in expressing her distress.
- Identify the rape myths.