

REVIEW ARTICLE

A REVIEW ON THE DIFFERENT PHYSICAL, SOCIAL AND PSYCHOLOGICAL IMPACTS AND PROBLEMS FACED BY RAPE SURVIVORS

Ankita¹, GK Singh²

¹Department of Anthropology, Panjab University, Chandigarh, India

²Department of Forensic Science, Chandigarh University, Gharuan Mohali, Punjab, India

Received: 21 April, 2021/Revision: 23 June, 2021 /Accepted: 10 July, 2021

ABSTRACT: Rape is one of the serious traumas leading to produce the long term and irreparable negative effects like as PTSD i.e. post-traumatic stress disorder, depression, suicidal attempts, health issues etc. Sex related crimes are happening in every society and across the worldwide. Often, such crimes cause serious and permanent damage to the physical and mental wellbeing of the victims if taking the form of sexual violence. The effects of such offences are as much serious as that of physical injury. The damage caused by sexual violence demands justice for the safety and preservation of female dignity. The sexual assault victims need post-assault support. The victims suffer physically, emotionally, psychologically and morally due to sexual violation. So, there is a great need to pay attention towards the mental concerns of the rape victims. The sexual assault victims need immediate medical treatment and examination. Moreover, an emotional support plays a great role in the recovery of victims otherwise lack of such support may lead the victims to suffer from psychological disorders. In this article, different social and psychological problems faced by the rape victims have been reviewed. Along with social and psychological problems, the experience of the survivors in the legal and medical system suffering from various barriers has been reviewed.

KEYWORD: Sexual assault; Psychological; PTSD; Emergency Contraception; Rape Survivors.

INTRODUCTION:

Sex related crimes are happening in every society and across the worldwide. Often, such crimes cause serious and permanent damage to the physical and mental wellbeing of the victims if taking the form of sexual violence. The effects of such offences as much serious as that of physical injury. The damage caused by sexual violence demands justice for the safety and preservation of female dignity. Across the worldwide, about twenty percent of the women are

the victims of sexual assault in the childhood. Whereas, higher rate of such offence is found in the Asian countries [1]. Rape is one of the serious traumas leading to produce long term and irreparable negative effects like as PTSD i.e. post-traumatic stress disorder, depression, suicidal attempts, health issues etc. The sexual assault victims need post-assault support. About 26-40% of the victim's report to the police and look for prosecution through CJS (criminal justice system). Whereas about 27-40% looking for the medical and forensic examination, while

Corresponding Author:

Gaurav Kumar Singh,

Department of Forensic Science, Chandigarh University, Gharuan Mohali, Punjab, India

Email- gauravkumar.uips@cumail.in



approximately 16-60% get the mental health facilities [2]. According to the report of National Crime Record Bureau 2013, the crimes like sexual assault, rape, sexual violence against women are rapidly on rise in India [3]. It is very challenging for the mentally retarded people to find out whether they will be eligible to proceed as a witness because such kind of people rarely appear in the courtrooms as witness. And the situation becomes more difficult when the mentally retarded person as the victims of sexual assault is the only witness against the accused. Because such victims have to face the rigorous psycho-legal difficulties. In the distressing situations, the mentally disturbed person becomes more distressing, confused and face difficulties in speech. Subsequently, they may be considered as the unreliable witnesses and the case will be dismissed if there is mentally retarded rape survivor appearing as witness and ultimately, the person responsible turns out free. The outcomes of this failure often encourage the offenders for continued assault, abuse without any fear [4]. Rape is defined as the forceful penile penetration of a woman to achieve the penile-vaginal contact without her consent or if the girl is minor or not in good state of mind. As per the information, about 60-80% of the rape cases remain unreported. Accordingly, also mentioned in the IMA report of 1995 that the rape, sexual assault or sexual violence are mostly the unreported crimes. These are the depressing facts of the life. The victims suffer physically, emotionally, psychologically and morally due to sexual violation. So, there is great need to pay attention towards the mental concerns of the rape victims [5]. In India, there are various laws passed for providing the health care to the rape victims or survivors. The law passed includes the Protection of Children from Sexual Offences Act (POCSO) 2012, Protection of Women from Domestic Violence Act (PWDVA) 2005 [6]. The sexual assault victims need immediate medical treatment and examination. As the victims are suggested to look into the emergency departments for the medical needs but there, they don't receive that treatment as they're supposed to be. So, to fulfil those needs, a separate program has

been created by the nurses across the United States i.e. SANE (Sexual Assault Nurse Examiner) to provide the medical treatment, care, support to the assault victims to the twenty-four hours a day. [7]

In this article, different social and psychological problems faced by the rape victims and the experience of the survivors in the legal and medical system suffering from various barriers have been reviewed.

SEARCH STRATEGY –

For this article entitled - '**different physical, social and psychological impacts and problems faced by rape survivors**', the studies were selected only which were involving the different social, physical and psychological problems faced by the rape victims. A database full text search was performed to identify the relevant peer- reviewed journal articles. The studies were identified by searching the databases 'PubMed', 'Research gate,' 'Google scholar', 'Scopus', 'Springer' etc. keywords used to find the relevant studies were- *Sexual assault; Psychological; Social; Emergency Contraception; Rape Survivors*. A total of about 22 articles met our search criteria were included in this article. The following sections in the article describe about all those relevant studies. The recently released data of National Crime Record Bureau was also studied to identify the percentage rate of sexual assault or rape cases from the past years.

LEGAL SYSTEM –

The rape prosecution is a very complicated and multi-stage procedure and victims report first to the police officer whom they describe about the assault happened. Many victims are discouraged mostly from reporting. What happens actually during this process is basically unknown. But the general insight of police officers observed is mostly negative. There is a need of education within our society to dismiss the rape myths, especially among the police officers that such myths must not have any impact on the

services level that they are supposed to provide the actual sexual assault victims. ^[8]

MEDICAL SYSTEM –

The victims often experience long queues in the emergency departments of hospitals and while waiting they are not supposed to eat anything with a purpose that not to demolish any physical evidence of the assault. Evidence collection and explanation procedure are often performed imperfectly. There is an absence of training and skills among the staff of emergency department in the hospital who are dealing with sexual assault forensic examination. Because there are some victims who needs some other medical needs such as knowledge about the risk of STDs (sexually transmitted diseases) (e.g. HIV-AIDS) and the treatment for the same if transmitted through the assault ^[2]. So, overall the experience of the assault survivors with the medial system is found out difficult ^[9]. The access of women for the legal abortion may be difficult for many reasons such as objection from the health care professionals for more medical examinations, judicial purpose. So, there are so many barriers which may cause harm to the female victims due to the delay in offering health care ^[10]. There are also more rising concerns about not providing the emergency contraceptives to the rape survivors in many emergency departments of hospitals. ^[11] The awareness about the emergency services and the contraception is not still well developed in the medical community. So, there is a need to spread awareness and provide knowledge about the emergency contraception and also other medical facilities so that the victims should get proper medical care. There are so many barriers which prevent the victims from getting the proper care and facilities. ^[12]

STATISTICAL ANALYSIS OF VICTIMS OF SEXUAL ASSAULT –

Sexual offence happens in every society and women are the victims in most of the time causing both physical and mental trauma to them. Sex-violence demands justice for protection and preservation of dignity of women. ^[1]

According to the NCRB data 2018, one rape case was reported after 15 minutes on an average in India. There were about 34,000 rape cases reported by women, out of them 27% led to convictions and about 85% were put on charges. ^[13]

Table. 1- Number of cases registered from the year 2005 to 2018 ^[14]

Year	No. Of cases registered
2005	18,359
2010	22,172
2011	24,206
2012	24,923
2013	33,707
2014	36,735
2015	34,651
2016	38,947
2017	32,559
2018	33,356

MALE VICTIMS OF SEXAUL ASSAULT –

Although the sexual offences with males happens less commonly as compared to females and also it is neither unusual nor limited to the all-male population like as those in prisons or jails. The studies have found that both men and women are assaulted by the strangers at the same rate. But there is a higher percentage of male victims assaulted who are identified as gay, bisexual etc. and become the victims of sexual assault by their lovers, friends, family members, colleague and completely unknown individuals. The motive of the assailant behind sexual assault is the demand for sexual satisfaction from a lover, friend; humiliating the victim in form of gay-bashing, using power and trying to put control over the victim. The male victims are tackled by

those whom they depend upon if they try to report the crime. Understanding the reality of male victims is somewhat crucial if they try to get justice and needed services in the community and legal settings. [15]

RESPONSE OF OTHERS TOWARDS ASSAULT VICTIMS –

The closed ones of the victims have no experience how to deal with the victims, guide them, what to say and what to avoid and they often feel endangered by the victims' suffering. So, for such reasons, the response of other goes wrong instead of helping the victims. The uncooperative attitude of others may include leaving away, disapproval, unproductive help, extreme help or unsuitable help. Those who are helping and working with victims need to take care about the behaviour with the victims. For understanding all such issues, counselling process should be there for the survivors. [16]

MEDICOLEGAL ASPECTS IN INDIA –

There are several laws passed for the victims of sexual and domestic violence in India which comprise the '*Protection of Women from Domestic Violence Act (PWDVA) 2005*', '*The Protection of Children from Sexual Offences Act (POCSO) 2012*,' and some related clauses on sexual offence in the '*Criminal Law Amendment Act 2013*'. The laws illustrate that both public and private hospitals provide emergency treatment to the victims of sexual violence. But it has been found that the medical system in India mistreat and misbehave with those survivors. POCSO 2012 Act mandates that all the medical and emergency services and care should be provided to the children who have been raped also providing the abortion access. According to the policy guidelines and protocols issued by the Ministry of Health and Family Welfare that immediate treatment including the emergency contraception and abortion services should be provided to the survivors of rape or sexual violence. But in reality, it happens differently, those survivors

usually become pregnant including both girls and women, also suffer from the technical gaps, number of barriers for the access of abortion services [17]. India is usually mentioned as developing country with progressive human development and rapidly growing economy. However, the reporting of sexual violence, rape or sexual assault have been increased in India over the last few ten years which is a matter of great concern [18].

PROBLEMS RELATED TO MEDICAL TERMINATION OF PREGNANCY –

Rape survivors also face many difficulties within the medical system while looking for emergency contraception. About 20-30 % is able to receive the emergency contraception facilities while one third of the victims get the STDs – HIV, syphilis etc due to assault. About 40-49% is found with the risk of pregnancy [9]. Often the rape victims are also mistreated by the health system. They don't treat them in a good way as they are supposed to be got treated. The Indian laws mandate the punishment if the health system fails to provide immediate cure such as emergency contraception and abortion of the sexual violence survivors. Apart from that, victims who become pregnant experience the gaps in the procedures and many other obstacles in accessing the abortion services. The following barriers are responsible for the refusal of abortion services. [5]

BARRIERS –

There are so many barriers to access the abortion services for the survivors of sexual violence. Such barriers have been described as below-

1. Abortion refusal on first pregnancy –

Female victims are told that abortion may cause infertility which will be a threat to them.

2. Wrong information about contraception pills –

Females who faced early-stage pregnancy and required contraceptive pills have refused. The providers gave the misinformation that pills may

cause serious bleeding which can be treated by surgery only.

3. Abortion offered only if women give consent to contraception –

Women with two or more children were offered abortion if they give their consent for the sterilization to avoid the pregnancies in future or get agreed for Copper-T IUD sterilization methods. Such conditions are kind of medical abuse and also have a long history in India.

4. Persistence on spouse consent –

One of the greatest barriers is woman asking for the spouse consent for the abortion services. It is clearly mentioned in the law that only the consent of the adult or married women is required but many practitioners enforce on the spouse consent or approval. The approval of parents or any guardian is required when there is a case of a minor below the 18 years of age. The critical issue arises in case of marital rape when the women want abortion but her spouse wants to exercise control or power over them.

5. Denial of abortion in the public sector –

The most common barrier among all that every women face having abortion in the common public health sector which ultimately force them to look in the private sector if they can pay enough or usually leading to insecure abortions which is most common in our country. According to the data collected, it has been observed that majority of the Indian women had abortion at the private sector. Otherwise, the only option left for them is to persist with the unwanted pregnancies which further make them more endangered if they are already suffering from the abusive condition at home.

6. Looking for abortion beyond the time limit –

As per the survey conducted, it was found that spouse of the women were controlling them and prohibiting the access to a health service seeking for the abortion and also their antenatal registration was found which was beyond the 20 weeks of pregnancy.

Not even a single woman out of those want to continue the pregnancy but later they refused because the pregnancy was beyond the legal limit. ^[17]

PSYCHOLOGICAL IMPACTS OF SEXUAL ASSAULT ON VICTIM-

Victims suffer from psychological effects which could be long lasting. They are likely to suffer from the post-traumatic stress disorder (PTSD), alcohol and drug abuse, suicidal behaviour, depression etc. Victims may face the lack of sensation, shock, panic, confusion, increased anxiety etc. The psychological impacts of sexual assault have been found as PTSD which have been added in the third edition of Diagnostic and statistical manual of mental disorders in 1980.

Victims may suffer from the following psychological problems-

1. PTSD, depression
2. Alcohol and drug abuse
3. Suicidal attempts
4. Sleeping disorder
5. Flashbacks of sexual assault
6. Personality disorder ^{[19][20]}

SOCIAL IMPACTS OF SEXUAL ASSAULT ON VICTIMS-

Rape is a stigma in our society as the one who was virgin earlier after the rape incidence is noticed as destroyed in the society. After such behaviour of the society, the victim feels isolated. Even they are rejected by the family members, friends and also rejected for marriage and get divorced or killed sometimes. Henceforth secondary victimization is characterized as the re-traumatization of the assault or rape casualty through un-sympathetic reactions of people, society or establishments ^[5]. Sexual violence and rape have overwhelming impact on the victims as they face many social, physical and psychological issues. Social support plays a great role in the

recoveries of the rape victims. Social support means the support from the family, friends and social services but all of them give variety of reactions to the victims. Social support is a combination of both the positive and negative social reactions as both kinds of reactions related to the physical and psychological outcomes. The positive reactions mean 'being a good listener to the victims, understanding and believing them' while the negative social reactions mean 'blaming the victims as they are own responsible for the rape attempt'. Moreover, an emotional support plays a great role in the recovery of victims otherwise lack of this support may lead the victims to suffer from psychological disorders ^[21]. Some of the impacts and trauma with which the rape victims suffer have been described as below-

1. Physical and Psychological trauma –

The sexual assault cases lead to physical as well as long term psychological trauma which demolishes the entire life of both direct and indirect victims. Direct victim means which is actually assaulted and indirect victim means the spouse, family, community and the whole population etc. Even after several years of such incidents, the victims still suffer from the effects of psychological trauma. The victims including the child victims of sexual assault suffer from depression, inappropriate behaviour, complicated childbirth, infection in urinary tract, menstruation problems and moreover the sexually transmitted infections and diseases for example – HIV/AIDS, syphilis etc.

2. Risk of unwanted pregnancies and unsafe abortions-

In many nations, abortion is prohibited whether it is a case of rape. Thus ultimately, risk of unwanted pregnancies and unsafe abortions increases. The children born from the rape –victims suffer from the higher risks of infanticide, dishonour and discrimination.

3. Rejection by society -

Apart from physical and psychological traumas, rape survivors also suffer from the humiliation, rejection, dishonour, stigmatization by the family, society, community. As our society directly relates the dignity and value of a woman with the virginity, marriage, child bearing. The young girls becoming the victims of sexual assault suffer from many consequences like they suffer many difficulties in finishing her studies due to the fear, dishonour and disgrace. There are reduced chances of getting married; becomes the second or third spouse of a man; her baby is not accepted by her husband etc. There is a high risk of being neglected or rejected by the family members. If they are not protected by anyone or not getting any care and support; then there are a number of chances to become the easy victims of sexual violence and remain as sex workers for their survival. As a survival sex –worker, she will be considered as a 'prostitute' rather than the one who is surviving for her protection, safety and rights; rejected by the community and victimized over and again.

4. Loss of social & ethical values and custom –

Weak,unproductive and non-co-operative legal system instead of preventing and taking more strict action against sexual violence; but they have established an environment where the number of such cases are rising and women have accepted it as a fact of daily life. ^[22]

DISCUSSION:

Sex related crimes are happening in every society and across the worldwide. Often, such crimes cause serious and permanent damage to the physical and mental wellbeing of the victims. The damage caused by sexual violence demands justice for the safety and preservation of female dignity. Across the worldwide, about twenty percent of the women are the victims of sexual assault in the childhood. According to the report of National Crime Record Bureau 2013, the crimes like sexual assault, rape, sexual violence against women are rapidly on rise in India. There is also a higher percentage of male victims assaulted who are identified as gay, bisexual etc. and become the victims of sexual assault by their lovers, friends, family members, colleague and completely unknown individuals. Those who are helping and working with victims need to take care about the behaviour with the victims. For understanding all such issues, counselling process should be there for the survivors. In India, there are various laws passed for providing the health care to the rape victims or survivors. The law passed includes the Protection of Children from Sexual Offences Act (POCSO) 2012, Protection of Women from Domestic Violence Act (PWDVA) 2005. The sexual assault victims need immediate medical treatment and examination. As the victims are suggested to look into the emergency departments for the medical needs but there, they don't receive that treatment as they're supposed to be. Rape survivors also face many difficulties within the medical system while looking for emergency contraception. There are so many barriers to access the abortion services for the survivors of sexual violence. Victims suffer from psychological effects which could be long lasting. They are likely to suffer from the post-traumatic stress disorder (PTSD), alcohol and drug abuse, suicidal behavior, depression etc. Moreover, an emotional support plays a great role in the recovery of victims otherwise lack of this support may lead the victims to suffer from psychological disorders.

CONCLUSION:

As we all know that the rape is considered as a stigma in our society and those who become the victims of it are treated as destroyed by our society. The children, girls and women, who face this stigma, also face many problems post-assault. SANE programs play a significant role towards the care of rape victims as they are providing extensive medical treatment, legal help as well as emotional support. There is a need to develop more programs in the country to provide all the possible medical services, care, and support to the rape survivors. Also, more studies should be conducted to find out the causes, study the impacts and to develop best possible approaches for the rape victims. There should be strict laws and actions should be taken against the perpetrator. So, that every woman can feel safe, protected in every corner of the society, nation and across the world.

RECOMMENDATIONS

Although, it is very complex to overview all the aspects and factors in different parts of such a large and varied nations such as India. But it might be possible to find similar factors which are on rise in other nations. There is a need to conduct ethnographic research in depth in India having discussion and interviews with both women as well as men. There is undoubtedly a great need to do more work and research in this field to establish the best possible approaches for the women and men for the healthy mental, physical and psychological as well as in our legal system.

Abbreviations –

POCSO - Protection of Children from Sexual Offences
PWDVA- Protection of Women from Domestic Violence Act
CJS - Criminal Justice System
HIV-AIDS Human Immunodeficiency Virus - acquired immunodeficiency syndrome
IMA- Indian Medical Association
NCRB - National Crime Records Bureau,
PTSD - Post Traumatic Stress Disorder
SANE - Sexual Assault Nurse Examiner
STDs - Sexually Transmitted Diseases

REFERENCES:

- [1]. Tamuli RP, Paul B, Mahanta P. A statistical analysis of alleged victims of sexual assault—a retrospective study. *J Punjab Acad Forensic Med Toxicol*. 2013;13(1):7–13.
- [2]. Campbell R. The psychological impact of rape victims. *American Psychologist*. 2008;63(8):702.
- [3]. Sarkar J. Mental health assessment of rape offenders. *Indian Journal of Psychiatry*. 2013;55(3):235.
- [4]. Calitz FJ. Psycho-legal challenges facing the mentally retarded rape victim. *South African Journal of Psychiatry*. 2011;17(3):66–72.
- [5]. Chabra S, Rai D, Chacko KA. The emotional and psychological aspects of rape. *Journal of Evolution of Medical and Dental Sciences*. 2014;3(34):9001–10.
- [6]. Bhate-Deosthali P, Rege S. Denial of safe abortion to survivors of rape in India. *Health and Human Rights*. 2019;21(2):189.
- [7]. Campbell R, Townsend SM, Long SM, Kinnison KE, Pulley EM, Adames SB, Wasco SM. Responding to sexual assault victims' medical and emotional needs: a national study of the services provided by SANE programs. *Research in Nursing & Health*. 2006;29(5):384–98.
- [8]. Sleath E, Bull R. A brief report on rape myth acceptance: differences between police officers, law students, and psychology students in the United Kingdom. *Violence and Victims*. 2015;30(1):136–47.
- [9]. Campbell R. Rape survivors' experiences with the legal and medical systems: do rape victim advocates make a difference? *Violence Against Women*. 2006;12(1):30–45.
- [10]. Diniz D, Madeiro A, Rosas C. Conscientious objection, barriers, and abortion in the case of rape: a study among physicians in Brazil. *Reproductive Health Matters*. 2014;22(43):141–8.
- [11]. Smugar SS, Spina BJ, Merz JF. Informed consent for emergency contraception: variability in hospital care of rape victims. *American Journal of Public Health*. 2000;90(9):1372.
- [12]. Schaper YF. Emergency contraception for rape victims: a new face of the old battleground of legal issues in the bi-partisan abortion politics in the United States. *Rutgers Law Record*. 2005; 29:1.
- [13]. Reuters. NCRB data 2018: 1 rape reported every 15 minutes in India. *India Today*. 2020 [cited 2021 Jun 25]. Available from: <https://www.indiatoday.in/india/story/ncrb-2018-woman-reports-rape-every-15-minutes-in-india-1635924-2020-01-11>.
- [14]. Statista Research Department. Total number of rape cases reported in India from 2005 to 2019. *Statista*. 2021 [cited 2020 Jul 27]. Available from: <https://www.statista.com/statistics/632493/reported-rape-cases-india/>.
- [15]. Bullock CM, Beckson M. Male victims of sexual assault: phenomenology, psychology, physiology. *Journal of the American Academy of Psychiatry and the Law Online*. 2011;39(2):197–205.
- [16]. Davis RC, Brickman E, Baker T. Supportive and unsupportive responses of others to rape victims: effects on concurrent victim adjustment. *American Journal of Community Psychology*. 1991;19(3):443–51.
- [17]. Bhate-Deosthali P, Rege S. Denial of safe abortion to survivors of rape in India. *Health and Human Rights*. 2019;21(2):189.
- [18]. Neuman S. The issue of sexual violence against women in contemporary India. 2013.
- [19]. Harris L, Freccero J, Crittenden C. Sexual violence: medical and psychosocial support. *Berkeley: Human Rights Center*. 2011.
- [20]. Foa EB, Rothbaum BO, Riggs DS, Murdock TB. Treatment of posttraumatic stress disorder in rape victims: a comparison

- between cognitive-behavioural procedures and counselling. *Journal of Consulting and Clinical Psychology*. 1991;59(5):715.
- [21]. Campbell R, Ahrens CE, Sefl T, Wasco SM, Barnes HE. Social reactions to rape victims: healing and hurtful effects on psychological and physical health outcomes. *Violence and Victims*. 2001;16(3):287–302.
- [22]. Bosmans M. Challenges in aid to rape victims: the case of the Democratic Republic of the Congo. *Essex Human Rights Review*. 2007;4(1):1–2.

Cite of article: Ankita, Singh GK. A review on the different physical, social and psychological impacts and problems faced by rape survivors. *Int J Med Lab Res*. 2021;6(2):46–54. <http://doi.org/10.35503/IJMLR.2021.6206>

CONFLICT OF INTEREST: Authors declared no conflict of interest

SOURCE OF FINANCIAL SUPPORT: Nil

International Journal of Medical Laboratory Research (IJMLR) - Open Access Policy

Authors/Contributors are responsible for originality of contents, true references, and ethical issues.

IJMLR publishes all articles under Creative Commons Attribution- Non-Commercial 4.0 International License (CC BY-NC).

<https://creativecommons.org/licenses/by-nc/4.0/legalcode>

