MINDSCAPE OF VIOLATION

A Psychological Analysis of Rape

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Dedication

To the two great ladies “Mrs. Zahida Begam” (Mother) & ‘Mrs. Kehkashan Anjum” (Mother-in-Law). Maan! without both of your Dua, I could never be what I always wish to be.

Yours Kehksha (Zainab)

Preface

There was a time back in the late 90s when the term "Rape or sexual violence" was quite far away from the talk of the town. But as time went by, it became one of the most discussed topics in India, and the whole country was in utter shock when the "Nirbhaya Rape incident" occurred on one of the coldest nights of December 2012. That was the heinous rape case in its own nature, and with the occurrence of this, the world started calling Delhi "rape capital". That was the first time, India had witnessed a massive protest against sexual violence. Later on, so many rape cases occurred in India, leaving the world traumatized. These cases created outrage throughout the country, but unfortunately, people usually forget these incidents after some time. What happened to those who survived such violence is merely the topic of the debate or discussion. Knowing the motives behind sexual violence, factors contributing to these crimes, or rebuilding survivors' lives remains a concern for very few. People generally consider the sexual crimes as the victim's fault and make the victim's kith and kin stand in the queue of disrespected units of society.

We have been witnessing this scenario for a long time, and it has deeply perplexed us. Then, we decided to dig into this topic in-depth so that we could make society more aware of the varying nature of sexual violence. It's essential for people, regardless of age, gender, caste, class, or any other attribute they possess, to know about sexual crimes and how severely they affect the survivors and their families. The first section of the book gives a glimpse into the nature of sexual violence and discusses the probable causes that contribute to sexual crimes. In the second section, the effects of the sexual crimes on the survivors and the people around them have been discussed. Rape is not the sort of crime that merely affects the survivor or her family for a short period; rather, it has long-lasting scars not only on survivors but on society as a whole. It does not just affect the body, but also the mind and soul. Neurocognitive, personal, social, psychological, occupational, and other domains of survivors' lives and their families get substantially affected. This section

will help readers understand every aspect of the survivor's experience of such crimes. The third section of this book is more helpful for those who want to see a world without the wounds of sexual crimes. In this section, numerous eastern and western psychotherapeutic modalities have been explained which are helpful for survivors, mental health professionals, and every individual working with the people who have survived sexual violence.

The goal of this book is to create awareness among all sections of society. Every chapter of this book is unique in its own way and provide the better understanding of sexual violence. Even if a single individual benefits, we will consider that the purpose of this book fulfilled.

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Foreword

Sexual violence and rape are a grave violation of human dignity with far-reaching psychological, neurological, social, and cultural consequences. Despite growing awareness, it continues to persist, often sustained by silence, stigma, and deeply rooted societal norms. This book is a timely and significant contribution to the understanding of rape and sexual violence in all their complexity. The volume offers a comprehensive and multidisciplinary examination of sexual violence and rape, exploring its psychosocial origins, cognitive distortions, cultural legitimization, and neuropsychological impacts. Equally compelling is its sensitive and survivor-centered focus, which illuminates the profound emotional and psychological aftermath of rape while emphasizing recovery, resilience, and healing. By integrating criminology, victimology, trauma science, psychotherapy, and culturally informed approaches, this book bridges theory and practice with remarkable clarity. It challenges victim-blaming narratives, amplifies survivor voices, and underscores the transformative role of support systems and therapeutic interventions. This work will be an invaluable resource for mental health professionals, researchers, educators, policymakers, and advocates. More importantly, it stands as a powerful call to break the silence, foster empathy, and promote informed, trauma-responsive action against rape.

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Dr. Renu Tiwari is an Assistant Professor in the Department of English at CSJM University, Kanpur, India. She holds a PhD from Aligarh Muslim University, where her research critically examines psychological distress and emotional suffering through the lens of trauma theory, with a particular emphasis on Hardy's poetic representations of war. Her academic interests span trauma studies, postcolonial literature, war poetry, gender & identity, modern British fiction, and psychoanalytic literary criticism. Dr. Tiwari has presented her work at various national and international conferences and has published scholarly articles in reputed peer-reviewed journals. Her current research

explores trauma narratives in postcolonial contexts and the intersections of literature, memory, and socio-political structures. A dedicated scholar and educator, Dr. Tiwari continues to contribute meaningfully to contemporary literary discourse.

Dr. Arshi Khanam is a Consultant Neuropsychiatrist who possesses more than five years of academic experience in the field of psychiatry and its related disciplines. Dr. Khanam earned her MBBS from Patna Medical College of Aryabhatta Knowledge University, and subsequently obtained her MD in Psychiatry from Jawaharlal Nehru Medical College & Hospital at Aligarh Muslim University. She has also served as a Senior Resident at All India Institute of Medical Sciences (AIIMS), Patna. Currently, she has been serving as specialist medical officer in the department of Psychiatry, Sadar Hospital, Jharkhand, India. Her research interests encompass anxiety disorders, schizophrenia, and post-traumatic stress disorder (PTSD).

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Chapter 1
Introduction of Rape and Sexual Violence

Dr. Kehksha

Sexual violence is a broad term that includes any sexual act that is imposed, coerced, and/or forced onto another person. In this category, sexual assault, sexual abuse, sexual violation, rape, and attempted rape all are included (Gavey, 2014). Rape can be committed by a male or female against any gender (Trottier, Laviolette, Tuzi, & Benbouriche, 2025), but it's mainly committed by males against females (Pandey, 2023). In this chapter, we will discuss rape as the most prevalent form of sexual violence committed against women. Rape is not a new crime, but it has been prevalent for a long time in different forms. The term "Rape" basically originated from the Latin word "*Rapere*", which means "to snatch, to grab, or to carry off" (Burgess-Jackson, 1999). Figuratively, rape doesn't snatch anything from the victim but her identity, autonomy over her own body, and the wish to live respectfully in society. In other crimes like robbery, the attack is financial, or in murder it's physical, but when a woman is raped, it's an attack on every aspect of her life. It is one of the heinous crimes in its own nature. It doesn't simply involve the act of possession over somebody's body, but it's an act of refusing the existence of an individual as a human. When sexual violence occurs, it tarnishes a woman's personal, familial, social, and occupational identity. In this sense, rape should be defined through various perspectives. Section 63 of Bharatiya Nyaya Sanhita (BNS) conceptualized rape in four acts, i.e., penetration, insertion, manipulation, and application.

Comprehensively, according to BNS, rape is an illicit sexual act in which a man penetrates his penis into a woman's vagina, mouth, urethra, or anus, or inserts any object or his body part into any cavity of woman's

body, manipulates her body that could lead him to penetrate, or applies his mouth in the aforementioned cavities. Some other conditions are also assimilated in defining rape in BNS, i.e., a sexual act should be done against woman's will, without her consent, with or without her consent when she is below 18 years of age, done by fraud/ fear, and when she is unable to communicate consent (Mishra, 2026). Rape should also be explained through clinical glass. Clinicians and therapists have defined rape in the context of treatment. In some cases, it has been noticed that some rape victims recover faster than others, regardless of the intensity of the crime (Thomas, Alexander, Jayachandran, & Kallivayalil, 2022). Therefore, Groth (1979) postulated that rape should be defined in terms of the victim's perception, along with the effect of the crime rather than the intention of the perpetrator (Groth, 1979). Groth and Hobson (1983) further suggested that rape is a sexual aggression that is not sexually motivated. In some of the rape cases, the actual motive of the rapist is not just to get sexual pleasure from the victim, rather it's an effort to harm the victim or her family' social identity. We have witnessed this scenario in the Mukhtaran Mai gang rape case occurred in 2002 in Pakistan. Some men of the wealthy Matsoi tribe gang raped Mukhtaran Mai (belonging to the other tribe) to take "honor revenge" from her family, and pathetically, it was all done by the order of the local tribal council (Mai & Cuny, 2006). A similar pattern was noticed in the Nirbhaya rape case, which occurred in 16 December, 2012 in India. Six men raped the girl (Nirbhaya) and harmed her so brutally that she couldn't be saved and succumbed to the injuries later (Geddada, 2017). These examples make us ponder that, whatever the intention of the rapist behind rape, the main thing is harming the victim with sexually aggressive acts rather than having solely sexual pleasure. That's why Groth and Hobson (1983) conceptualized rape as the sexual expression of aggression against a woman without her consent, where a non-sexual purpose is primarily served (Groth & Hobson, 1983). Robin Morgan (1941) argued that any sexual intercourse that is not initiated by the woman or initiated without her genuine affection and desire should be considered as rape. This definition is very comprehensive and contains the soul of sexual violence against women. World Health Organization (WHO) defines rape as any sexual act, attempt to obtain a sexual act, or

other act directed against a person's sexuality using coercion, by any person, regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part, or object, attempted rape, unwanted sexual touching, and other non-contact forms (WHO, 2024). When we analyze religious scriptures in terms of rape, we find that most of the world's religions, including Abrahamic religions, consider rape an immoral act that the authorities should punish. Although the term "rape" is not explicitly mentioned, adultery or sexual relation with other than the legitimate partner have been discussed in detail in these scriptures (Thiede, 2024). Regardless of the time and culture, nobody could affirm rape as a normal thing. It is considered as one of the most vicious crimes against women, whether committed by luring her or with physical force (Rahimah, Hidayat, & Hati, 2025).

Rape is not necessarily committed only by strangers; rather, it can be committed by anybody anywhere; in the home, at the workplace, in schools, on the ICU bed of a hospital, and even in a moving car (Oram, 2019; Asnani, 2025; Bharathi, 2025). Multiple factors are responsible for rape crimes committed against women. The latest report of the National Crime Record Bureau (NCRB) shows that rape is mostly committed against girls who are aged between 18 and 30 years (66% of all rape crimes), and who step outside of home for work (Pandit, 2024). This data is very unfortunate and scary for the women striving to be financially independent. Though young women are at greater risk of sexual violence and rape, nobody can assure that women outside this age range are safer. NCRB report shows grim data disclosing that 51 rape cases per hour were reported in 2022 in India (First Post, 2024). This data is related to the reported crime; the actual number of unreported rape cases may range far beyond this. When we look at the world statistics, a report of UNICEF says that 1 in every 8 girls has faced rape or sexual assault before the age of 18 years. Sexual violence is not limited to physical contact, but with the time of digital revolution, some other forms of sexual violence have also come into light. UNICEF report reveals that 1 in every 5 girls and women around the world face non-contact sexual violence or verbal abuse (Tremeau, 2024). Still the sadder

part is that only some cases get public attention, while others suffer silently due to unavailability of familial, social and legal support.

When we analyze the causes of rape, we see that individual, social, financial, and community factors play a crucial role. Studies have suggested that those people who are intoxicated, delinquent, hyper masculine, hostile towards women, prior victims of sexual offence, and have coercive sexual fantasies are more prone to being involved in sexual crimes. Besides this, those who have a family history of violence and conflict, an abusive childhood, poor parenting, and are engaged in hyper-masculine peer groups also commit this crime. In a society where poverty, poor law implementation, acceptance of sexual violence, and sexually submissive women are found, the prevalence rate of rape and sexual violence is also high (CDC, 2023). Sex crimes are committed due to other factors like illiteracy, pornography, rape myths, systemic failure, etc. (Chan, 2018), but sometimes they are also committed due to entitlement, distorted thinking patterns, to punish the victim, or just to gain sexual pleasure per se (Schwartz, 1991). Rape myths and the collective attitude of society towards women play a key role and determine the causation of rape (Kalra & Bhugra, 2013). Gender biased freedom, no accountability on male, acceptance of male dominance & female submission, and fear of boycott over reporting such crimes subliminally promote rape culture. No matter what the reason is behind sexual crime, it's an utter shock and trauma not only for the victim but for the whole family and society as well. If somebody endures rape or sexual violence, it's too long for her to recover from the trauma. Such incidents cause severe physical injury along with mental health issues to the victim. Stigma and labeling against rape survivors also slow down recovery process (Maryn & Dover, 2023). These victims often report major depressive disorder, anxiety disorders, substance use disorders, eating disorders, post-traumatic stress disorder, dissociative disorders, sleep disorders, etc. (Bragesjö, et al., 2020). Those who survive sexual violence in childhood or adolescence have a higher likelihood of developing mental health issues and a higher chance of facing repeated sexual assault in later life (Tremeau, 2024). However, silver linings are always there. Studies have shown that rape survivors can reverse rape trauma with the help of psychological interventions like cognitive

behavior therapy, familial and societal support, massage therapy, Trauma focused Cognitive behavior therapy (TF-CBT), prolonged exposure treatment (i.e. breathing relaxation, in-vivo exposure, attention to cognitions, self-care strategies, repeated exposure to the trauma narrative), Eye movement desensitization and reprocessing therapy (EMDR), and cognitive processing therapy (Amilhau, Ferrandez, & Soubelet, 2024; Cowan, Ashai, & Gentile, 2020; Lomax & Meyrick, 2022; O'Doherty, et al., 2023). These therapies work efficiently, but survivor's coping mechanism, trauma-related belief system, and cognitive distortion can substantially affect recovery process (Littleton & Grills, 2019).

It's a profound failure for any society to allow rape and sexual violence to persist. Though psychopharmacological treatment plays a vital role in helping survivors to cope up with the trauma, we as cognitive and moral beings should come forward to eradicate this evil from society. Rape and other sexual crimes against women should be stopped with strict law implementation. People should be educated and sensitized enough towards the female gender. In this regard, RESPECT framework provides evidence-based data demonstrating that it is efficient in preventing sexual crimes against women. RESPECT model was first introduced by WHO and UN Women with ten other world agencies in 2019. "R" in this framework emphasizes strengthening interpersonal relationships among people, resolving conflicts, and promoting equitable decision-making skills. Equality in decision making makes the men respect women' existence and value their opinion. "E" suggests that women should be economically, psychologically, socially, and politically empowered. Empowered women are more assertive, self-confident, negotiating, and more autonomous than those who are not which eventually help them to fight back if such crimes committed against them. Third section of RESPECT is "S" that focuses on providing services to those who have faced sexual violence. Such services should not be limited to medical assistance but also political, social, legal, and financial services available to the survivors of rape trauma. Poverty is the mother of most crimes. Poverty makes people living in a conflicted area, uneducated, having fewer moral values, and struggling in their daily life. "P" in this model underscores the role of

poverty reduction and make people financially strong to prevent rape and sexual violence. “E” stands for environment and advocates for providing a safe space to the girls both inside and outside of the home. “C” addresses children and adolescent abuse prevention, which means establishing harmony between partners, children/ adolescents & parents, and educators. Children and adolescents are the key units in this section and are advised to be protected from any type of violence and malnutrition. Child marriage, bullying, youth violence, partner violence, parental neglect, emotional violence, etc. against children and adolescents are prevented in this section. In the last section “T” of this framework, transformation in the attitudes, beliefs, and norms has been discussed. Though challenging deeply rooted elements on the individual and group level is never easy, still this model advocates that rape and sexual violence can be significantly prevented if we reshape the belief system, attitude, and societal & cultural norms. For this, male-focused workshops, social campaigns, group education, and community mobilization are promoted (WHO, 2019). Though this model seems sufficient in itself in preventing rape and sexual violence, other means are also required to completely vanish this evil from any civilized society. Learning to respect women’s existence from childhood is essential. For serving this purpose, woman as a first teacher of a child, should be trained and sensitized enough towards rape crimes so that as a mother, they could openly discuss repercussions of gender-based crimes with their sons and install empathy and respect towards females among them. Boys should also be sensitized to the female gender from school level. School-based intervention is essential to nip gender-based crimes in the bud. Gender based violence and its impact should be the part of syllabus, and an empathetic attitude towards such survivors should be promoted (Celik, 2024). Academic institutions should organize different programs for girls from school level, making them aware of protective measures from such crimes and what to do when it is committed. Cinema exerts a great impact on the viewers’ minds. Such cinema should be regulated and censored where misogynistic, objectification or unhealthy sexual norms are promoted. Empirical data indicates that pornographic content increases rape myths among those adolescents who frequently watch it (Evans-Paulson, Dodson, & Scull,

2025). Since the digital revolution came into existence, everybody has access to digital devices. Strict government control should be imposed on such websites that provide explicit sexual content accessed through these devices. Application of these strategies collectively can bring about reform in society and prevent rape and sexual violence significantly. In conclusion, the collective implementation of legal, educational, economic, cultural, and technological interventions guided by evidence-based frameworks such as RESPECT can bring about meaningful social reform. Through sustained commitment and coordinated action, society can significantly reduce sexual violence and move towards a future grounded in equality, safety, and respect for all.

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Chapter 2

Deconstructing Darkness: Cognitive Scripts of Rapist

[1]Akanksha Upadhyay, [2]Dr. Piyush Kumar Tripathy

According to the Justice Verma Committee Report (2013), “Rape is not just a crime; it is an attack on a woman’s soul. According to estimates, at least one in three women worldwide has experienced some form of sexual abuse, coercion, or assault at some point in their lives (EG, 2002; Heise et al., 1999), and approximately 64–96% of rapes are thought to go unreported, according to Fisher et al. (2000). India recorded 31,516 rape cases in 2022, according to NCRB-derived analysis (NCRB reported value; CHRI study), and 299,520 rape instances were reported nationwide between 2014 and 2022 (CHRI analysis of NCRB data). The term Rape is described as "carnal knowledge of a female forcibly and against her will" by Koss (1992). Rape is defined as the deliberate invasion of another person's mouth, vagina, or anus without that person's consent (Tracy et al., 2012).

Cultural, Legal, and Societal Responses to Rape

Rape is a pervasive social, cultural, and legal issue rather than just a single act of violence. Both survivor rehabilitation and offender responsibility are significantly influenced by the ways that various cultures react to rape through cultural narratives, legislative changes, and social interventions. Developing thorough prevention and justice initiatives requires an understanding of these multifaceted reactions.

Source: https://www.thehindu.com/news/national/madhya-pradesh/ncw-forms-panel-to-probe-bhopal-rape-and-blackmail-cases-five-survivors-come-out/article69510706.ece

According to Sanday's cross-cultural research, rape is more common in communities with male domination, inflexible gender roles, and institutionalized violence. This suggests that rape is not just a biological drive but is deeply ingrained in cultural configurations (Sanday, 1981). In response to public outrage following the 2012 Delhi gang rape, the Criminal Law (Amendment) Act, 2013, established fast-track courts, introduced severe punishments, including minimum sentences and the death penalty in extreme cases (Cherukuri, 2021).

Source: https://revealnews.org/article/if-the-police-dont-believe-you-they-might-prosecute-you-how-officers-turn-victims-of-sexual-assault-into-suspects/

Definition and Relevance of Cognitive Scripts

Cognitive Scripts are used in the way that people think about rape and sex (Littleton & Axsom, 2003). From an early age, people learn scripts from their own experiences or through media (Snyder, 1994). Cognitive scripts are involved in learning the meaning of internal feelings, arranging the sequences of especially sexual acts, deciphering new situations, establishing boundaries for sexual responses, and connecting meanings from non-sexual facets of life to specifically sexual experiences (Gagnon & Simon, 1973).

Psychological Models relevant to Rape Perpetration

Examining the psychological mechanisms that influence attitudes, beliefs, and behaviors is necessary to comprehend rape perpetration.

1. **Cognitive-Behavioral Frameworks**
   These models highlight how maladaptive behaviors and distorted cognitions interact. Rape perpetrators frequently harbor views that justify rape, such as the idea that men have the right to have sex, unfavorable attitudes toward women, or false beliefs about women's permission ("no means yes"). These false beliefs interact with behavioral reinforcement (e.g., peer validation, decreased anxiety following coercion) (Lonsway & Fitzgerald, 1994).

2. **Malamuth's Confluence Model**
   The Confluence Model combines both the social learning and cognitive-behavioral components, which suggests that the two pathways—the Impersonal Sex Pathway, which involves a preference for casual, non-committed sex and insensitivity to partner cues, and the Hostile Masculinity Pathway, which involves misogyny, dominance motives, and cognitive distortions—combine to cause rape perpetration. Men who score higher on both pathways are most likely to engage in sexual aggression (Malamuth & Linz, 1995).

Mental Frameworks of Rapists

According to research, rapists frequently use moral disengagement techniques and cognitive distortions to carry out sexual violence without

feeling crippling remorse or humiliation (Bandura, 2017; Polaschek & Gannon, 2004). These mental models help people maintain a self-concept that is in line with their behavior and counteract moral self-sanctions.

1. **Moral Disengagement Mechanisms**
   Bandura's (2017) theory of moral disengagement offers a framework for comprehending how those who participate in harmful behavior defend their actions. The following mechanisms are frequently used by rapists:

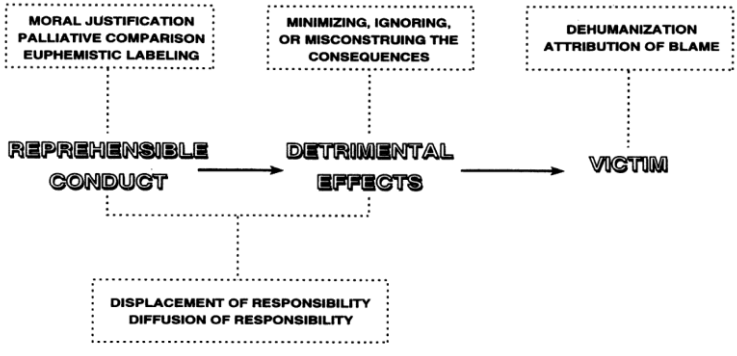


Figure 1. Mechanism through which moral self-sanctions are selectively activated and disengaged from detrimental behavior at different points in the self-regulatory process. From *Social Foundations of Thought and Action: A Social Cognitive Theory* (p. 376), by A. Bandura, 1986, Englewood Cliffs, NJ: Prentice Hall. Copyright 1986 by Prentice Hall. Reprinted with permission.

Fig. 1. Source: Social Foundations of Thought and Actions: A Social Cognitive Theory (Bandura, 1986)

- **Justification of Behavior**
  Rapists can reinterpret force as appropriate by framing their acts as consensual ("she wanted it") or as a typical manifestation of masculine sexuality (Burt, 1980; Polaschek & Gannon, 2004).

- **Displacement and Diffusion of Responsibility**
  According to Abbey et al. (2001), perpetrators may diffuse guilt by implying that "any man would have done the same" or shift blame onto victims by saying things like "she was drunk" or "she was dressed provocatively." As a result, individual accountability would be diminished.

- **Euphemistic Labeling and Distortion of Consequences**
  Instead of admitting rape, offenders may minimize the harm done by using phrases like "just fooling around" or downplay the seriousness of the physical and psychological injuries (Malamuth et al., 1995).

2. **Victim Dehumanization**
   The dehumanization of victims, which lessens empathy and encourages recurrent offenses, is another key cognitive mechanism in rape perpetration.

   - **Reduction of Empathy**
     According to Marshall and Marshall (2000), rapists frequently exhibit a reduced emotional reaction to their victims' suffering, perceiving distress cues as deceptive or manipulative.

   - **Objectification and Perception of Victims as Sub-Human or Deserving**
     Victims may be viewed as "deserving" of violence because they defy gendered norms or as sexual objects rather than free individuals (Burt, 1980; Bandura, 2017).

   - **Role in Facilitating Repeat Offenses**
     Dehumanization allows rapists to continue offending by maintaining cognitive distance from the harm inflicted. It normalizes aggression, especially when reinforced by peer groups or cultural narratives supporting male dominance (Malamuth et al., 1995).

Emotional Detachment and Rationalization

Psychological techniques are frequently used by rapists to defend their acts and shield themselves from inner turmoil.

1. **Role of Denial, Minimization, and Harm Reduction in Internal Justification**
   To maintain a positive self-image, perpetrators frequently downplay the seriousness of the attack, deny culpability, or present it as mutual or consenting.

- **Denial**- Denying that the incident constituted rape.
- **Minimization**- The process of downplaying the damage ("it wasn't that bad").
- **Harm Reduction**- Recasting the incident as less harmful or placing the blame on other variables (such as the victim's actions or drinking). According to Bumby (1996), rape-supportive cognitive distortions are essential to continuing criminal activity.

2. **Suppression of Guilt, Shame, or Empathy**
   Perpetrators repress feelings that could otherwise restrain violence, such as remorse, shame, or empathy, to prevent psychological distress.

   - Selective Empathy (not for the victim, but for oneself).
   - Defending rape as "normal" male conduct.

   Recidivism among sexual offenders is predicted by a lack of empathy for victims (Mann & Beech, 2002). Self-serving prejudices that undermine accountability are associated with guilt suppression (Ward & Keenan, 1999).

3. **Techniques of Emotional Neutralization and Moral Numbing**
   Offenders use justifications that "neutralize" guilt, based on Sykes & Matza's (2017) Neutralization Theory. Repeated transgressions might eventually result in moral numbness, which blunts empathy and normalizes aggression.

   Methods frequent techniques employed by sexual offenders:

   - **Denial of injury**: "There was no actual harm."
   - **Denial of victim**: "She deserved it or wanted it."
   - **Appeal to Higher Loyalties**: Using the line, “I was just proving my masculinity" (Sykes & Matza, 2017).

According to Gidycz & Koss (1991), men who engage in sexual aggression frequently reframe compulsion as a voluntary exchange, which lessens sympathy for victims.

Psychological Profiling and Risk Assessment

Knight and Prentky (1990) created the Massachusetts Treatment Center: Rapist Typology 3 (MTC: R3), a taxonomy model that first classified rapists into four categories based on their general motivations for rape: opportunistic, and pervasively angry, sexual, and vindictive.

1. **Opportunistic Rapists**- The opportunistic kind of sexual assault is usually impulsive and lacks any preparation or forethought. The rape is an example of the extent of this rapist's lack of interpersonal awareness, and he has a history of unsocialized behavior in a variety of areas. These rapists show little regard for their victims' well-being or comfort. Neither the cognitive beliefs nor the cognitive structure of this kind of rapist is significantly affected (Harmon et al., 1995).
2. **Pervasively Angry Rapists**- The rapist is characterized by impulsivity and is frequently enraged. All four cognitive domains are compromised in these rapists. Firstly, the cognitive structure of these rapists is believed to be inadequate, the structures focus on generic stereotyped information, which is primarily based on fleeting, superficial views (Knight & Prentky, 1990). This kind of rapist's characteristic profile describes impulsive, violent actions in a variety of social contexts.
3. **Vindictive Rapists**- Vindictive rapists are socially isolated people who don't show many signs of impulsive lifestyle choices. These rapists experience dissatisfaction and negative affect as a result of their poor social competency, especially in sexual circumstances, and the resulting inability to obtain the necessary level of intimacy or attention. Strongly misogynistic cognitive products characterize these types of rapists (Scully & Marolla, 1985).
4. **Sexual Rapists**- According to whether sadistic themes are present in the actual sexual assault or show up in sexual fantasies, the sexual type is further separated into sadistic and non-sadistic types.

    1.1 Sadistic Sexual Rapists- The typical fantasies of the sadistic rapist eroticize destructive activities, and they exhibit a poor ability to distinguish between sexual and aggressive desires. These fantasies are scripts that center on themes of cruelty, mastery, and self-gratification (Hazelwood et al., 1992).

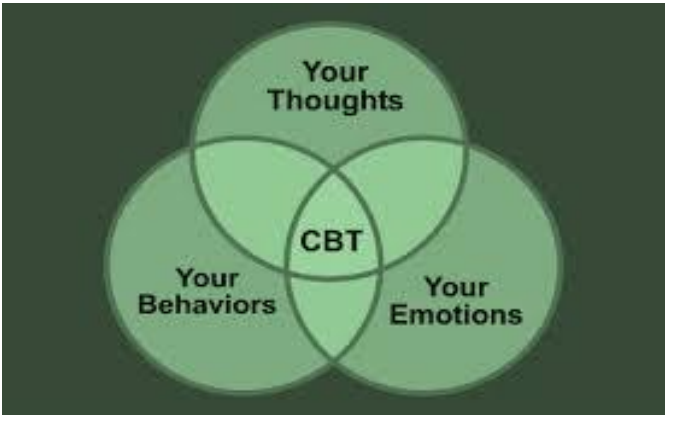
Physical injury and victim humiliation are two ways that this kind of sexual aggression manifests. In addition to their sadism, sadistic rapists have been found to exhibit a number of paraphilias, including voyeurism, exhibitionism, and transvestitism (Dietz et al., 1986, 1990; Gratzer & Bradford, 1995).

1.2 Non-sadistic Sexual Rapists- The non-sadistic sexual type of rapists is characterized by low masculine self-esteem, feelings of sexual inadequacy, and social isolation. They create their fantasy world because they generally lack contentment in the actual world. They experience emotional loneliness and sexual frustration as a result of their lack of social contacts and supporting relationships, which leads them to turn to fantasies for solace (Knight and Prentky, 1990).

Rehabilitation Programs Addressing Cognitive Distortions

Cognitive distortions—biased or incorrect ideas that downplay or excuse sexual violence—are frequently the focus of rehabilitation programs for sexual offenders.

1. **Cognitive-Behavioral Therapy (CBT) Based Programs**
   CBT therapies assist offenders in recognizing, disputing, and substituting pro-social ideas for distorted cognitions (such as "she wanted it," "my behavior wasn't harmful," etc.). These programs employ empathy training, role-playing, and cognitive restructuring. Compared to those who did not get therapy, CBT has continuously demonstrated decreases in recidivism (Marshall & Marshall, 2014).



Source: https://www.freedomfrommedom.com/wp3/original-cbt-manual

2. **Relapse Prevention Model**
   This concept, which was modified from addiction therapy, teaches offenders to identify "high-risk" circumstances and confront erroneous thinking that causes relapse. When used in conjunction with CBT, it effectively lowers recidivism (Pithers & Marques, 1983).

3. **Good Lives Model (GLM)**
   It addresses cognitive distortions and encourages positive life objectives in addition to lowering risk. It makes the assumption that unfulfilled psychological needs have a role in criminal behavior. Therapists strive to promote prosocial identity and purpose while restructuring distorted ideas (such as victim-blame and entitlement). GLM has the potential to reduce reoffending and increase treatment involvement (Ward & Gannon, 2006).

Educational and Preventive Strategies

Addressing the attitudes and ideas that encourage sexual violence, educational and preventive initiatives are essential in lowering its prevalence. These tactics lay the groundwork for safer communities and cultural change.

1. **Challenging Rape Myths**
   Rape myths are misconceptions that trivialize sexual assault, place the responsibility on victims, or justify offenders (e.g., “she was

asking for it," "men cannot control their urges"). These beliefs discourage reporting and promote a victim-blaming culture. Programs should be conducted for raising awareness at educational institutions that dispel falsehoods via debate, research-based instruction, and public awareness campaigns. Techniques should be there for cognitive reorganization that directly addresses false ideas (Bohner et al., 2013; Suarez & Gadalla, 2010).

2. **Promoting Empathy**
   Sexual violence and a lack of empathy, especially a lack of compassion for victims, are closely related. The likelihood of sexually aggressive attitudes and behaviors is decreased by programs that foster empathy. Educational strategies include role-playing exercises in workshops, survivor testimonials, storytelling, and perspective-taking exercises (e.g., picturing the victim's experiences during attack situations). It has been demonstrated that empathy-building therapies promote prosocial bystander behavior and reduce acceptance of sexual coercion (Brecklin & Forde, 2001).

What is Digital Rape?

The word "Digit" actually means "finger, thumb, and toe," and this is where the name "Digital Rape" originates. Digital rape is defined in the second clause of 375 as the act of inserting an object or body part other than the penis into a woman's vagina, urethra, or anus, or forcing her to do so with him or another individual. Until 2012, when the horrific and tragic "Nirbhaya Gang Rape" event occurred, digital rape was not even recognized as a form of rape. In the history of the Indian judicial system, this case led to the creation of a new concept of rape (Kansal, 2022).

Conclusion

According to research, perpetrators can commit sexual violence without feeling guilty or facing self-condemnation because of moral disengagement mechanisms (justifying harmful actions, shifting blame, minimizing consequences) and victim dehumanization (reducing empathy, objectifying women, perceiving them as deserving of harm) (Bandura, 2017; Polaschek & Gannon, 2004). Therefore, these cognitive

distortions must be the direct focus of prevention efforts. Programs that address hostile masculinity views, dispel myths that justify rape, and promote empathy development can lower the risk of both initial and recurrent offenses (Marshall & Marshall, 2000).

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Chapter 3

Broken Beginnings: Psychosocial Origins of Rape and Sexual Offending

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According to Erik Erikson's (1950) Psychosocial development during early childhood lays the foundation for one's personality and mental health. A stable environment is crucial exposure to trauma like abuse or neglect can hinder healthy relationship formation and emotional regulation. Such disruptions can distort understanding of intimacy and consent, increasing vulnerability to harmful behaviors including sexual offending. Family structure and parenting style significantly impact this developmental trajectory. Any form of sexual misconduct, exploitation or abuse without the consent of others can be termed as sexually offending behavior. Sexual offending includes non-consensual acts like paedophilia, rape, and incest. While some offenders have paraphilic disorders, only paedophilia is clinically classified under DSM-5.

Theoretical Framework

This theoretical framework consists of the key theories that explain how early childhood influences the behavior of an Individual to lead into deviant sexual behaviors.

Attachment Theory (Bowlby, 1969)

Attachment theory focuses on the importance of relationships with parents or figures that give care and love in forming social foundations and emotional foundations. There are four main attachment styles:

- **Secure** (consistent caregiving): fosters trust and independence.
- **Anxious** (inconsistent care): leads to emotional instability.

- **Avoidant** (emotionally distant parenting): results in emotional suppression.
- **Disorganized** (abusive/neglectful care): causes trust and intimacy issues.

In relation to sexual offending, Individuals who have insecure relationships with their caregivers may face struggle with intimacy and empathy and also develops a sense of control or abusive tendencies in relationships. Research by Ward et al. (1997) states that neglect experienced in childhood often leads to relational dysfunction, and it is also common in individuals who later show signs of sexual offending behaviors.

Social Learning Theory (Bandura, 1997)

Social learning theory which was introduced in 1997 is learned through observation, reinforcement and imitation. Ward and Siegert (2002) suggest that when children observe actions like abuse or neglect in their childhood, they tend to perceive them as acceptable and normal and when these behaviors are reinforced, it reflects into adulthood. Peers and the media can also be effective social learning tools. Peer groups that glorify dominance or objectify others, as well as pornography that promotes aggressive or non-consensual behaviors as desirable, can have an impact on offenders. Sexually abusive teenagers reported higher rates of childhood sexual victimization than non-sexual offenders, according to a study of male delinquents who were incarcerated (Burton, 2008). Adult sex offenders were more than three times as likely as non-sex offenders to have experienced sexual abuse as children, according to an analysis of studies. Additionally, compared to those who abused adults, those who abused children were more likely to have experience of sexual abuse themselves. This lends credence to the theory that experiencing sexual abuse as a child may raise the likelihood of committing sexual offences in the future (Jespersen, 2009).

Erikson's Psychosocial Theory

Each of the eight psychological stages of development that Erik Erikson postulated is distinguished by a central conflict that profoundly

influences a person's behavior and personality. The significance of regular love and care from parents or other carers is emphasized in the first stage, Trust vs. Mistrust (birth to one year). During “autonomy vs. shame and doubt” stage (1 to 3 years), encouragement and sensible independence promote autonomy, but too much control or criticism might result in dependency and self-doubt. The Initiative vs. Guilt period (3–6 years) that follows highlights the value of letting kids explore and follow their curiosity. While continuous criticism can cause shame and social disengagement. Unresolved disputes in these early phases can lead to behavioral and emotional weaknesses, including poor self-control and trouble establishing healthy relationships, which in some situations may make a person more prone to risky behaviors, such as sexual offences.

Freud’s Psychodynamic Theory

This theory was brought to the world by Freud in 1905 and it focuses on the importance of experiences during the childhood of an individual in shaping behavior. Parenting plays a crucial part in the development of Id, Ego, and Superego. Issues at the parenting level for example neglect or abuse can interfere with the development of the superego, which leads to poor control on impulse and reflection of maladaptive behaviors. There are certain issues and traumas that are unresolved in an individual's life from their childhood, and it can resurface in very dangerous ways. Freud’s theory provides the key inputs or insights on the unconscious motivations behind deviant sexual behavior, and his theory also relates them to early childhood disturbances.

Baumrind’s Parenting Styles (1967)

- **Authoritative**: Balanced warmth and discipline—promotes healthy development.
- **Authoritarian**: High control, low warmth—can suppress emotion and promote rebellion.
- **Neglectful**: Low warmth and control—linked to low self-esteem and poor attachment.
- **Permissive**: High warmth, low control—may cause poor impulse control.

Neglectful and authoritarian styles are strongly associated with the development of deviant behaviors, including sexual offending (Seto, 2008).

Review of Literature

Author(s) & Year	Study Type / Sample	Focus / Key Findings	Conclusion / Implication
O'Toole & Jeglic (2014)	Review Study	Impact of family structure on sexual offending	Non-biological/single-parent families correlated with higher violent sexual crime rates
Davids et al. (2015)	Qualitative; 10 offenders in denial	Single-parent upbringing, absence of male parent, maltreatment	Such adverse childhoods linked to sexual offending
Grady et al. (2016)	Theoretical	Adverse childhood experiences (ACE) and attachment theory	ACE influences sexually abusive behavior
Prinsloo & Costa (2017)	Semi-structured interviews; 8 female offenders	Poor child monitoring, neglectful parenting, peer pressure	These factors contribute to sexual offending
Papalia et al. (2018)	Empirical Study	Impact of childhood sexual abuse	Abused children more prone to criminal tendencies
Mishra & Likitha (2021)	Review Research	Childhood trauma and adult crime	High childhood trauma predicts adult criminal behavior
Naidoo & Sewpaul (2014)	Study on 25 male adolescent offenders	Abuse (emotional, physical, sexual), poor parental relationships	Abuse and family dynamics shape offender behavior
Deborah (2019)	Thesis; qualitative interviews	Childhood vulnerabilities acted upon under external conditions	Early development affects susceptibility to offend

McKillop et al. (2018)	Empirical Study	Developmental stages and onset of abuse	Developmental characteristics influence behavior onset
Grady et al. (2021)	Study on 200 male youth offenders	Childhood sexual abuse	Early abuse directly linked to later sexual crimes
Yoder et al. (2020)	Quantitative; 200 adolescents	Insecure attachment, emotional instability, callousness	Emotional factors linked to sexual offending
Grady & Yoder (2024)	Review	Insecure attachment and risk factors	Attachment issues lead to cognitive/relational challenges and offending
Yoder et al. (2019)	Cross-sectional; 505 youth	Maternal caregiving differences	Harsher care more common among sexual offenders
Yoder et al. (2022)	Comparative study	Multiple traumatic experiences in offenders	Positive care can mitigate trauma's effects
Yoder et al. (2018)	Comparative study	Family environment and history of abuse	Abusive environments common among sexual offenders with own abuse history
Miner (2014)	Study on adolescents	Neglect and inconsistent discipline	Emotional imbalance and low self-esteem contribute to deviance
Sigre-leirós (2016)	Study on parenting warmth	Paternal vs. maternal warmth	Paedophiles lacked maternal warmth; most lacked paternal warmth
Madigan (2016)	Study on aggression	Insecure attachment and early aggression	Aggression from poor attachment increases offending risk
Lo & Chan (2019)	Empirical study	Childhood maltreatment	Physical abuse/neglect leads to sexual offending
Ogloff & Thomas (2016)	Study on childhood neglect	Neglect and adult sexual offences	Emotional neglect predicts adult sexual offending
Carvalho & Nobre (2015)	Comparative study	Parenting styles among subtypes	Authoritarian linked to rape; neglectful to paedophilia

Grady & Cantor (2021)	Study on trauma & attachment	Childhood trauma and attachment insecurity	Combo of both increases adult sexual aggression
Yoder & Abel (2020)	Study on violent behavior	Role of maltreatment	Neglect and abuse linked to sexually deviant acts
Benoit & Parker (2014)	Theoretical	Attachment theory and deviance	Secure attachment reduces deviant risk
Velotti & Garofalo (2022)	Empirical study	Neglect and emotion regulation	Neglect leads to emotional dysregulation and offending risk
Levy & Johnson (2015)	Study on emotional neglect	Neglect and emotional regulation	Neglect predisposes to sexual deviance via dysregulation
Simon & Sutton (2021)	Cross-cultural study	Parenting styles and sexual violence	Cultural parenting practices affect sexual offending
Coates (2019)	Study on juveniles	Attachment theory	Inconsistent caregiving increases sexual deviance risk
Surikova & Latvian CPA (2020)	Evaluation study	Neglectful parenting intervention	Early intervention reduces juvenile recidivism
Taylor & Jones (2020)	Study on prevention	Parental warmth and deviance	Enhancing warmth reduces deviant behavior risk

Methodology

Objective

To study the interconnected relationship between early childhood psychosocial development and rape and sexual offending behaviors using existing literature

Research design

A comprehensive analysis of 30 studies was performed for this research as this research method systematically identifies themes, patterns, and trends focusing on the relationship between early childhood experiences and development of sexual offending behaviors.

Sample

Sample includes 30 different research and articles from different resources such as PubMed, Shodhganga, Google scholar, Research Gate, Sage, various journals, etc.

Inclusion criteria

Research and articles included in the sample were dated from 2014 to 2024. It only focused on psychosocial development in early childhood (0-9 yrs.). Sample also includes case studies and clinical reports involving sexual offenders from a range of settings, including rehabilitation centers and forensic psychology studies.

Exclusion Criteria

This study excludes research and articles dated before 2014. It also does not include changes in psychosocial development in teenage and adulthood.

Procedure

A systematic assessment of 30 obtained research and articles was done in order to understand the relationship between early childhood psychosocial development and development of sexual offending behaviors. These studies include accounts of individuals who have committed sexual offences, with a focus on their early life experiences and the role of childhood experiences on the development of their later behavior.

Discussion

Sexual crimes are one of the most heinous crimes in our society causing emotional, mental, physical and social damage to the victim. Early psychosocial developmental histories play a pivotal role in providing childhood triggers for rape and sexual offending behavior.

1. **Family structure**
   Research findings show that most sexual offenders claim to belong from single parent families with absence of male parents and less

emotional connection with the mother. Absence of male parents can create a false sense of masculinity, and the absence of female parents can lead to lack of respect for the feelings or rights of others.

Studies highlight the fact that individuals raised in the adoptive/ foster families are more prone to commit sexual crimes as they can experience physical, sexual, mental or emotional abuse that can in turn lead to criminal tendencies. Blended/ step families can also lead to the sense of mistrust, insecurity and relational conflicts. Thus, the type of family in which an individual's early development occurs can majorly influence an individual's tendency to commit sexual crimes.

2. **Parenting styles**

   According to the existing literature, one can state that parenting style has a major impact on an individual. Parenting styles such as neglectful or authoritarian can lead to inability of emotional regulation, low self-worth, rebellious nature, and lack of empathy. Permissive parenting results in unsupervised development which can make individuals turn to negative peer influence or maladaptive behaviors such as exposure to pornography. These factors can lead to deviant behaviors such as sexual offending.

3. **Dysfunctional families**

   Research shows that sexual offenders often report poorer relationships with their parents compared to non-offenders (Naidoo & Sewpaul, 2014). Children raised in dysfunctional families—marked by neglect, abuse, poor communication, or parental issues like mental illness, addiction, or criminal behavior—are more vulnerable to adverse childhood experiences. These environments can lead to low self-esteem, lack of empathy, role reversal, and increased risk of delinquency. Poor parental supervision, especially in families with antisocial traits, can impair moral development. As Bandura’s social learning theory suggests, children may imitate aggressive or criminal behavior modeled by their parents, potentially contributing to the development of sexual offending tendencies.

4. **Attachment styles**

   In much research, sexual offenders claim to have an insecure attachment with their parents which portrays neglect and abuse. Insecure attachment styles can lead individuals to engage in deviant sexual behaviors such as voyeurism and sadism. Attachment styles provide an outline on how individuals relate to others. Individuals with secure attachment styles provide a sense of trust, effective communication, and autonomy to others. Neglectful parents result in avoidant individuals with lack of emotional regulation, and feelings of isolation. Avoidant attachment styles can lead individuals to experience non-relational sexual behaviors such as voyeurism. Many offenders find it difficult to form close relationships and thus turn to sexual offending behaviors. Anxious attachment can make individuals indulge in offences like stalking, and in extreme cases, coercive behaviors. They suffer from a false sense of boundaries, distorted beliefs about entitlement, and lack of respect towards others' rights. Disorganized attachment comes from a childhood of trauma, abuse and neglect, leading to individuals with sadistic fantasies and violent sexual crimes

Future implications

This study has significant implications which suggest that early interventions or preventions which are aimed at promoting positive parenting styles and reducing the effects of childhood trauma is effective. The research provides a psychological framework that aids in creating a better intervention program for sexual offenders which can result in lower sexual recidivism rates. The review study also adds in theoretical framework to understand the psychology behind an offender's mind. Policymakers can use this study to formulate laws that can protect children from neglect and abuse. They should also provide for family counseling services and ensure complete mental health support.

Limitations

Firstly, it relies solely on existing literature, with no original data collection, which may restrict the depth and contextual richness of the

findings. Secondly, most referenced studies are based in Western cultural settings. Their applicability to India which is a collectivistic society where family and social relationships are highly emphasized, may be limited, potentially overlooking important cultural variables.

Retrospective self-reports, in which participants recollect early childhood experiences, are also used in certain studies. Data accuracy may be compromised by memory bias, trauma, or social desirability, which can influence such recollections. Finally, the study may have overlooked the impact of later life stages like adolescence and adulthood, which also significantly influence sexual offending behavior, by concentrating primarily on early childhood development.

Conclusion

There is a complicated and multidimensional relationship between rape and sexual offending behaviors and early childhood psychosocial development. In order to investigate how early psychosocial development affects such behaviors, this study evaluated recent evidence. Research indicates that the probability of sexual offenses may be elevated by emotionally unavailable parenting, especially authoritarian and negligent approaches. Insecure attachment styles, dysfunctional home situations, and family structure are other significant variables. All things considered, the study emphasizes the value of early intervention and recognizes that a variety of factors other than parenting alone influence the emergence of sexually offensive behaviors.

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Chapter 4

The Psychology of Rape Myths and Cultural Silence

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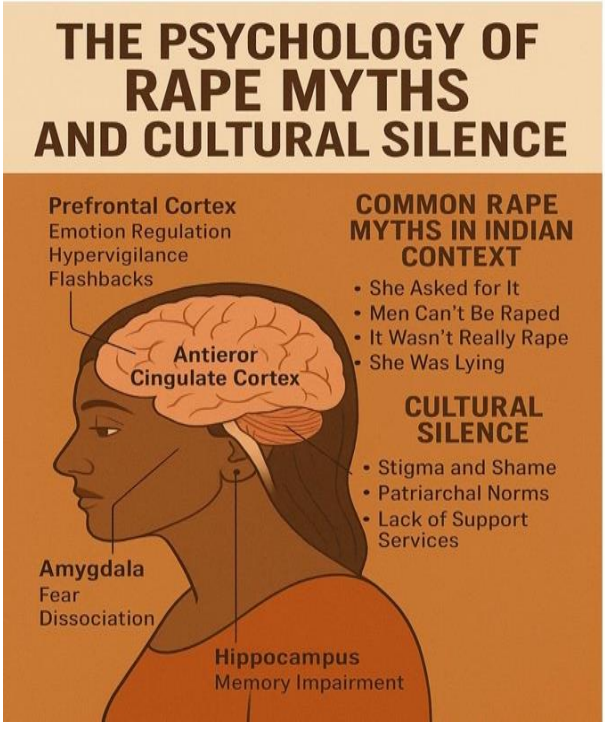
In societies across the world, rape is not just an act of violence but it is also an act that is continuously explained away, denied, or justified through cultural narratives that protect the perpetrator and silence the survivor. Rape myths are not just abstract ideas; they are everyday explanations people use to make sense of sexual violence. These myths function by shifting responsibility away from perpetrators and placing it on survivors, suggesting, for example, that what a woman wore, where she went, or how she behaved caused the assault. Because they sound like "common sense," rape myths quietly shape conversations in families, courtrooms, and communities. In doing so, they discourage survivors from speaking out, protect offenders from accountability, and allow society to avoid confronting uncomfortable truths about gender and power (Lonsway & Fitzgerald, 1994; Bohner, 2009). They are not just beliefs, but deeply embedded psychological scripts that define who is believed, who is blamed, and who is silenced.

In India, rape myths take on uniquely complex forms, shaped by factors such as caste hierarchies, honor-based morality, religious conservatism, and inadequate sex education. They can be as blatant as suggesting that "real" rape only happens when a stranger attacks with force, or as insidious as assuming that a woman's clothing or prior relationships justify suspicion. Whether in rural villages or urban courtrooms, these myths shape how survivors are treated, not just by others, but also by themselves. Internalized blame, shame, and fear of being disbelieved often keep survivors from reporting the crime or seeking support, intensifying the psychological aftermath.

This chapter begins by breaking down the most common rape myths, then delves into how they are perpetuated psychologically and socially. Through a culturally grounded lens, it explores the silent trauma these myths inflict—and what it would take to dismantle them. Understanding rape myths is not only a sociological task but also a psychological necessity. These beliefs dictate who society empathizes with and who it punishes—often unjustly. The urgency to address them is underscored by rising sexual violence statistics and declining conviction rates, both nationally and globally. Survivors often face 'double trauma'—the assault itself and the responses afterward. By dissecting how these myths are socially constructed and psychologically internalized, we can begin to challenge their power and reshape how survivors are treated.

Understanding Rape Myths: Psychological Roots

Rape myths do not emerge in isolation rather they are shaped by history, culture, and psychology, and then reinforced across generations. Families, media, religious teachings, and social institutions all carry and pass on these myths, presenting them as if they were “common sense.” Psychologically, they work like shortcuts that help people avoid the painful truth: that sexual violence is widespread, often committed by someone the survivor knows, and could happen to anyone. Believing myths such as “only careless women get raped” or “real rape involves a stranger in a dark alley” allows people to feel safer and morally detached, even though these ideas are false and deeply harmful (Lonsway & Fitzgerald, 1994; Bohner, 2009).



Social Learning Theory

According to Social Learning Theory, people learn by observing and imitating those around them (Bandura, 1977). From childhood, boys and girls are taught different lessons. Boys may hear adult jokes about women "asking for it" or see men praised for sexual dominance. Girls may be taught that modesty, silence, and obedience protect them from shame. These patterns normalize rape myths by suggesting that women must prevent violence and men cannot control their impulses. In India, this is evident in both rural and urban life. A boy growing up in a village may hear elders claim that a woman must marry her rapist to restore honor, while a girl in a city may be warned not to stay out late because "good women are not attacked." Both reflect the same underlying myth that women carry the burden of prevention.

System Justification Theory

System Justification Theory explains why people defend the very structures that disadvantage them (Jost & Banaji, 1994). Myths such as "boys will be boys" or "rape allegations are often false" protect patriarchal norms by excusing male aggression and questioning women's credibility. In India, caste and class systems intersect with these beliefs. For example, sexual violence against Dalit women is frequently minimized or ignored because acknowledging it would challenge the dominant group's power. Rape myths, in this sense, function as tools for preserving social order, even when they deny survivors dignity and truth.

Cognitive Dissonance Theory

Cognitive Dissonance Theory highlights how people struggle when faced with truths that contradict their worldview (Festinger, 1957). Accepting that rape is common, and often committed by trusted individuals, creates deep discomfort. To reduce this tension, people adopt myths that shift responsibility to the survivor: "She must have done something wrong" or "It wouldn't have happened if she behaved properly." These explanations give a false sense of safety: if women follow certain rules, others can believe they are protected. In India, this is seen in cultural restrictions on women's mobility, clothing, and friendships—rules justified not for protection but for controlling women's behavior.

Self-Protective Function of Rape Myths

Rape myths also help people distance themselves from vulnerability. For someone who has not experienced sexual violence, blaming the victim offers reassurance: "It wouldn't happen to me because I don't act like her." This illusion of control is comforting but dangerous. It stigmatizes survivors, isolates them, and silences conversations about real causes and prevention (Suarez & Gadalla, 2010).

Institutional Reinforcement

Institutions such as police, courts, and schools also play a role in sustaining myths. Institutional Betrayal Theory shows how systemic failures like police asking humiliating questions or courts doubting survivors' testimony validate these myths (Smith & Freyd, 2014). In India, the infamous "two-finger test" once used in medical examinations exemplified institutional betrayal, implying that a woman's sexual history was relevant to her assault. Such practices do not only harm survivors but also legitimize myths at the structural level, making change harder.

Cultural Application in India

In patriarchal societies like India, rape myths are woven into beliefs about purity, honor, and morality. Women are often seen as guardians of family reputation, and any violation is framed as their failure. Survivors who speak out risk being called "characterless" or bringing shame to their families, while perpetrators are excused as victims of temptation or youthful mistakes. These myths do not just distort the reality of sexual violence; they also trap women in silence, discouraging them from seeking justice. Persistence of these myths shows that they are more than false beliefs, they are cultural tools that protect gender hierarchies at the expense of survivors' rights and dignity.

Common Rape Myths in the Indian Context

Rape myths in India are not only beliefs; they are lived realities that survivors face every day. These myths take shape in different ways depending on where a person lives, their caste, family background, education, religion, or even age. What ties them together is the heavy silence they create—one that blames survivors instead of supporting them, and protects perpetrators instead of holding them accountable.

1. **Locale (Urban vs. Rural)**
   In cities, myths often hide behind polite questions: *"Why were you out so late?"* or *"Were you drinking?"* The implication is clear—that the survivor's choices caused the assault. In rural villages, the words are harsher and tied to honor codes: *"She must marry her*

rapist to protect the family's name" or *"No pure woman would ever be raped."* Whether subtle or direct, both forms of myths force women into silence and shame.

2. **Caste**
   Caste adds another painful layer. Survivors from marginalized castes are often dismissed as "promiscuous" or unworthy of justice, while assaults by upper-caste men are explained away as "misunderstandings." For many, speaking out is not even an option because the community may retaliate, leaving survivors to carry the trauma in silence.

3. **Economic Status**
   Wealth and poverty shape myths in different ways. Poor women are told that "rape cannot harm them because their lives are already hard," while wealthy survivors are accused of lying for attention, money, or revenge. Both narratives erase their pain and strip them of credibility.

4. **Education**
   Education should empower women, but myths twist it into another weapon. Educated women may hear: *"She is modern, she must have invited it"* or *"educated women misuse rape laws."* On the other hand, uneducated women are treated as unreliable: *"She doesn't even know what rape is—how can she say it happened?"* Either way, survivors are not believed.

5. **Living Status (Married, Unmarried, Widowed, Divorced)**
   For married women, a cruel myth insists: *"Rape cannot happen in marriage."* Unmarried women are silenced because their families fear shame more than justice. Widowed or divorced women are often seen as "available," with their assaults brushed aside as less serious. Each of these myths reduces women to their relationship status, erasing their autonomy and their suffering.

6. **Religion**
   Religious customs, when misinterpreted, also feed myths. Survivors may be labeled "impure" or told their assault was "divine punishment" for their sins. In some cases, rituals are imposed to

"cleanse" women, as if they, not the perpetrator, carried the stain of violence. Such beliefs add spiritual weight to already unbearable pain.

7. **Age**
   Myths change with age but never disappear. Children are told, *"You are too young to know what happened."* Teenagers hear, *"Girls your age provoke men."* Older women are dismissed with, *"She is too old to be raped."* Across generations, survivors are silenced by narratives that deny their truth.

The Role of Media, Institutions, and Family in Reinforcing Myths

Rape myths are not only passed down through generations; they are also actively reinforced by the very systems that are supposed to protect and educate society, namely, the media, legal institutions, and the family.

Media, both traditional and digital, play a major role in shaping public perception. News stories often sensationalize sexual violence, focusing on graphic details rather than survivor-centered narratives. Survivors are described in terms of their "character," clothing, or relationships. Headlines frequently emphasize whether the survivor "fought back," reinforcing the myth that resistance is the only valid indicator of non-consent. Social media, while offering spaces for awareness, is also rife with victim-blaming, trolling, and misinformation.

Legal and medical institutions often replicate these biases. Survivors report being interrogated about their past sexual history, asked humiliating questions, or subjected to outdated medical practices like the "two-finger test"—despite it being banned by the Supreme Court of India. Courtrooms become arenas where survivors must constantly prove they did not invite their assault. The burden of proof weighs more heavily on the victim than on the accused.

Family systems, especially in collectivist cultures like India's, often prioritize "family honor" over individual well-being. Survivors especially daughters may be pressured to stay silent, marry the perpetrator, or hide the event altogether. This familial pressure is

stronger in rural or conservative homes, but even urban families can mirror these silencing tactics under the guise of protection.

Together, these structures form a web of denial, shame, and disbelief, making it extremely difficult for survivors to break free from the psychological grip of rape myths. Judicial delays and insensitive questioning in cross-examinations serve as a continuation of trauma rather than a path to justice. Institutional betrayal, especially when survivors turn to authorities and are met with disbelief or ridicule, worsens emotional distress. At home, families often adopt denial or blame as coping mechanisms, reinforcing silence and discouraging survivors from seeking justice or care (Kalra & Bhugra, 2013; Human Rights Watch, 2017). Changing institutional culture means enforcing accountability, sensitivity training, and incorporating survivor feedback into every layer of the justice and media reporting process.

Interventions: Breaking the Myth Cycle

Addressing rape myths requires more than just legal reform—it demands a cultural, psychological, and educational shift. Effective interventions must tackle the root of these myths at multiple levels like individual, family, institutional, and societal. In India, where diversity in literacy, caste, region, and gender ideology is vast, these strategies must be tailored to the cultural and structural realities of each setting.

Education and Awareness Campaigns

Introducing sex education and consent-focused discussions in schools especially in rural and low-income urban areas can reshape the way young people understand autonomy and gender. Community theatre, local radio shows, and digital storytelling in regional languages are effective tools to counter rape myths at the grassroots.

Trauma-Informed Legal and Medical Systems

Police, lawyers, and healthcare providers must be trained in trauma-sensitive practices that avoid re-traumatization and victim-blaming. Too often, survivors in India report being asked humiliating questions, subjected to invasive medical tests, or dismissed by authorities,

experiences that can feel like "a second assault" (Kalra & Bhugra, 2013; Human Rights Watch, 2017). Trauma-informed training equips professionals to respond with empathy, respect, and scientific accuracy, reducing the risk of further psychological harm. Survivor-friendly reporting mechanisms, such as *Sakhi One-Stop Centers*, are a promising step toward integrating medical, legal, and counseling support under one roof. However, their reach is still limited, and many centers lack trained staff, resources, or public awareness (Government of India, Ministry of Women and Child Development [MWCD], 2020). Expanding and adequately staffing these services—especially in rural and semi-urban areas—can help survivors access justice and care without navigating fragmented and hostile systems. Without such systemic reforms, even the strongest laws risk being undermined by frontline practices that silence or retraumatize those they are meant to protect.

Family and Community Engagement

Workshops and sensitization programs involving parents, teachers, and local leaders can help challenge long-held beliefs about shame, honor, and silence. When families shift from silencing to supporting, survivors gain not only validation but also access to timely help.

Media Regulation and Reform

Media bodies must be held accountable for how sexual violence is portrayed. Survivor narratives should be centered with dignity, not sensationalism.

Table 2: Multi-Level Strategies to Counter Rape Myths in India

Level	Strategy	Key Outcome
Individual	School-based consent education	Builds early awareness and empathy
Family	Parent/community workshops on gender & trauma	Reduces victim-blaming at home
Institutional	Police and medical staff trauma training	Improves survivor reporting experience
Societal/Media	Ethical reporting guidelines, survivor-led storytelling	Shifts public narratives toward justice

Breaking the cycle requires not just laws, but stories, safe spaces, and solidarity. A key component in breaking the myth cycle is survivor leadership. Programs that train survivors as peer educators or community advocates have shown success in shifting local narratives and building solidarity. Culturally sensitive interventions—such as community circles in tribal areas or women's panchayats in rural regions—can foster grassroots change. Moreover, integrating mental health support in schools and workplaces ensures early detection of trauma responses and normalizes emotional help-seeking behaviors across genders and classes.

Conclusion: Reclaiming Truth and Dignity

Rape myths are more than just misinformed ideas—they are psychological and cultural weapons that silence survivors, justify violence, and distort public understanding of sexual trauma. In India, where social honor often outweighs personal truth, these myths thrive in whispered conversations, courtroom attitudes, and even in the minds of survivors themselves. The result is not just injustice in the legal sense, but a deeper, quieter erasure of dignity and healing. But change is possible. The path to dismantling rape myths lies in listening deeply—to science, yes, but also to survivors' lived experiences. It lies in transforming shame into empathy, disbelief into validation, and silence into collective responsibility. Schools, courts, media, families, and public health systems must all work toward the same goal: to replace judgment with understanding, and fear with safety. Most of all, healing requires a shift in narrative—from "Why didn't she scream?" to "Why are we still not listening?" When survivors are heard, believed, and supported, the cycle of silence can be broken—and replaced with a culture of courage and care. This chapter has unpacked how rape myths form, how they harm, and how we can challenge them. The next step belongs to all of us. This fight against rape myths isn't just about dismantling ideas—it's about restoring power to those who've been silenced. Every step forward requires listening to survivors not with suspicion, but with respect. The myth that justice is only legal must also be dismantled. Healing, dignity, and societal transformation are equally crucial. Education, policy, media, and mental health must move in sync.

The narrative must no longer ask what the victim did, but what society failed to do.

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Chapter 5
Young Adults' Perception of Rape

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We are living in a progressing modern society, but stigma restricts our conversations about many topics that should necessarily be discussed, one of which is rape. The term rape originates from the Latin word "rapere," meaning "to snatch, to grab, or to carry off." In early usage, it did not exclusively refer to sexual violence but rather to kidnapping or taking someone away by force, often in the context of war or property disputes. Rape is often considered the most heinous form of aggression, as it has both a physical and an extremely severe emotional and social connotation for the victim" (Ghosal, 2013).

Sexual awareness majorly comprises an individual's understanding, knowledge, and consciousness about sexuality, sexual health, consent, safe sexual practices, and respectful relationships. It involves awareness of one's sexual identity, rights, and boundaries by encompassing knowledge of reproductive health, consent, safe sexual practices, and the emotional aspects of sexual relationships, along with the ability to recognize and prevent sexual misconduct or violence. Being sexually aware helps individuals make informed decisions about their bodies, relationships, and well-being. Developing sexual awareness is essential, but without proper guidance, misconceptions can arise. This is when the importance of sex education comes into play. Sex education can be defined as a formal course of instruction in reproductive processes that is presented in a classroom setting. Sex education ideally provides young adolescents with authoritative and objective information about both the psychological and physical aspects of sexual behavior.

A crucial component of sex education is understanding the concept of consent. It should be a conscious decision taken by both individuals involved. Informed, voluntary agreement is an essential part of any form of sexual relationship. However, despite increased awareness,

knowledge gaps in the understanding of consent, such as unawareness about the fact that consent can be withdrawn at any moment, are an area of serious concern. Misunderstanding or deliberate disregard for consent can increase the chance of coercion and violence. The most severe form of violation of consent is manifested as rape. It has long been a societal issue because, for decades, it has been used to establish power and authority over women by the patriarchy. It is often regarded as one of the most severe crimes against any individual. According to new UNICEF (United Nations International Children's Emergency Fund) estimates, more than 370 million girls and women alive today, 1 in 8, experienced rape or sexual assault before the age of 18. According to the 2021 annual report of the National Crime Records Bureau (NCRB), 31,677 rape cases were registered across the country, or an average of 86 cases daily, a rise from 2020 with 28,046 cases, while in 2019, 32,033 cases were registered. Of the total 31,677 rape cases, 28,147 (nearly 89%) of the rapes were committed by persons known to the victim. The share of victims who were minors or below 18 – the legal age of consent – stood at 10% (National Crime Records Bureau [NCRB], 2021). Given below are the Kerala Rape Statistics from 2020 to June 2025:

Year	Number of Cases
2020	1880
2021	2339
2022	2518
2023	2562
2024	2901
2025 up to June	1491

Source: Kerala Police Crime Statistics

Early adulthood is a crucial period of development where individuals tend to form key aspects of their identity, make significant choices, and shape their attitudes and perceptions; hence, we chose was young adults because they are the future, and to explore how young adults' attitudes and perceptions are shaped through the lenses of sociocultural norms, patriarchy, media, and deep-rooted stigmas, etc. Lack of proper education and misconceptions about bodily autonomy, healthy relationships, and consent can lead to harmful attitudes and risky

behaviors. Ensuring that young adults receive comprehensive sexual awareness not only helps in preventing sexual violence, including rape, but also promotes respect, safety, and well-being for all individuals. The major objective of the study is to explore and understand the young adults' perception of rape. The study also aims to explore how young adults define and conceptualize rape in contemporary contexts and to understand young adults' perceptions of consent and its boundaries in sexual encounters.

Methodology

The study uses a qualitative research approach to understand young adults' perspectives on rape. A phenomenological approach was adopted to explore attitudes and perceptions. The participants were aged between 18 - 21 years. They were selected using purposive sampling to ensure diverse representation in terms of gender, academic background, and willingness to talk about rape. The data was collected through 2 focus group discussions (FGD), both consisting of six students each. Each group engaged in an in-depth discussion guided by a structured set of 15 pre-prepared questions. The discussion was moderated by a researcher and lasted approximately 60-90 minutes each, and was audio recorded with permission from participants. The data was analyzed using thematic analysis. The FGD recordings were translated and transcribed verbatim by participants to ensure the quality of the data. The transcripts were later manually coded using inductive coding to identify recurring themes related to participants' attitudes and perceptions of rape and. Participants were assured of confidentiality and anonymity.

Results and Discussion

Theme 1: Social Perspectives of Rape Culture

Societal attitudes and norms contribute to rape culture by normalizing sexual violence and blaming victims. This silences the survivors and has a huge impact on their mental health.

Different perspectives on rape culture– Rape Culture is a prevailing societal concept that describes a culture where rape and sexualized violence are normalized and sometimes condoned (Burt, 1980). Rape

culture comprises slut shaming, victim blaming, and sexual objectification of women. It reinforces sick behaviors and thoughts within individuals.

Objectifying women– Women are often sexually objectified by society for their choices in dressing, and shamed for their personal preferences. Porn industry specifically encourages its viewers to perceive women as a commodity rather than a human being.

Victim blaming – Victims are often held more responsible for their victimization than offenders. Even while news headlines are framed, they hold victims accountable for their fate. It is indeed society's natural tendency to blame the victim.

Intimidation of victims – Offenders with high social status persuade victims to drop their cases through settlements, blackmail, and threats to make them look socially undesirable.

Insecurity – Reinforcement of rape culture makes victims feel insecure and unsure about their choices of coming forward and seeking justice.

Impact on mental health– Victims of assault often endure trauma, self-doubt, depression, and emotional vulnerability to a point where they start blaming themselves, indicating the importance of psychological support.

Theme 2: Spectrums of Stigma

One of the major and less discussed factors attached to the taboo surrounding sexual violence, especially rape, is stigma. Stigma is a negative perception or stereotype of a particular attribute, trait, or situation. It is a mark of disgrace associated with a person or group. Stigmas can be seen on various levels and often prevent open discussions.

Societal stigma– Social stigma is the negative attitude towards the victims by society. This stigma was reflected in some of the participants' responses when they mentioned dressing and the time they spent outside.

Institutional stigma– It is caused by discriminatory legal, medical, and social systems that fail to support victims adequately. Some participants

state this as the reason for the less severe or lack of punishments towards the perpetrator, which leads to distrust in the law.

Personal stigma– This stigma is formed by the victim as a result of the other two stigmas. This will lead to self-blame and hinder help-seeking behavior. This will also contribute highly to their distrust.

Theme 3: Manifestations of Stigma

Stigmas are manifested in different ways by each individual. Some of them are very evident in the participants.

Expressing discomfort– While talking about sexual violence, such as rape or topics related to sexual activity, some participants were not comfortable; they kept their heads down, simply agreed to what others said, and even skipped the questions asked. This clearly shows their stigma towards such topics.

Reluctance to engage– Some of the participants was hesitant to talk about sex in a group conversation. This shows their taboo towards the topic. Remaining was silent while talking about these topics reinforces misinformation.

Lacks of awareness– Many participants are not aware of the different scenarios that can constitute rape. This can lead individuals to be vulnerable to misinformation and exploitation.

Ignorance– Marital rape, sexual exploitation, or rape towards sex workers, rape towards disabled people is ignored by society.

Discrimination– The participants mentioned that legal systems often fail to serve justice to victims when the perpetrator is a powerful individual.

Theme 4: Conceptualizing Rape

What constitutes rape needs to be communicated clearly because rape is misunderstood most of the time by associating it only with physical force. The public should be aware of different forms of sexual violence.

Different perspectives on rape– Few participants believed rape requires physical force, but most of the other participants were aware of the fact that rape is any non-consensual sexual act.

Constructive thinking– Challenging stigma and outdated norms should start from our homes. Open conversations in the home can change the viewpoints.

Prevention and measures – Sex education should be a part of the school syllabus. Parents should communicate openly with their children.

Theme 5: Rape Typologies

These are the types of rape that participants are aware of.

Statutory rape– Rape towards minors, i.e., below 18 years of age, which will come under POCSO.

Workplace rape– It is widely happening but is less reported. Employees may be coerced.

Marital rape– Day by day, it is increasing, and most of the time, it comes out only when the victim commits suicide.

Incestuous rape– Victims will face more difficulty opening up if the perpetrators are close relatives. Such cases go unreported due to family pressure.

Rape against marginalized people– Perpetrators takes advantage of the marginalized communities' unawareness to report such crimes.

Rape against men– There is a lack of law in India for the protection of men against rape. This is the result of gender stereotypes.

Rape against older people– Elderly people are also exploited due to their vulnerability and health issues.

Theme 6: Structural Factors Contributing to Rape

There is no one specific reason for rape. It is multifactorial and varies depending on the situation and environment.

Lack of self-control– Participants stated that rape happens due to a lack of control over the offenders.

Power imbalance– Victims often feel intimidated to come forward and seek justice due to criminals with high socioeconomic or political backgrounds who will corrupt the judicial system.

Parenting styles– Parents' failure to educate their kids on consent, healthy relationships, communication, good touch, bad touch, and their biological changes will have consequences.

Lack of sex education– Lack of awareness of consensual sex, the importance of foreplay in intercourse, could lead to dissatisfaction and coercion.

Distorted mentality– Blaming victims for their choice in dressing or being out during late hours, and justifying offenders' actions as a punishment, is a result of a distorted thinking pattern.

Patriarchal society– Women are often considered as reproductive machines who are inferior to men. They are often asked to satisfy their husbands, forbidding them from expressing discomfort.

Pornography– Individuals fantasize about pornography as real-life sex, and they often feel unsatisfied. They try to reinforce coercion and aggressive behavior, not realizing it is wrong.

Theme 7: Legal Dimensions

Even with laws prohibiting sexual violence, justice is frequently delayed, refused, or altered in favor of the powerful. Impunity is encouraged by judicial errors, a lack of legal knowledge, and weak enforcement.

Perceived justice and performance– Participants collectively urged for strict punishments, making offenders back out of crime.

Unsatisfied with the law– Even though laws exist, justice is not often served to the victims, regardless of the number of witnesses and evidence.

Distrust in law– Many people believe that rape cannot be stopped by the legal system, which is strengthened when justice is often delayed.

Theme 8: Media Influence in Shaping Perceptions

The media holds intense possibilities in shaping perceptions of young adults. Often, it serves as a medium for spreading awareness, as well as promoting distorted practices.

Narratives in media– Media framing of sexual assault cases shapes individuals' attitudes towards rape and sexual violence. It often reinforces rape culture by encouraging victim-blaming and sexual objectification of women.

Cybercrime– Sending unsolicited messages and sexual threats, morphing pictures to intimidate victims, are often seen on media platforms.

Pornography– Proliferation of pornography is one of the major reasons that contributes to the distorted mentality of its consumers. It reinforces false information, like women enjoy coercion.

As per the analysis of the data collected, the perspectives of young adults on rape and sexual awareness are shaped by socio-cultural norms, media influence, and legal frameworks. As we live in a progressive modern society where individuals transition from adolescence to adulthood, most of their perceptions and attitudes towards sexual intimacy, consent, rape, and gender roles are largely influenced by their social environment and their observations, but still, there is a part of the society that restricts our conversation on such topics, which contributes to a distorted understanding of rape among young adults. Throughout the study, there were instances highlighting that it was true. Accurate sexual awareness can contribute to knowledge about consent, healthy relationships, and personal boundaries. Sexual Script Theory (Gagnon & Simon, 1973) suggests that individuals learn sexual behaviors from cultural narratives. When these scripts reinforce coercion or male dominance, they distort the concept of mutual consent. This is what has persisted in Indian society till today. We can see a reflection of this theory in Indian society.

In our society, young adults don't have a comprehensive source of sexual awareness. This lack of sex education contributes to their strong belief in myths, stigma, and shame about rape and related aspects. This lack of sex education increases their stigma and creates a mindset where they

think talking about sexual violence, such as rape and its related aspects, in public is not acceptable. Some participants in the study were unfamiliar with basic anatomic terms, such as the clitoris, which indicated a limited awareness of their bodies. Some participants showed discomfort and reluctance while discussing the topic, and a few of them struggled with defining rape and ended up blaming the victims, saying that their dress provoked rape. These instances indicate the misconceptions surrounding sexual violence, like rape. Participants categorized rape into two types, one with consent and one without consent, highlighting the depth of the misconceptions and lack of awareness in society. Alarmingly, few of these highly indicate their deep-rooted stigma surrounding sexual violence and a clear lack of sex education. In India, due to the lack of formal and age-appropriate sex education, young adults' understanding of these aspects is shaped by informal sources. Also, media portrayals have a great role in shaping individuals' perceptions of victims and perpetrators. These instances highlight the urgent need for comprehensive and accurate sex education. This indicates the need for a comprehensive syllabus for sex education that goes beyond biological explanations across all academic streams, with efficient and qualified teachers to guide. Only through such measures we can mitigate the stigma and misconceptions surrounding sexual health. Through such measures, individuals' awareness regarding consent and rights in a relationship will become clearer. An increase in awareness will provide the knowledge to differentiate between consent and coercion, thus creating a more informed view towards rape and related aspects.

To gain an understanding of young adults’ perspectives towards rape requires information regarding the sociocultural narratives, individual learning processes, and other sources of their information. Many young adults hold rape myths from a society where victim blaming, normalization of sexual violence, objectifying women, and gendered power dynamics persist. The media plays a critical role in shaping young adults’ views on rape and sexual awareness. In an era dominated by the media, it holds real possibilities and has extreme power in shaping societal perceptions and young adults' attitudes, beliefs, and behavior. In the analysis, it was understood that the media had both positive and

negative influences in shaping perspectives among young adults. Misogynistic representations of women that are demeaning and glorify sexual violence are trivialized. Studies conducted on long-term exposure to media content revealed that media has a greater influence on the perception of our reality. Cultivation Theory (Gerbner, 1976) argues that prolonged exposure to media portrayals of gendered violence leads to desensitization and normalization of sexual coercion. This theory is very apt for the current situation of India. Day by day, the rate of rape cases is increasing, yet nothing has changed till now. People nowadays are giving less focus to such cases, as it is happening on a day-to-day basis. Framing Theory (Entman, 1993) explains how the media presents rape cases. The media most of the time discusses more about the victim and their actions, or they focus on the perpetrator's excuses. Such portrayals have huge effects on shaping public perception. If sexual outbreaks of violence, such as rape, domestic abuse, etc., are portrayed in a way that they shouldn't be, it leads to distorted beliefs.

The gap in sex education plays a significant role in creating myths and misconceptions about the difference between consent and coercion and the causal factors of rape, which leads to victim-blaming and thus fails to address the issue properly. Some participants lack awareness about withdrawing consent or distinguishing between coercion and genuine consent, even though participants were educated about rape. In the responses of the participants, it was observed that sociocultural norms, being a consequence of deeply embedded stigma on both institutional and individual levels, created fear of judgment and shame, leading to unwillingness and hesitance in discussing sexual violence and accompanying aspects. From this work, it was understood that rape is a commonly used tool against women by men to exert their power and establish control. It is highly connected with patriarchy and power imbalance. The media also play a significant role in changing and shaping public perspectives, either by reinforcing rape culture or spreading awareness. Rape culture is often normalized through media, victim blaming, and sexual objectification of women, resulting in intimidation and mental health struggles among survivors. Also, day by day, the distrust in the legal system is increasing because of factors like judicial delays, leniency, and impunity for powerful perpetrators.

Addressing all these things properly and efficiently can make a positive shift in the perspectives of young adults.

Summary and Conclusion

The results of the study highlight different perspectives on rape among young adults, making it very noticeable how a scarcity in sex education could lead to the dissemination of myths and distorted perceptions. Even though rape is one of the most heinous crimes to exist, and has devastating effects on society, the legal system still fails to serve justice. Survivors are conditioned not to come forward or fight for their rights due to the persistence of rape culture. Young adults reach a point where they are unable to differentiate between right and wrong. This could be tackled only when we have an informed and well-educated society. Through the study, it is very evident that open discussions on topics like sex, consent, rape, sexual poverty, boundaries, sexuality, and sexual frustration were often restricted and stigmatized, causing youngsters to believe it's forbidden to discuss. In order to combat this, sex education with an appropriate syllabus organized through expert verification must be included in school syllabuses of all streams of study. A well-organized syllabus will make sure that all students receive the right and comprehensive facts, irrespective of their academic background. The revolution must begin in our homes. Parents and teachers also need to be empowered with the appropriate knowledge and mindset to lead young adults in obtaining a healthy and well-informed worldview about sexuality. By fostering an environment that encourages open dialogue and accurate information, we can bridge the existing knowledge gap and create a more informed and aware generation.

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Chapter 6

The Psychology of the Rapist: Understanding Motivations, Influences, and Personality Traits

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One of the most serious violations of bodily autonomy is rape, which has far-reaching social, legal, and psychological effects. Globally, 6 % of women have been exposed to sexual violence from someone other than their husband or partner (UN Women, 2024). However, the true prevalence of non-partner sexual violence may be 2 to 10 times higher, considering the particular stigma surrounding this form of violence. Unfortunately, in rape and sexual assault, more often than not, the focus is on victim blaming (she asked for it) while the perpetrator is sheltered (boys will be boys). Only a clear understanding of the causes of rape can help us to devise preventive measures and steps to manage the perpetrator.

Myths about Sexual Offenders

It is a common misconception that rapists are "oversexed." In reality, rape is not primarily an expression of sexual desire but rather a manifestation of other nonsexual psychological needs viz. sexual expression of anger and power, and retaliatory and compensatory motives. It is not simply the result of ungratified sexual arousal. Groth & Brinbaum (1976) observed that “one-third of the offenders were married and sexually active with their wives at the time of their assaults.

Rape is always a symptom of some psychological dysfunction, whether temporary or chronic. It is often a desperate act stemming from an emotionally weak and insecure individual's inability to manage life's stresses. While rapists may come from various diagnostic categories,

most are not insane, nor are they just "healthy and aggressive young men." They possess serious psychological difficulties that impair their relationships, and when stressed, they resort to sexual acting out. Their most significant deficit is the absence of close, intimate emotional connections. They show little capacity for warmth, trust, or compassion, and their relationships lack mutuality and sharing. Although their judgment is poor under stress, their intellect is not impaired. They commit such irrational acts out of desperation and emotional turmoil, often fearing a loss of control. At the time of the offense, they are not deterred by logical considerations like punishment or harm to their victim. Some men who, under normal circumstances, would never rape may do so under severe stress in extraordinary circumstances, such as in wartime. However, it is highly improbable that these individuals would become repeat offenders. Conversely, some men find it very difficult to meet the usual demands of life, leading to frustration. Their frustration with the everyday demands of life, coupled with a reliance on sex to cope with distress, makes them very likely to be repeat offenders. These individuals pose an immediate and ongoing threat to public safety.

Myths about Survivors of Sexual Offences

A persisting myth about rape is that the survivor is partly responsible, having "asked for it" through seductive or provocative behavior. Even if someone acts provocatively it is not illegal. Refusing to accept their refusal is definitely against the law. The idea of provocation is utter nonsense, considering rape victims include females of all ages, from infants to the elderly. Rapes occur everywhere from homes to public parks, churches, and even cemeteries. There is no specific place, season, time, or type of person immune to rape. Another common myth is that a woman could always prevent a rape if "she truly wanted to do so". This denies reality. Rape happens when the female is under extreme fear due to intimidation with weapons, threats of harm, or brute force, and to expect her to react normally would require superhuman strength. Moreover, different perpetrators have different motives, so a tactic that might deter one assailant could provoke another. For example, physical resistance might discourage one rapist but excite another, and while one

attacker might flee if the victim screams, another might react with extreme physical violence.

Myths about Remedies

A common myth is that since sexual drives drive rape, the solution should also be sexual. Some suggest that legalizing prostitution will reduce rape. However, the legalization of prostitution in some countries has not led to a reduction in rape (Ciacci, 2020). Similarly, increased access to pornography in the media is often blamed for rape. While pornography is sexually stimulating, it is not sexual arousal but arousal of anger or fear that leads to rape. Pornography does not cause rape, and banning it will not stop rape. Some studies indicate that rapists are exposed to less pornography than other men (Mellor & Duff, 2019). Is castration a solution? Even if castration guaranteed impotence, which it does not- it would not resolve the rapists underlying anger and rage. These emotions would find other outlets like assault, battery, or homicide.

Theoretical Frameworks for Understanding Rapist Psychology

Psychodynamic theories attribute rape to unconscious conflicts, repressed desires, and early developmental traumas. Freud's theory posited that unresolved psychosexual stages, especially the phallic phase, may lead to the displacement of aggression and sexual tension onto vulnerable targets. Defense mechanisms such as projection and displacement are often involved, where the individual unconsciously justifies sexual aggression through externalizing blame.

Contemporary psychodynamic thinkers link rape to narcissistic injuries and ego fragility. Studies sometimes reflect themes of deep-seated maternal hostility, castration anxiety, and unresolved Oedipal conflicts, though empirical validation is limited. Critics argue that psychodynamic theories lack empirical rigor and overemphasize internal drives at the expense of sociocultural influences. However, their value lies in understanding the symbolic and unconscious dimensions of rape, particularly in cases where overt psychopathology is absent. When used with other frameworks, psychodynamic insights can offer depth to

psychological evaluations and therapeutic approaches Behavioral theories suggest that rape is a learned behavior shaped by reinforcement histories, observational learning, and environmental stimuli. Social learning theory posits that individuals acquire aggressive sexual behaviors by observing and imitating role models, especially when such behaviors are not punished. In societies with weak enforcement of legal consequences and widespread acceptance of gender inequality, these behaviors may be further normalized. Studies have demonstrated that men exposed to interpersonal violence during childhood or who grow up in households with permissive attitudes toward aggression are more likely to commit sexual offenses (Craig et al., 2019). The media, including pornography and film, may reinforce scripts where coercion is portrayed as erotic or acceptable. Indian movies romanticize stalking and male dominance, contributing to rape-supportive attitudes among youth. Rape-prone behavior is shaped by conditioning, peer validation, and desensitization. Rehabilitation using aversion therapy and cognitive restructuring has shown partial success, though results remain mixed in India (Kumar & Singh, 2020).

Cognitive theories focus on how distorted thinking patterns and maladaptive beliefs contribute to rape and sexual violence. One key concept is the endorsement of rape myths. Research suggests that rapists often hold entrenched cognitive distortions that minimize their culpability, blame the victim, or rationalize their actions as consensual. Peer groups, cultural narratives, or past unpunished offenses can reinforce these beliefs. In India, rape myths are prevalent, perpetuated by media, patriarchal values, and legal loopholes (e.g., the belief that a woman out at night is morally questionable or that marriage negates consent). Cognitive theories also highlight deficits in empathy, poor perspective-taking, and a sense of entitlement, especially in repeat offenders. Cognitive-behavioral therapies that target these distorted thoughts have shown promise globally in correctional settings. However, implementing and scaling these interventions in Indian prisons is limited, indicating a gap between theory and practice (Mehrotra & Abraham, 2021).

Feminist and Sociocultural Theories argue that rape is not just an individual pathology but a result of systemic power imbalances,

gendered socialization, and patriarchal norms. These frameworks argue that sexual violence functions as a tool of domination, reinforcing male authority and female subjugation. Central to this perspective is the notion that societal structures and cultural narratives shape beliefs about gender roles, entitlement, and female objectification. Deeply entrenched patriarchy, honor-based ideologies, and control over female sexuality in India contribute to environments where rape can be normalized or even justified. This theoretical lens shifts the focus from individual deviance to collective responsibility, demanding structural reforms in education, law, and cultural discourse (Chandra, 2021). Feminist theories have significantly influenced the psychological understanding of rape by highlighting the role of sociocultural factors. However, because these theories operate at the societal level, they cannot explain the differential effect at the individual level.

Types of Rape

Rapes can be categorized into different patterns based on the primary motivation:

In *Anger rape*, sexuality is a means to express intense, pent-up anger and rage. The sexual assaults are characterized by physical brutality exceeding what is needed to overpower the victim and achieve sexual penetration. The perpetrator may suddenly attack or gain trust before suddenly becoming angry and aggressive.

In *Power rape*, the dominant motivator is power. The perpetrator aims for sexual possession and conquest to compensate for underlying feelings of inadequacy. They use only the force necessary to achieve sexual submission and control of the victim through threats, weapons, or physical force. The victim may be held captive and repeatedly assaulted, with the perpetrator fantasizing about sexual conquest.

Sadistic rape involves a fusion of aggression and sexuality, where aggression itself becomes eroticized. The perpetrator derives pleasure from the victim's suffering, and the assaults often involve bondage, torture, and bizarre or ritualistic acts. The victim's private parts may be severely injured. Instead of the perpetrator's sexual organ, some other object, like a stick or bottle, may be used for penetration.

Psychiatric Disorders Among Rapists

Most rapists do not have a psychiatric disorder. A study of 535 convicted Swedish rapists revealed the prevalence of psychiatric disorders found as alcohol abuse /dependence (9.3%), drug abuse (3.9%), personality disorders (2.6%), and psychosis (1.7%) (Langstrom et al., 2004).

Substance Use Disorders: Substance use is a well-established contributing factor in sexual offending, lowering inhibition, impairing judgment, and increasing impulsivity. Alcohol is the most commonly implicated substance, often used by perpetrators before or during the commission of rape. Studies indicate that alcohol intoxication not only reduces self-control but may also increase misinterpretation of social cues, particularly sexual intent (Baltariu et al., 2023). In India, alcohol use is frequently reported in police records and victim statements associated with sexual assault cases. Other substances such as cannabis, stimulants, and opioids may also play a role, though their relationship with sexual aggression is less consistently documented.

Personality Disorders: Antisocial traits like impulsivity, disregard for social norms, and lack of remorse are closely linked to criminal behavior, including rape. Narcissistic traits, such as entitlement, a need for dominance, and exploiting others, can facilitate sexually aggressive acts. While less common, borderline traits may be present in emotionally volatile perpetrators who react to perceived abandonment or rejection. Global forensic psychiatric studies show a high prevalence of personality pathology among convicted rapists, with antisocial personality disorder being particularly overrepresented (Reale et al., 2021). Similar trends have also been observed in India. The co-occurrence of these disorders with substance use, poor impulse control, and low empathy highlights the complex psychopathology involved. Interventions require long-term, structured programs focused on personality restructuring, emotional regulation, and empathy enhancement. However, resource limitations and inadequate mental health infrastructure in Indian prisons pose significant barriers.

Psychosis: In rare cases, psychotic disorders may contribute to rape, particularly when accompanied by command hallucinations, paranoid delusions, or erotomanic beliefs. However, psychosis accounts for a

minority of rape cases and is more often linked to indiscriminate, opportunistic offenses. A comprehensive assessment is essential to differentiate between criminal intent and mental illness, with implications for legal responsibility and treatment planning.

Paraphilic Disorders

Paraphilic disorders involve intense, persistent sexual interests that deviate from culturally normative sexual behaviors and can include elements of coercion or harm. In the context of rape, disorders like sexual sadism, voyeurism, and frotteurism may be present, though not all individuals with paraphilic interests act on them illegally. Sexual sadism disorder, where an individual gains sexual pleasure from inflicting pain or humiliation, is particularly relevant to certain types of rapists who display cruelty and ritualistic behaviors. Indian forensic studies and case reports have documented instances where paraphilic elements coexisted with rape, although systematic research remains sparse (Rao et al., 2022). In India, cultural stigmatization and lack of open discourse on sexuality make the identification and treatment of such disorders challenging. Moreover, law enforcement and the judiciary rarely seek psychological evaluations unless overt symptoms exist. Treatment strategies may include cognitive behavioral therapy and, in high-risk cases, pharmacological interventions such as anti-androgens. However, ethical debates regarding chemical castration and the lack of trained professionals further complicate the management of paraphilic disorders in the Indian context (Seto, 2019).

Social, Environmental, and Biological Determinants

Family Environment and Early Adversities

Caregiver inconsistency, sexual deviation, and abuse in the family were related to the severity of sexual aggression, while institutional history and physical abuse predicted the severity of nonsexual aggression. Both Western and Indian studies reveal that history of childhood trauma and neglect are common in rapists (Sathpathy, et al., 2022). Children exposed to aggressive, patriarchal family models may internalize gendered power hierarchies, reinforcing entitlement and aggression

toward women. Additionally, insecure attachment patterns formed in early relationships have been linked to deficits in empathy and difficulty in forming healthy adult sexual relationships, contributing to coercive behaviors.

Socioeconomic and Cultural Factors

Socioeconomic deprivation and cultural norms significantly influence the likelihood of sexual violence. Low education, unemployment, poverty, and social marginalization lead to frustration, reduced access to prosocial outlets, and engagement in criminal activities, including rape. Societal values that promote male dominance control over female sexuality, and honor-based restrictions on women's mobility create environments where sexual coercion is implicitly tolerated. In the Indian context, such dynamics are particularly evident in rural settings, where gender-based violence is often normalized or justified (Kumar & Verma, 2018). The intersectionality of caste and gender further exacerbates vulnerability among marginalized women, with sexual violence sometimes used as a tool of systemic oppression. Lack of sex education, absence of open discussion about consent, the glamorization of misogyny in media, and the perpetuation of rape myths contribute to poor understanding of healthy sexual behavior. Addressing these factors requires structural changes, including gender-sensitive education, legal reforms, and grassroots awareness campaigns tailored to cultural contexts.

The Role of Testosterone and Aggression

Testosterone is linked to various aspects of human sexuality, including sexual arousal, intercourse, and fantasies. Studies of males with low testosterone (hypogonadal males) show that testosterone treatment can restore diminished sexual desire and behavior. However, the relationship between testosterone levels within the normal range and self-reported sexual activity in men is inconsistent, with studies showing weak or no correlation and sometimes even negative correlations.

Testosterone has also been connected to male aggression. Several studies have found positive, albeit not always strong, correlations between

testosterone levels and a history of violent behavior, generally exceeding chance levels. Higher testosterone levels have also been linked to antisocial personality disorder. Given the reported correlations between testosterone and aggressive behaviors and also between testosterone and sexual desire, it is imperative to assess testosterone levels in sexual offenders. Results, unfortunately, are inconclusive: some studies found no significant difference in testosterone levels of rapists, child molesters, and controls, but comparing pedophiles and nonviolent, nonsexual offenders revealed lower testosterone levels in the former (Bain et al., 1988). Dabbs et al. (1995) observed high testosterone levels in rapists, child molesters, and murderers, in that order. Aromaki et al. (2002) found no differences in testosterone levels among rapists, child molesters, and control subjects. However, 70% of the rapists and 30% of child molesters met the criteria for antisocial personality disorder.

Neurobiological and Genetic Influences

Deficits in executive functioning, impulse regulation, and emotional processing particularly involving the prefrontal cortex and limbic system are frequently observed in sexual offenders. Functional imaging studies indicate altered connectivity in brain areas associated with moral reasoning, empathy, and aggression regulation. An association of rape with head injuries, organic brain damage, abnormalities in the temporal horn, and learning disabilities are reported.

Genetic studies, though still preliminary, have identified potential associations between polymorphisms in the MAOA gene (linked to aggression and impulse control) and sexually deviant behavior. However, these biological vulnerabilities are neither necessary nor sufficient for offending behavior and interact significantly with environmental exposures. There is a paucity of such neurobiological studies in India, highlighting a need for context-specific research. Ethical concerns surrounding genetic determinism and the potential misuse of neuroscientific findings also warrant caution. Nevertheless, integrating biological insights with psychosocial data may enhance risk assessment tools and inform individualized intervention strategies.

Motivation, and Typologies of Rapists

Motivation and Psychological Gratification: Understanding the motivation behind rape is essential for profiling offenders and tailoring intervention strategies. Psychological gratification among rapists can stem from a range of drives i.e. sexual, aggressive, or power-based. Some offenders report high levels of sexual arousal from domination or control rather than consensual intimacy. For others, rape is more about expressing anger, retaliating against perceived slights, or asserting power than about sexual gratification.

Deviant sexual arousal: is often cited as the cause of rape. While rapists were equally aroused by rape and mutually-consenting sex, non-rapists were much more aroused by mutually consenting sex than rape. The authors implied that rape is motivated by sexual arousal evoked by the non-consent of the victim and the offender's use of force. However, the above study was criticized because verbal descriptions of rape used in the study were designed to arouse each rapist maximally. The control group comprised of bisexuals, exhibitionists, pedophiles, and voyeurs whose deviant sexuality may have caused their lowered arousal to rape cues.

Typologies of Rapists: Attempts have been made to classify rapists into various typologies based on motivation, behavior, and personality traits. The influential Massachusetts Treatment Center Rapist Typology includes opportunistic (unplanned, act impulsively, often under the influence of substances), pervasively angry (generally hostile), sexually motivated (preoccupied with sexual fantasies and urges), sexually sadistic (derive sexual gratification from the victim’s suffering), sexually non-sadistic (sexual arousal is inappropriate (fetish) with feelings of inadequacy regarding masculinity and sex), and vindictive (aim to degrade or humiliate) types. These typologies are clinically useful for risk assessments and therapy.

Conclusion

Rape is a major social problem that is now recognized as a global problem and is raising concerns all over the world. Understanding the complex motivations behind rape is essential to dispel the persistent

myths, which, despite their simplicity, actually hinder prevention. Combating rape necessitates multidisciplinary efforts across individual, social, cultural, economic, legal, and political levels.

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Chapter 7

Legitimating the Illegitimate: A Study on the Lived Experience of an Individual Exposed to Conflict-Related Sexual Violence

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"I want to be the last girl in the world with a story like mine." — Nadia Murad

From the ruins of conflict emerge not only physical destruction but also deep, invisible wounds carried by those whose bodies became battlegrounds. One of the most devastating effects of modern warfare is conflict-related sexual violence (CRSV). This kind of violence assaults not just the body but also dignity, agency, and identity. Women who face sexual slavery, forced marriage, and forced pregnancy carry traumas that often outlast the war itself. These are not random acts; they are deliberate tools of control and ethnic domination, deeply embedded in the logic of psychological war (Leatherman, 2011; United Nations Security Council, 2008). Even when institutions recognize CRSV within legal frameworks and transitional justice systems, survivors are often unheard of in their full humanity. Their emotional, psychological, and existential realities are too often reduced to testimonies or case files. CRSV, as Nordås and Cohen (2021) explain, is shaped by cultural, strategic, and opportunistic factors. This debunks the myth that such violence is random. Yet, the lived experiences, needs, and voices of survivors are frequently overlooked and under-represented in research and intervention initiatives because the emphasis is still frequently on offenders and policy responses (Nordås & Cohen, 2021). Feminist scholars challenge this erasure by emphasizing the importance of lived experience.

Mackenzie (2018) argues that justice systems often devalue survivors' stories through legal abstraction, thereby reducing their emotional truth. Similarly, Mocnik (2019), through her ethnographic work in Bosnia-Herzegovina, shows that collective victimhood, while politically significant, can overshadow individual identities, agency, and the emotional challenges that survivors face in their daily lives (Mackenzie, 2018; Mocnik, 2019). Psychologically, the effects of CRSV run deep. Gomez (2020) found that high-betrayal trauma in women strongly correlates with symptoms of PTSD, dissociation, and anxiety. Sabri and Granger (2018) argue that repeated exposure to gender-based violence creates toxic stress. This type of trauma biologically affects women from marginalized communities and disrupts their long-term mental and physical health (Gomez, 2020; Sabri & Granger, 2018). In India, trauma is further influenced by sociocultural constraints. Chakraborty et al. (2018) show how fears of harassment, rooted in ideals of chastity and shame, discourage women from entering the workforce. This results in the internalization of patriarchal norms and a loss of autonomy (Chakraborty et al., 2018). This study listens to those often-muted voices through a qualitative approach, specifically Interpretative Phenomenological Analysis (IPA), focusing on women who have survived sexual slavery, forced marriage, and forced pregnancy. Their stories are not linear, nor are they easy to categorize. However, their memories, silences, and contradictions reveal truths beyond data. They are not just victims of war but narrators of resistance, carriers of memory, and bearers of epistemic justice.

Method

The present study aims to explore the lived experiences of individuals who have been exposed to conflict-related sexual violence (CRSV). The term "CRSV" describes sexual violence that results in psychological conflict and is frequently employed as a trauma, control, and dominance tactic. Since these experiences are so intimate and psychologically complex, this study uses a qualitative approach to explore how individuals, within particular sociopolitical and cultural contexts, navigate with, and interpret meaning in the aftermath of such violence.

Objective: To use in-depth interviews to understand the lived experience of individuals exposed to conflict related to sexual violence in the following domains:

1. Violence through an intersectional lens
2. Idea of sense of agency
3. Meaning-making of life
4. Dealing with conflict

Understanding Interpretative phenomenological analysis

Interpretative Phenomenological Analysis (IPA) is a qualitative research approach focused on understanding how individuals make sense of their lived experiences. IPA permits an in-depth study of how survivors cope with and allocate meaning to their trauma in the context of conflict-related sexual violence (CRSV). Since its inception by Smith (1996), IPA has developed into a strong methodology for evaluating intricate, intensely personal experiences, particularly in social and cultural contexts.

- Life-worlds
- Their experiences of a particular phenomenon
- How they have made sense of these experiences
- The meanings they attach to their life experiences

A key feature of IPA is the concept of the 'double hermeneutic' as described by Smith and Osborn (2003) where the researcher interprets how the participant is making sense of their own experience.

i. The first is the participant's meaning-making (interpreting their own experience),
ii. The second is the researcher's sense-making (interpreting the participant's account), (Smith, Flowers and Larkin, 2009).
iii. This interpretive process is circular, known as the "hermeneutic circle" (Moran, 2000; Smith, 2007).

Operational definition of key constructs

For this study, any sexual violation that leads to significant conflicts such as forced prostitution, forced marriage, forced pregnancy, rape, or sexual

slavery and in which the acts are used intentionally or opportunistically as a form of dominance, control, punishment, or coercion, is referred to as conflict-related sexual violence (CRSV) (United Nations, 2015).

Selection criteria for participants

Participants were chosen for this study based on their personal experiences with Conflict-Related Sexual Violence (CRSV), each of which represents a unique type of sexual violation with roots in family and sociopolitical systems. One participant had been forced into a marriage under duress, another had been forced into prostitution and sexual exploitation by her husband to survive, and a third had been forced into a pregnancy in a conflict-driven situation. In order to depict the psychological and emotional realities of people exposed to various forms of CRSV, these experiences were specifically chosen. Purposive sampling was used to select the participants, taking ethical considerations into account because of the complexity and sensitivity of their lived realities.

Sampling

Participants were selected through purposive sampling based on their lived experiences of Conflict-Related Sexual Violence (CRSV). The researcher approached them individually, explained the study with sensitivity, and obtained informed consent. The final sample included two Bengali and one Hindi-speaking participant.

The final sample consisted of three individuals who met the inclusion criteria—namely, being between the ages of 25-45 years and is exposed to conflict-related sexual violence.

- **Participant 1- (37 years)**
- **Participant 2- (26 years)**
- **Participant 3- (22 years)**

All participants were conversant in Bengali, Hindi, and English, mainly, and therefore, the interviews were conducted in their mother tongue to ensure comfort, clarity, and authenticity of expression.

Tools used

Information Schedule: For this study, a semi-structured interview was used to gather data on each participant's age, source of income, occupation, education, family background, current social status, and other characteristics.

In-Depth Interview: Participants' subjective experiences of conflict-related sexual violence (CRSV) within their emotional and social contexts were investigated through in-depth interviews. This method sought to comprehend how they interpreted their surroundings (Smith, Flowers, & Larkin, 2009). The 30- to 45-minute interviews were conducted repeatedly until the data was saturated and no new information was discovered. Open-ended interview questions were used tactfully to probe important psychological facets of participants' lived experiences of Conflict-related sexual violence (CRSV).

Procedure

The interview schedule was carefully designed in light of the extremely distressing nature of conflict-related sexual violence (CRSV). The timetable addressed family relationships, early life, socioeconomic background, and the circumstances surrounding the sexual violence. It also helped in building rapport before the in-depth interviews, where participants were encouraged to think about more personal and emotionally relevant situations. During this phase, participants were given a debriefing and asked to voluntarily confirm if they were willing to continue.

Triangulation and validation

The first author transcribed the data, but the other authors concurrently and independently coded and evaluated it. Only codes and/or motifs that were supported by all three researchers were maintained.

Ethical issues:

The official ethical clearance was given by the NSHM Knowledge Campus in Kolkata. Every participant's identity and information were kept confidential. Due to the sensitive and highly intimate nature of

conflict-related sexual violence (CRSV), participants were informed that they might withdraw from the study at any time, even after providing their previous agreement. This action was made to ensure that their emotional well-being and autonomy would be fully maintained throughout the study.

Analysis

Superordinate Theme 1

Lethal Intersection: Violence through Range of Boundary Violations: This superordinate theme captures the multifaceted violence experienced by participants that transcends physical harm and manifests in early parentification, emotional betrayal, and distorted relational intimacy. The narratives expose a consistent blurring of emotional, familial, and psychological boundaries, often legitimized by familial duty, gendered conditioning, and silencing. What unfolds is not a single event of violence but a sustained and layered erosion of self through the institution of family and marriage.

- **Subtheme 1: Systematic Imprinting of Early Parentification**
  Two of the participants recount being prematurely thrust into adult roles within their family systems, not due to their own readiness, but as a response to familial necessity. Their childhoods were overshadowed by responsibilities far beyond their developmental stage, shaped by early loss, patriarchal expectations, and the glorification of emotional endurance. The narratives reflect a deep emotional displacement, where instead of being recipients of care, they were expected to become caregivers.

  Participant 1: "I was brought up as a very responsible girl, as in I was responsible for the house, I was responsible for my siblings."

  Participant 3: “I have four younger siblings after me. I mainly had to think about them & get married. If I hadn’t thought about them, I would have found my own path. But my sisters would have been swept away.”

- **Subtheme 2: Betrayal, Deception, and Emotional Fragility**
  The narratives reflect betrayal as a recurring theme, not in isolated incidents but through patterns of emotional neglect and deception. Participants shared how trusted figures, including family, dismissed their pain or normalized abuse, leading to deep emotional fragility. These betrayals often resulted in internal struggles like dissociation and hypervigilance, shaped not only by personal relationships but also by broader cultural systems that silence survivors and valorize endurance.

  Participant 1: "I had an exam the next day. I requested to watch a movie, and my father told me if I learned & revised all the chapters, I could watch it. I studied and revised in front of him, but he still didn't let me watch it. I remember this incident clearly. That was the moment I felt trust was broken."

  Participant 2: "My husband left me here. I didn't even know what this place was... I found out after four days. When I confronted him, he claimed he didn't know what this place was. But how can you not know?... I accepted that I have been sold by my husband."

- **Subtheme 3: See-Saw— Conflicted Intimacies within Marital Families**
  Marriage emerged as a space of conflicting intimacy, offering brief support alongside ongoing invalidation. Participants described deep caregiving and emotional investment met with criticism, neglect, or abuse. These see-saw dynamics, shifting between care and harm fostered confusion, emotional fatigue, and blurred the boundaries between love and violence.

  Participant 1: "He didn't stop me from studying after marriage, but I had to do all the household chores first. I had no energy left."

  Participant 3: "Even after my sister-in-law's baby wasn't getting any milk, I breastfed and raised that child. And still, she said, what I have ever done for her"

- **Subtheme 4: Internalized Oppression and Its Aftermath**
  Both narratives reveal how gendered oppression becomes internalized over time, shaping how participants see themselves as

unworthy, powerless, or voiceless. These beliefs stemmed from long-term emotional neglect and societal conditioning, leading to deep psychological harm and a sense of helplessness. Yet, amid this, traces of resistance persist, highlighting the complex tension between oppression and agency.

Participant 2: "I felt helpless. I accepted that I have been sold by my husband... What I used to do with my husband, now I do with customers. It feels shameful."

Participant 3: "I'm an illiterate housewife... I can't do anything; there is no way out for me. I don't have the education to apply for any job."

Superordinate Theme 2

Rise Like a Phoenix — Reclaiming Autonomy and Sense of Agency: This superordinate theme explores the nuanced and layered ways in which participants started to assert autonomy, often in fragmented but powerful ways. Through distancing from harmful relationships, crafting new identities, or exerting micro-control over daily routines, the participants navigated the contradictions of victimhood and agency and, in doing so, initiated subtle but meaningful acts of personal reclamation.

- **Subtheme 1: Reclaiming Self and Identity as a Separate Entity**
  The process of reclaiming selfhood often began from a place of complete collapse, after being denied voice, value, and freedom for years. The emergence of agency was slow, often uncelebrated, and occurred quietly through everyday decisions that resisted the dominant script of sacrifice and submission.

  Participant 1: "Now I don't react, I respond… My own thoughts and feelings - they are the most important part of me. There's so much happening around, but how I understand and process it - that is my core."

  Participant 2: "When I'm here, I see things the way people here do. But the moment I step out onto the tram road, I completely become the family's daughter-in-law."

- **Subtheme 2: Negotiating Control in a Life of Contradictions**
  Life reflects a constant balancing act between imposed circumstances and personal choice. While external forces often dictated her path, she found ways to assert control within those limits, especially by reframing her identity through motherhood. Her narrative shows how agency can exist even amid constraint, as she navigates between compliance and quiet resistance, adapting without fully surrendering her sense of self.

  Participant 2: "I have two sons... I want to fix some money on their names, keep something for myself, and then leave."

Superordinate Theme 3

External Resources as a Way of Coping: This superordinate theme highlights how participants sought external sources of emotional strength when internal resources were depleted by prolonged trauma. In the absence of nurturing familial systems, participants turned toward meaningful external relationships and roles such as peer support or caregiving identities as strategies to ground themselves. These resources, while not curative, became essential survival anchors.

- **Subtheme 1: Social Support– The Ultimate Resort**
  When familial systems failed to offer validation or comfort, participants turned to emotionally safe individuals - friends, mentors, or siblings, as their last resort. These social bonds became lifelines in times of despair and provided a sense of containment that their primary family systems could not.

  Participant 1: "I have been blessed to have friends with me always... they pulled me out... They even took care of my baby outside the exam hall when I was giving my exam."

  Participant 2: "The man I love understands me… he won't leave me. He knows everything about me."

- **Subtheme 2: Motherhood as Redemption and Identity Reconstruction**
  This subtheme explores how, despite experiencing profound trauma, betrayal, and silencing, she reclaims her sense of purpose, identity,

and meaning through motherhood. Being a mother is not just a biological role but a healing structure, a reason to keep living, growing, and envisioning a different life. In contrast to her fragmented selfhood shaped by forced marriage, abuse, and disempowerment, motherhood becomes her site of strength, clarity, and future orientation.

Participant 3: *"*To be honest, now I can't see my own future, I'm entirely occupied with my son's future, I've become very busy with him. Actually, I see my future in my son. I want to raise him well, make him one in a million."

Discussion

When it comes to conceptualizing the lived experiences of adolescents who were exposed to conflict-related sexual violence (CRSV), this study is unique. The fact that all the participants describe their lived experiences similarly is quite intriguing. From the transcript, it was feasible to identify 3 superordinate themes and 8 subordinate themes. We used interpretative phenomenological analysis to interpret the data. They are as follows:

- Lethal intersection: Violence through range of boundary violations.
- Rise like a phoenix: Reclaiming autonomy and sense of agency.
- External resources as a way of coping

The superordinate themes and the subordinate themes obtained from Interpretative Phenomenological Analysis are discussed as follows:

- **Lethal intersection: Violence through range of boundary violations**

  According to the participants' narratives, conflict-related sexual violence (CRSV) took the form of complex boundary violations that destroyed identity and trust. Each participant saw violence as a chronic deterioration of safety in close relationships rather than as a singular incident. For instance, exploitative partnerships and forced marriages serve as examples of how trusted family roles were weaponized: forced sexual servitude and forced impregnation

turned a woman's body into "another battlefield." Such betrayals are referred to as "betrayal trauma" by trauma theory, which happens when people who one depends on betray that trust. In these situations, conflict only made patriarchal norms that already existed worse. Family responsibilities and gendered expectations effectively concealed exploitation as care because the abuse was systemic and institutionalized by cultural norms. The stories of our participants demonstrate how sexual violence seeks to "humiliate, or destroy, the identity of the victim," as stated by Skjelsbaek (2006) & caring for others during childhood or marriage turned into a source of betrayal and shame rather than love. These results are consistent with ethnographic reports of conflict-related increases in domestic and sexual violence in Bosnia and Afghanistan.

The experiences of the women varied greatly within this "lethal intersection" of patriarchy and war. Premature parentification was described by Participants 1 and 3, who experienced forced marriage or sexual slavery. They were thrust into caregiver roles as children, such as taking care of siblings or household chores, under the guise of family responsibilities. In terms of trauma, "taking care of my siblings" rather than getting care is a serious boundary violation of childhood dependence that can cause hypervigilance and long-lasting mistrust. Intimate betrayal characterized Participant 2's experience (forced pregnancy/prostitution); she was essentially sold by her husband, a violation that exacerbated the trauma of nonconsensual sex. Given that betrayal trauma theory predicts greater suppression and confusion when abuse originates, particularly from a caregiver, this type of proximal betrayal (by a spouse) is harmful. Survivors frequently internalize blame, thinking they deserve mistreatment, because the sociocultural "systems of response" around them (families, communities) demand women's endurance. These dynamics are consistent with feminist analyses of rape culture.

All participants described their marital lives as a seesaw of care and harm, with chronic abuse or neglect taking precedence over sporadic support (such as being permitted to pursue education or providing care for others). Boundaries were blurred, and autonomy was

diminished by this oscillation. Over time, participants internalized oppression, feeling voiceless or unworthy. Participant 2 reported that sexual acts she had previously saved for her husband now felt like labor without any power. These stories emphasize the stigma and boundary violations that erase social and physical identity, which is consistent with trauma theory on complex abuse (Herman, 1992). Flickers of resistance persisted, though, reiterating Skjelsbaek's (2006) notion of the "parallel history of opposition" among survivors.

- **Rise like a phoenix: Reclaiming autonomy and sense of agency**
  All three participants set out to regain their independence and transform themselves, despite severe limitations. This occurred gradually and frequently in unremarkable ways, such as making small decisions in day-to-day activities or not feeling ashamed. Regaining agency frequently begins subtly, in hostile settings, according to feminist trauma scholars. For example, one of the participants transitioned from being an obedient daughter-bride to an independent thinker when she stated, "My own thoughts and feelings…they are the most important part of me," after finding empowerment in education and self-reflection. According to trauma-informed viewpoints, developing a cohesive sense of self, or "my core," is essential to survivors' healing (Herman, 1992). In a similar vein, another participant talked about constantly navigating her identity; she could unwind in a community of support, but when she left, she once more became "the family's daughter-in-law." Even so, she had subversive power in her role as a mother; she subtly planned to save money for her sons' future in order to control the course of her life. This conflict between quiet resistance and compliance is consistent with studies that demonstrate how motherhood provides meaning for women in oppressive environments (Kantengwa, 2014). By establishing herself as a mother in the face of abuse and illiteracy, Participant 3 personified this subtheme. She said she became "very busy" with her son and saw her future in him. Her experience is consistent with research from Rwanda, where mothers of children born to rape discovered meaning in raising their children (Mukangendo, 2007). Through

modest acts of self-will, all three women started to reconstruct their broken identities—"rising like a phoenix." Intersectional oppressions—gender, age, illiteracy, and economic dependence—shaped their paths; P3's minority status made her feel even more helpless, but P1's education allowed her more freedom to take action. All, however, exhibited gradual, resilient defiance in line with trauma-informed models, supporting Campbell's (2009) ecological trauma model of social role renegotiating as a means of healing.

- **External Resources as a way of coping**
  Eventually, when internal strength failed, all participants resorted to outside resources as lifelines. Coping frequently takes place within social systems, according to feminist and ecological trauma theories. Both participants 1 and 2 talked about turning to reliable people outside of their abusive families for emotional support. One participant relied on friends who gave her the strength to persevere through both studies and her personal life by literally watching her baby while she took tests. Another participant finally confided in a sympathetic partner outside of her married home, who, in her own words, "won't leave me" and accepted her past. This is consistent with research conducted in Uganda, where survivors cited peer support from other women survivors as a crucial coping strategy (Woldetsadik et al., 2022). Here, social support served as the "ultimate resort" and acted as a buffer against betrayal by family members. These ties countered the culture of silence that frequently follows CRSV by offering both vital validation and helpful assistance.

  Motherhood as redemption was the alternative coping strategy used by participant 3. She made her son the center of her life in spite of her early concerns about his future in a hostile world. She felt more purposeful and directed after this reinterpretation. Even in the face of stigma, mothers of rape-affected children frequently view motherhood as a lifeline—"a reason to live again"—as discovered by Kantengwa (2014). This is reflected in P3's story: she regained the dignity and hope that conflict had attempted to take away from her by committing to her son's welfare. Significantly, these coping

mechanisms provided stability in otherwise aimless lives, but they were not remedies for the severe trauma. Women "who survived went on... mobilizing all their efforts to go on for a life worth living for themselves and their children," according to Medica Zenica's research on Bosnian survivors, perfectly captures this circumstance (Zenica & Mondiale, 2000).

Similarly, despite their scars, our participants rebuilt their broken identities through external relationships and roles (such as motherhood and friendship). These results support feminist criticisms of PTSD-only models, which hold that recovery from CRSV is a socially embedded process rather than merely an individual psychological experience. Survivors show the strength of 24 agencies even in intricate oppressive systems in a variety of contexts, including Rwanda, Uganda, and the present study area (Woldetsadik, Acan, & Odiya, 2022; Mukangendo, 2007).

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Chapter 8

Behind The Act: Psychosocial Causes of Rape

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Due to societal hurdles, sexual assault against women frequently goes unchecked, making it a silent social pandemic and a major public health emergency. This widespread problem has its roots in deeply ingrained patriarchal conventions and overt sexist beliefs that, unfortunately, have been internalized by people of all genders, creating a culture that favors tolerance over condemnation of rape (Ramesh, 2023).

Psychological Factors on Rape Causation

Evolution of Psychological Theories

Early psychological theories in the 20th century often characterized rapists as "psychological deviants," attributing their actions to factors such as poor parenting, repressed homosexuality, castration anxiety, inept social skills, excessive sexual urges, or sexual starvation. A significant shift occurred with the rise of the suffragette movement, which, ironically, saw some theories controversially shifting to frame women as complicit in their victimization. These narratives suggested women "ask for it" due to their mannerisms, attire, or sexual histories, a victim-blaming discourse that, regrettably, persists today, aiming to absolve the perpetrator and place the burden of responsibility on the victim. The 1970s marked a pivotal turning point with the emergence of radical feminist theories. Research conducted by frontline female activists during this period corroborated key findings that remain relevant: the prevalence of rape was significantly higher than estimated, perpetrators were more often known to victims than strangers, and men would likely commit rape if guaranteed non-detection. This historical progression, highlights that while individual psychological factors are

significant, they are deeply shaped by and interact with broader societal, cultural, and developmental contexts. Prompted by these feminist insights, psychologists initiated new lines of research, leading to later psychological theories of rape. Rapists were categorized based on their intent—anger, sadistic, and power rapists—and four primary motivations were identified: opportunity, vindictiveness, pervasive anger, and sexual gratification. These individuals often exhibit early sexual activity, higher sexual frequency, and define their personalities through sexual behaviors, frequently associating with sexually violent fraternities or subcultures where sexual aggressiveness and multiple partners are status symbols.

The Synthesized (Biosocial) Theory of Rape

After extensive research and theorizing in the 1970s and 1980s, three main theories of rape emerged. *The feminist theory* considers rape as a tool for men to maintain dominance over women in sociopolitical and economic terms, rather than solely a sexual act. *The social learning theory* attributes rape to sexist attitudes and the imitation of rape portrayed in the media. *The evolutionary theory* postulates that, unlike women, men augment their reproductive potential by having multiple sexual partners. The Synthesized theory of rape integrates parts from all the earlier theories and introduces the impact of sex hormones on brain functioning (Ellis, 1991). The synthesized theory is built upon four key propositions: *Dual motivation*: Two drives, the sex drive and the drive to possess and control, motivate rape and indeed most sexual behaviors. *Gender differences in Sex drive*: Evolutionary pressures have led to a stronger average sex drive in men as compared to women. Consequently, men are inclined toward multiple sex partners, utilizing various tactics, including force. *Learned behavior, unlearned motivation*: While the fundamental motivation behind rape is largely innate, the specific behaviors involved in rape are acquired through individual experience. *Hormonal influence*: An individual's exposure to male sex hormones during brain development can impact their sex drive, as well as their sensitivity to punishment and the suffering of others. Individuals with higher sex drives and reduced empathy for other people's pain are at a greater risk of committing rape (Ellis, 1991).

Individual Psychological Traits

Many rapists exhibit distinct psychological traits that facilitate their actions. These often include a profound lack of empathy, impulsive tendencies, or deep-seated anger and hostility. Rapists often have a history of violent crimes. Psychopathy (assessed with the Hare Psychopathy Checklist – revised) was about 40–50% for rapists and only 10–15% for child molesters. A significant proportion of rapists may have experienced trauma or abuse in their childhood, which subsequently manifests as violent or coercive sexual behaviors in adulthood (Nainar, 2022). A primary psychological factor is the propensity to objectify others, particularly women. This objectification dehumanizes the victim, making it easier for the perpetrator to justify their actions. Rapists frequently perceive women as objects for sexual gratification rather than as human beings with their autonomy and rights.

Cognitive Distortions

Rapists frequently employ irrational thought patterns (cognitive distortions) to justify their behavior. Common distortions include the belief that women are "asking for it" based on their clothing, behavior, or presence in certain settings. Many perpetrators harbor entitlement beliefs, perceiving sexual access as a right or something they deserve (Nainar, 2022). They may also deny the impact on the victim through the distortion of minimization or rationalize their actions by suggesting the victim "wanted it" or "deserved it". These mental frameworks allow individuals to distance themselves from the moral and ethical implications of their actions, thereby enabling them to commit acts they might otherwise deem unacceptable (Hockett & Saucier, 2015).

Neurobiological impairment

A Swedish study revealed that rapists had suffered greater traumatic brain injuries than child molesters (Långström et al., 2004). Neuroimaging studies revealed anomalies in the temporal lobes of rapists, especially sadistic rapists. Rapists exhibited higher frontotemporal abnormalities on neuropsychological testing (Gannon et al., 2008).

Societal and Cultural Underpinnings of Sexual Violence

Social Proclivity Model: Burt's (1980) comprehensive model for explaining rape culture is founded on three core tenets: traditional gender roles, adversarial sexual beliefs, and the acceptance of violence. Modern theorists have expanded this model by adding sexism and negative attitudes towards women. This combination of factors actively encourages men to adopt the role of sexual aggressors and, conversely, to regard females as their sexually passive victims.

Victim blaming: is a global phenomenon that is particularly deleterious for women survivors of rape. In India, various religious doctrines and mythologies reinforce societal control over women's bodies, dictating daily life for many. Consequently, rape is often regarded as inevitable for women who do not adhere to traditional and patriarchal gender roles. Rawat (2017) studied 50 Indian men and found that victim blaming was prominent due to a. lack of knowledge about rape. Most are unaware that the major motive of rape is power, not sex. The majority believed sexual myths, viz., women would not be raped if they avoided strangers. Impulsive sexual desire is the main motive for rape. Women who wear dresses exposing sexually attractive parts of their bodies and display flirtatious behavior are "asking" for rape. Young people need to be educated to develop a positive and healthier attitude toward rape victims and sexuality. All forms of sexual assault should be condemned and expeditiously punished so that women are seen with respect and not perceived as objects of pleasure.

Gender Inequality: is arguably one of the most significant societal factors contributing to the prevalence of rape. In societies where women are treated as inferior to men or where traditional gender roles are rigidly enforced, the incidence of rape is significantly higher. The normalization of male dominance and female submission creates an environment where rape is more likely to be tolerated, excused, or minimized. In deeply patriarchal societies, women may be perceived as property or as secondary to men, fostering behaviors and attitudes that not only accept but sometimes even condone violence against women.

Rape Culture: is a societal environment in which rape is excused or normalized. It is actively reinforced through different mechanisms,

including victim blaming, media portrayals of sexual violence, and even casual jokes. Television shows, movies, and advertising frequently trivialize rape, thereby directly contributing to the normalization of sexual violence. The concept of "rape culture" highlights how pervasive and insidious the normalization of rape can be, extending beyond overt acts to seemingly innocuous elements of everyday culture such as media, humor, and casual discourse (Ramesh, 2023; Nainar, 2022).

Socialization and Norms: From an early age, boys and girls are socialized into specific gender roles. Boys are typically expected to be assertive, dominant, and sexually aggressive, while girls are taught to be passive and submissive. This deeply ingrained socialization process contributes significantly to the development of harmful attitudes toward women, including the belief that their bodies are objects to be controlled or possessed. Peer pressure can also play a significant role, particularly in certain social groups where there may be pressure on men to engage in sexually aggressive behaviors or to view women as conquests (Koo et al., 2023).

Environmental and Situational Contributors

The Complex Relationship between Alcohol/Drugs and Rape

Alcohol and drugs play a significant role in the occurrence of rape, a relationship involving a combination of individual behaviors, situational factors, and social dynamics. Substance use by both the perpetrator and the victim (whether voluntary or otherwise) can contribute to the occurrence of rape. Crucially, it must be emphasized that substance use does not justify or excuse the act of rape, as consent remains central to any sexual interaction, regardless of intoxication.

Impact of Alcohol on Perpetrators and Victims

A consistent correlation has always been found between alcohol consumption and all forms of violence, including murder, suicide, and rape. It is the most commonly consumed substance in cases of rape (Miller & Marshall, 2021). For perpetrators, alcohol can lower inhibitions, impair judgment, and reduce impulse control, leading some individuals to engage in behaviors they might otherwise avoid when

sober. Intoxicated individuals are more likely to misinterpret social cues, particularly in sexually charged situations, which could lead to inappropriate or aggressive sexual behavior. Alcohol use can also heighten a sense of entitlement or aggression, emboldening some individuals to engage in coercive or violent sexual actions (Miller & Marshall, 2021). For victims, alcohol consumption increases vulnerability to assault, primarily due to its physiological effects of lowering inhibition and dampening higher mental functions. It can reduce the perception and response to threat and cause misinterpretation of cues and ineffective communication. Alcohol works in combination with social settings, such as the presence of males and a lack of potential bystander intervention, to confer an increased risk.

The Use of Specific Drugs to Incapacitate Victims

Drugs such as Rohypnol, GHB (gamma-hydroxybutyrate), and ketamine have been used in "date rape" situations. These drugs can induce memory loss, confusion, and unconsciousness, rendering the victim unable to resist or recall the assault. Some rapists use drugs to make it easier to commit rape without detection or resistance (LeBeau & Montgomery, 2020). This behavior reflects a desire to control and dominate the victim and bypass their ability to resist or give consent.

Bystander responses following a sexual assault

The "bystander effect" is a critical environmental factor, where individuals are less likely to intervene when they perceive that others are also witnessing the situation. Rape often occurs in social settings where others could intervene but choose not to, influenced by social norms around privacy, fear of retribution, or a belief that someone else will step in. Crucially, bystander intervention can significantly reduce the occurrence of rape, particularly in social situations such as parties or bars where alcohol is present. Bystanders are more likely to intervene if the victim is known to them. Women are more likely to intervene than men (Boateng et al., 2024).

Online Harassment and Grooming

In this age of social media, online harassment, sexting, and grooming behaviors are more common, especially among young people. Perpetrators leverage online platforms to manipulate or coerce victims into sexual activity, often by exploiting the victim's trust or vulnerability. The anonymity afforded by social media platforms emboldens individuals who might not otherwise engage in sexual violence. The digital environment removes some of the social and psychological deterrents that might exist in face-to-face interactions, thereby lowering the behavioral threshold for engaging in predatory behavior (Zaleski et al., 2016).

The Spread of Pornography

Easy access to pornography has been linked to the normalization of rape and the reinforcement of rape myths. Repeated exposure to violent pornography may lead to distorted beliefs about sex, encouraging the normalization of sexual aggression. The widespread availability of pornography is linked to the "normalization of rape and reinforcing rape myths" and the development of "distorted beliefs about sex." (Navarro-Mantas & Sáez-Lumbreras, 2025). A longitudinal study, from the USA, found that 80% (n=967) of men who were exposed to pornography in early adolescence had committed some form of sexual harassment (Brown & L'Engle, 2009). Another longitudinal US study reported that only 5 per cent of the children and young people in their sample had perpetrated sexually aggressive behavior. However, those who intentionally accessed violent, sexually explicit material were six times more likely to be sexually aggressive than those who did not access it (Ybarra et al., 2011). The use of pornography was linked to sexually coercive behaviors in two Scandinavian studies (Kjellgren et al., 2010, 2011) and an Italian study (Bonino et al., 2006).

Rape Politics

In "rape politics," incidents of rape become instruments of political influence, media sensationalism, and societal bias. As a result of the politicization of rape in India, instances of sexual violence are

manipulated within political narratives to serve their interests, rather than prioritizing justice for the survivor. Instances of rape are highlighted by politicians not to expedite justice delivery to the survivor but to castigate opponents, swing public opinion, and gather electoral support. The media also jumps into the fray, sensationalizing and discussing ad nauseam very trivial details about the incident, which may interfere with the investigation and lead to a miscarriage of justice. All of the above lead to the trivialization of survivors' experiences.

Impunity and Failures in the Legal System

The legal system, is woefully inadequate, as far as combating sexual violence. The survivor is looked at with suspicion and handled insensitively, not only at the point of first contact but at all stages. The conviction rates for rape globally are abysmal. Often cases drag on for decades, so that a young survivor, if she complains, is likely to keep appearing in court for the next one or two decades. This is likely to hamper not only her career but also her marital life. Given these realities, it is no wonder that perpetrators are less concerned with legal consequences and act on their impulses.

Gang Rape

Gang rape occurs when more than one perpetrator engages in non-consensual sexual acts with a victim. The perpetrators may use force, coercion, intimidation, or substances to incapacitate the victim and carry out the rape. Types of gang rape include opportunistic, predatory, confrontational, revenge, criminal context, and war-related. Gang rape is a distressing display of dominance, brutality, and disdain for human dignity. Though believed to occur all over the world, exact figures are difficult to obtain. Causal factors and motivations for gang rape are diverse and include: Exertion of power and dominance over the victim; Group dynamics, peer pressure, desire to conform, and fear of exclusion may force an individual to perform acts which they may not commit otherwise; societal norms that praise masculinity and consider women as inferior; persons subjected to brutality, abuse, or unhealthy attitudes toward sex while growing up may be desensitized to the seriousness of their actions; alcohol and drugs may lower inhibitions and impair

judgment of the perpetrator; alcohol and drugs may be used to incapacitate the victim; it may be driven by a desire for revenge, retaliation, humiliation, or punishment of the victim or persons associated with her. Criminal organizations use gang rape to establish dominance, loyalty, or initiation of members, or to terrorize members of rival groups (Chauhan & Garg, 2023). Sexual assault of people is a calculated act of terror used with impunity to control dissenting groups, control social mobility, stifle dissent, reassert social control, and gain political dominance over 'hated' communities. This political apparatus of sexual terror has several organized features. First, it rests on a system of policing and law enforcement, which uses laws for kidnapping to criminalize consensual relations between castes and communities, while rape as a tool of caste dominance is rarely taken seriously. Second, the political structure uses violence to create public secrecy around rape. Powerful social pressures are exerted to silence people, allowing violence to continue without consequences. Third, this system uses a victim-blaming narrative to blame rape survivors, pointing to their clothing, alcohol use, poverty, social access, and so on—everything but the structures of dominance in a globalizing economy. This apparatus also promotes a politics of forgetting that denies any connection between every sexual violence and histories of mass sexual violence and atrocities. Fourth, it deliberately ignores the connection between sexual violence and the dispossession of the marginalized from property or land. Fifth, this political apparatus acts as a form of thought police, denying individuals the right to sexual autonomy and choice. All this implies a complicity between state and society in privileging rape as *the* expression of male power. This is a political trait, not a cultural trait.

Conclusion

Individual psychological characteristics, cognitive distortions, the objectification of others, and a complex interaction of psychological, cultural, social, environmental, and legal factors are the root causes of rape. Deeply rooted cultural influences, such as rape culture, gender inequity, and strictly enforced gender norms, amplify these individual predispositions. The issue is made worse by immediate environmental factors, including drug or alcohol use, the lack of bystander intervention, and structural flaws in the legal system. New issues have arisen as a

result of widespread use of social media, especially with the growth of online harassment and the accessibility of pornography.

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Chapter 9

Socio-Cultural Perspectives on Rape & Its Implications on the Victims: An Ecological Systems Framework

Dr. Unmana Dutta

In her book 'Against our Will: Men, Women and Rape', Brownmiller (1975) defined rape as a man's basic weapon against woman that can be used with force, against the will of the woman to instill fear into her. For a man, rape became a victorious conquest despite the physical protest and struggles of the woman, which was the testament of his strength and superiority. This shows the rape is a personal and socio-cultural phenomenon, where it is used as a way of instilling fear and show power and dominates women. Any form of rape and sexual violence and assault do not occur in social and cultural isolation (Campbell, 2009). In the 1970s, lot of researchers placed rape as a political act of violence and domination, mostly due to the patriarchal and sexist socialization patterns (Millet, 1971, Griffin, 1971). Rape is also a form of 'social control' where it is used as a form of punishment in societies (Brownmiller, 1975), and is also used for power and control over their victims (Shields & Shields, 1983). The sexual act of rape in itself is one of the best ways to attain a non-sexual goal of the rapist, such as attaining the goal of having 'control' over the victim (Rada, 1978).

There is a very close intersection between rape and socio-cultural practices. In the society where cultural values are decided by the sexual hierarchy, rape becomes an extreme manifestation of accepted male-female relationships (Jackson, 1999). Here rape is also seen as a norm and is even encouraged to demonstrate the male sexual aggression (Henry et al., 2015). The term rape culture was introduced in the 1970s and has been in use to normalize sexual violence (Phillips, 2016). Rape

claims are often assessed based on certain cultural frameworks to determine who the accuser is and who the victim is (Alcoff, 2018). Rape culture also encourages a societal framework where women are taught to fear men and create an order where women see men as the savior (Griffin, 2015). Moreover, men often feel entitled in this rape culture to have access to women's body without the fear of any consequences (Mendes, 2015). In such socio-cultural dynamics, victims are suspected to lure the perpetrators for the sexual assault (Benedict, 1993). Culture also propagates the message that victims are the ones who are to be blamed for the rape and the caused or deserved the rape (Sandy, 1998). Rape culture also paints women into certain categories as some women are more prone to being sexually abused, that legitimizes certain women to face sexual assault (Smith, 2004).

In India, there have been reports of lot of rape cases, some getting highlighted but others not even reported due to the fear of stigma. In the year 2023, India statistics of reported rapes showed more than 30 thousand rapes (NCRB 2023). India is a patriarchal society that promotes sexual aggression against women, where the man is supposed to be sexually dominating and the woman should be sexually passive. This rape culture brings some serious questions into play, where we need to find answers on what social norms and systems have reinforced the rape culture and what we need to work on at all levels of the Bronfenbrenner's ecological model so as to understand and improve the rape culture and impact that rape has on the victims. The socio-cultural model will also help us create awareness and find implications to work with the victims of rape.

Socio-Cultural Determinants of Rape: Across Ecological Levels

In relation to violence against women, two socio-cultural theories have drawn research on understanding the causes, prevention and treatment of sexual assault against women. One of the first theories is Kelly's ecological theory (Kelly 1971), which proposes that individuals' and community responses to rape and sexual trauma is interdependent, resulting in each person having distinctive experiences based on their ecological surroundings. Ecological surroundings consist of individual constructs such as gender, beliefs and attitudes; events or problems

where the individual needs assistance; and environments which includes cultural values and functional features of the society (Kelly, Ryan, Altman & Stelzner, 2000). Based on this ecological theory of Kelly, interventions have been developed that can help and support the rape and sexual assault victims (Harvey, 1996).

The second ecological theory from developmental psychology is Bronfenbrenner's ecological theory of human development (1995), which involves close interaction between the individual and their environmental context. In this model, individuals are at the core, which consist of the bio-psycho-social characteristics of the person. Followed by this is the microsystem, which consists of the individual's interaction with the immediate environment such as families and friends. The next system is the mesosytem, which includes the connections between individuals and systems. The exosystem includes the social and organizational systems such as legal, educational and medical systems. The macrosystem consists of the societal norms, expectations and beliefs from the social environments and chronosystem consists of the changes over time occurred between people and their environments. Based on this ecological model, White and Kowalski (1998) and Heise (1998) explained the causes for violence against women and risk factors of such violence. Using this ecological model, we will understand how personal, interpersonal and socio-cultural factors lead to rape and understand the experience of rape victimization later in the lives of the rape victims.

Individual Level: Victim Characteristics

At the individual level, some of the characteristics of the victims can also influence the recovery process after a sexual assault. One of the most important characteristics is age. Although rape can happen at any age, data shows that it is most common among 18-30 years of age (NCRB, 2023). However, it has been seen that older rape victims report more psychological adjustment issues and do not seek social support because they fear reactions for their rape. Another factor associated with individual factors is the socio-economic situation of the individual. Victims belonging to the lower socio-economic status often have fear and social adjustment issues. They also have higher re-victimization chances. In a study done by Gidycz et al. (1993) found that college

women, who were survivors of rape or attempted rape in their childhood, were more likely to be re-victimized for rape in their adulthood. Moreover, pre-rape psychological functioning of the victim plays a crucial role in how the rape victims would deal with rape. A woman who was psychologically healthier at the time of the assault, is more likely to be more resilient after the trauma and suffer less chronic reactions to the trauma (Atkeson et al., 1982). Similarly, for victims who had previous suicide attempts or ideation and even had substance abuse, they were more depressed after their rape incident (Frank & Anderson, 1987).

For any sexual assault women, how they mediate the relationship between their stressor and the rape plays a significant role in their adaptation after the rape. Burgess and Holstrom (1979) did semi-structured interviews and found that adaptive strategies were associated with length of recovery. Some of these adaptive strategies were cognitive explanation of the rape, minimization of the impact of the rape and suppression of the thoughts related to the rape. Research has also shown that how people attribute the rape as, impacts the overall psychological functioning of the individual, with self-blame leading to higher levels of distress (Frazier, 1990). For personality characteristics, Cox et al. (2004) found that victims with high neuroticism (with traits of anxiety, hostility, impulsiveness), have more PTSD symptoms and self-criticism.

Microsystem Influences: Immediate Environment

For the microsystem influences that determines the reasons of rape and its impact on the victim, one of the most important factors to consider is the relationship the perpetrator has with the victim. There has been an increase in evidence for the impact that both stranger and acquaintance rape will have on the victims, as for both these kinds of rape, the victim may have depression, anxiety, hostility, PTSD and disruption of beliefs about themselves, others and the world (Frazier & Seales, 1997). However, victims of acquaintance rape report higher levels of self-blame and distress. They also report having less power and control, feeling unvalued and worthy of respect and low sexual self-esteem (Frazier & Seales, 1997). These survivors also have problems of trust, blame themselves and increase sense of shame and guilt, along with delay in seeking help (Stewart et al., 1987). Acquaintance rape is also called as

the “confidence sexual assault”, where the victim experiences loss of self-efficacy about being able to judge people who will not harm them (Silverman, Kalick & Bowie, 1988).

In cases of marital rape or intimate partner rape, the rape victims have traumatizing experience that they have difficulty in trusting their partner, yet they might still choose to stay in the relationship for some of their feared consequences such as loneliness, loss of financial support, separation from their children (Shields & Hannake, 1983) and threat of physical force. Some of the common stereotypes about women is that it is considered as a duty of the wife to have sex with her husband and is a ‘bad wife’ if she does not enjoy sex, which makes a lot of women to stay in the marriage, despite being forced to have sex against their will by the husband. Some of the women are battered during sexual violence or are raped after an episode of physical assault where the husband wants to “make up” and forces the wife into having sex against her will. This gives men the opportunity to reset the power balance and show the unequal relationship between the men and women, where the husband considers they are superior over their wives. The ideology of the wife being their ‘property’– on whom they can take out their anger, frustration and exercise domination via sexual acts. In a study of National Family Health Survey (NFHS-5) in Karnataka, it was seen that over 5.6% married women between the age of 18-49 years are physically forced to have intercourse and 2.7% were forced for other sexual acts (James et al., 2022). Marital rape gives them the superiority, control and aggression that men want to achieve over the women (Vandana, 2017).

For some of the interpersonal factors, support from friends, family and intimate partners facilitate the recovery and better adjustment after a sexual assault (Burgess & Holmstrom, 1979). Victims reported less psychological stress when they have positive social relations (Coker et al., 2002). Initial reactions from the family and friends on disclosure of the sexual assault determine if people engage in further help seeking. Ahrens et al. (2007) found that if the initial disclosure experience was negative, victims refrained from further disclosure and were less likely to seek help further. Some of the rape victims are met with negative reactions on disclosing about their rape, such as being blamed or doubting about being victims (Davis, Brickman & Baker, 1991). These

victims are also provided support in conditions that they keep their experience secret (Herbert & Dunkel-Schetter, 1992). On being met with negative reactions from the close family members, the victims rethink their decisions for speaking out and opt to stop speaking about it. On being blamed or being told to stop thinking about the rape, the victims may report feelings of powerlessness and quashing their voices (Ahrens, 2006).

Mesosystem Dynamics: Institutional Intersections

In some experiences of sexual assault, some of the victims get negative reactions from the formal support groups. The 'experts' doubt their stories, hold them responsible for their assault and refuse to provide assistance, which may lead the victim to question and doubt the effectiveness of such services and may even refuse to reach out for more help. Sometimes the victims may also report getting negative reactions from legal and medical professionals as well, where they may become targets for victim-blaming (Filipas & Ullman, 2001). Some of these negative reactions are being blamed for the assault and receiving insensitive comments. They are sometimes asked about their sexual histories, asked about their dressing or how they behaved at the time of the assault and sometimes even discouraged from reporting their assault (Campbell et al., 1999). Ahrens (2006) found in the study that police, medical staff, counselors and pastors laughed at the account of their sexual assault and were cold and unsympathetic, for which some of the victims chose to stay silent over their assault.

When the rape survivors are exposed to victim-blaming, they experience 'second rape' also known as "secondary victimization" (Campbell, 1998). Sometimes the victims are held responsible for the assault and minimize the seriousness of the crime (Madigan & Gamble, 1991). Thus, silencing the rape victims is a serious indication of the systemic flaw that obstructs our ability to engage in social change (Ahrens, 2006).

In the institutional systems, one of the most significant and life-changing contribution is of the mental health sector for the rape survivors, who often consider this help as useful and supportive, leading most of the

victims to have less PTSD symptoms relating the rape (Campbell et al., 2001).

Exosystem Pressures: The Social Environment

The social environment plays an important role in understanding the male-female power dynamics and how the society behaves as per this divide. In the current times, media platforms, economic structures and community dynamics show a very unique lens to understand how the common masses perceive and respond to rape and healing of the survivor. It is the framing based on which people perceive and activate the schemas associated with the incidents (Jennings, Thompson & Finklea, 2012). In context of rape or sexual assault, the word accuser invokes less sympathetic response than the word victim (Katz, 2015). When stories of rape are presented as episodes, there is generation of more sympathy from the audiences as there is focus on individual stories and events (Gross, 2008). In India, the media coverage often blames the women, leading to victim shaming and silencing the victim from reporting (Fadnis, 2017). Media can play a significant role in propagating or negating the stigmas and misconceptions surrounding rape and rape victims. There is also too much focus on sensationalism of the news, with sharing intimate details of the victim, followed by intricate details of the incident and other thoughtless coverage of the incident, resulting in victim-blaming.

Another reason why rape victims experience victimization is because they are often blamed for "provoking" the abuse somehow (Berns, 2004). Sometimes the rape survivors insensitively referred to as 'flirtatious' or 'pretty' by the media which shows the depiction that rape is normal and pleasurable done because the women enjoy the rape or "ask for it". This often leads the victims to have mental breakdown due to the re-victimization and scrutiny they experience. This leads the victim to become a community gossip and target for sexual assault again. The victim may also experience isolation from the community, affecting the family and future marriage prospects. In media, there is also an 'ideal victim' ideology, where the survivor is considered 'innocent', and others who do not fall in this category are side-lined. In some cases, the social media platforms often share the viral video of the incident, which make

the victims prone to have no privacy left, making them have less access to unbiased justice system. With the circulation of the details of the assault, along with the images and videos lead one to have prolonged trauma and increasing social stigma. These victims also experience moral policing on their behavior through the social media platforms, reflecting the deep-rooted patriarchy.

In the social environment, one of the areas necessary for the victim to explore is the attitude and treatment meted out to them at their work place. Some of the victims lost or were forced to quit their jobs because of the severity of their reactions (Ellis, Atkenson & Calhoun, 1981). Sometimes, the victims are also discouraged to report the sexual violence if the harassment or rape occurred at the workplace. The survivor may also lose employment due to stigma or absenteeism caused by the trauma, making it difficult for them to re-enter the workforce again.

Macrosystem Forces: Power & Patriarchy

The societal ideologies, belief systems and cultural norms constitute the marcosystem framework, which plays a powerful influence on how the victims and the people around the rape victims react to the rape and it's after effects. In the context of rape, macrosystem provides a structure to how society justifies, instigates or supports sexual violence.

As part of the cultural norms, feminist theorists have argued that rape exists within a social framework, which promotes false social beliefs about rape and thereby it promotes the "rape-prone" culture (Sandy, 1998). Within this social context, there are gender-role confirmation roles played by both males and females (White & Humphrey, 1997). For this, men are seeing playing the role of a dominating partner, with sexual power, strength and virility. And women, on the other hand, are often seen playing the role of the submissive partner, complying with the male dominating norms and rules, behaving only as sexual and reproductive possessions of men (Clark & Lewis, 1977). The gender biases against women is one of the major roles why women have underreporting of sexual assault, as they fear being ostracized by the family and society and also bring 'shame' and 'dishonor' to the family. The women who

have been raped are also considered as 'dirty' or 'unclean', leading many women to remain silent about their sexual assault and not share their assault experiences even with their families (Kaur & Thalwal, 2024).

Moreover, there are rape myths, which are prejudiced and false beliefs about rape, rape victims and rapists (Burt, 1998), which are most often learnt from the family, friends, media and jokes, which become part of the ways people perceive the rape and justify it. Sometimes, women internalize these rape myths (Ward, 1995), thereby demeaning and devaluing their own abuse and having negative effects on their behaviors and self-concepts. In a study done by Harned (2005), it was found that victims of rape blamed themselves if they were raped by their partners, because they did not fit the typical rape stereotype (strangers' raping them) and some of the victims in fact, reported that they cared for the partner as he did not mean to harm her. This leads the victims to blame themselves, taking away the responsibility from the rapist. Moreover, sexual assault survivors are less likely to accept what happened to them as a result of rape myth acceptance (Peterson & Muehlenhard, 2004), thereby also decreasing the chance that the victim will report and seek support for the sexual assault (Moor, 2007).

The Cultural Spillover Theory (Baron & Straus, 1987) also suggests a macrolevel idea of rape, where there are some other aspects of culture which instigates rape such as mass media violence and government use of violence. In cultures where there is emphasis on machismo, there is higher percentage of rape occurring (Sanday, 1981). Similarly, Reiss (1986) found that societies with macho culture patterns are likely to have rape.

Another reason for acceptance of rape-related myths and partial treatment for the victims is because of religious scriptures placing excessive emphasis on virginity, purity and abstinence for women and girls (Tishelman & Fontes, 2017). When messages like 'sex is dirty' or 'pre-marital sex is a sin' were communicated to adolescents in their households, they were less likely to report the sexual assault (Smith & Cook, 2008). So, for the victims themselves, being raped is a non-acceptable incident and they would not reach out for help considering

that they would be blamed or considered impure because of the societal religious beliefs.

Chronosystem: Healing over Time

The dimension of time for both historical events and individual courses of life are discussed in the chronosystem model of Bronfenbrenner's ecological model. In the context of rape and its victims, we have observed some macrolevel changes that have led to public level conscious change, legal system changes and evolving of individual journeys of the victims.

Post the Nirbhaya case of 2012 in India, the course of rape laws has changed for the better. Due to the public outage, brutality of the crime and massive protests, legal reformations have happened. The Criminal Law (Amendment) Act, 2013 was enacted following the Justice Verma Committee, which bought some new changes like rape includes not just vaginal penetration, but also anal, oral and digital penetration (Verma et al., 2013). New offenses such as acid attack, stalking, voyeurism are included in the law, leading to stricter laws for these offenses. There was also introduction of strong penalties for sexual offenses such as life imprisonment and death penalty. There was also mandate for fast-tracking of cases for rape cases, so that these cases get resolution with a stipulated time frame. However, these amendments in laws of the country does not imply that there is any institutional transformational, as victims still continue to suffer because of the poor justice and law system, delayed justice system and insensitivity from officers due to patriarchal views of the officers and rape myths of courts and media. One of the stark examples of this is the Bilkis Bano case (2002-2024), where it took a decade for the convicts get punished, followed by releasing the convicts under the remission policy in 2022. This case highlights the chronosystem influence of time, legal process, collective public outcry and victim resilience, for achieving justice.

For a rape victim, life becomes non-linear for each individual. Some survivors reclaim agency and reconstruct their identities over time. They choose the path of advocacy, where they try to change the system and laws. Some return to building the career, rebuild their lives and fight for

justice even after lot of years. However, some of the victims face loneliness which can overwhelm her, along with feelings of guilt and self-blame. The experience of systemic victimization leads the victims to experience psychological and physical trauma (Hockett, 2013). During the process of dealing with their trauma, some may experience relapse, followed by growth and transformation.

Victims of rape who had multiple incidents of sexual assault from their childhood days, have more psychological outcomes such as depression, PTSD, anxiety, etc. (Aratha, 2002). Multiple sexual assaults have a cumulative effect that increases the psychological impact on the victims (Nishith, Mechanic & Resick, 2000). This might lead to increase in the propensity of psychological distress (Messman-Moore & Long, 2003). Grauerholz (2000) argued that revictimization is an ecological phenomenon where past aspects of abuse circumstances can get repeated, along with formal and informal supports and socio-cultural factors, when the victim experiences abuse again.

Over the generations, there has been a shift in consideration of rape as a 'taboo'. Some of the urban classes have started openly talking about it, with increase in public awareness, better legislative reforms, better services and acceptance of rape survivors and implementation of education that promotes gender equality and awareness. With the social media platforms, movements like #MeToo have been promoted, which showcases that women protection against rape and any form of violence is a public concern and it is a part of social problem. Viewing rape from a chronosystem lens gives us the idea that understanding and changing rape related myths is a longitudinal process, where there is need for activism. Despite the technological advances, the deep-rooted structures of patriarchy, moral policing and victim blaming needs both systemic and mindset changes.

Multidimensional Implications on The Rape Victims

For any rape survivor, the impact of rape is long lasting as the consequences of the act go beyond the act in itself. Survivors endure a complex web of psychological, social and cultural consequences due to

the rape. These consequences are all part of the ecosystem covering the family, friends, community, institutions and culture.

Psychologically, rape survivors experience deep trauma, with clear indications of post-traumatic stress disorder (PTSD), anxiety, depression and OCD. The victims also report acute stress, sleep disturbance and emotional detachment as a result of rape. Some of the victims also report self-blame, sexual dysfunctions, fear and difficulty in work adjustments (Campbell, Dworkin & Cabral, 2009) and may also have suicidal ideation, distressing recollections of the rape incident and nightmares. Some might experience psychosomatic consequences of rape, such as gastrointestinal problems, pelvic floor problems including pain, substance abuse and unhealthy risk behaviors (Campbell, Lichty, Sturza & Raja, 2006). Rape also leads the victims to have memory issues such as incomplete memory and confabulated fragments of memories. Some of the victims are ostracized by society, where they are made to feel that their value has diminished, or that they are 'impure'. This often leads the victim to self-blame and internalized shame, leading many victims to not seek support and have long-term numbness and hypervigilance.

On the social level, rape survivors often become victims of stigmatization, leading to discrimination. They often receive blame and victimization comments, which lead them to often feel like it is their "second rape" (Campbell, 1998). Sometimes they are also discriminated against, they may be stripped and shunned and deprived off from their basic rights and services. They are sometimes also rejected by their spouses and they are shamed for their rape, and are blamed because of their dress and behaviors. In personal relationships, families and husbands reject the rape victims, depriving her of respect and sexual intimacy in the relationship (Josse, 2010).

At the community level, rape victims are mocked and shamed due to the incident of rape. The victim is discouraged to have an opinion and many people from the society refuse to have any relationship with the victim. They are excluded from school, college and even workplace, leading them to lose their source of income. In many societies, the value of a woman is attached to the virginity of the women. Sexual violence and rape are seen as a source of shame for the whole family, leading to

consider the survivor as unfit for marriage and having a child. Sometimes the women are being forced to remain silent and not disclose about the rape, for the fear of the community response. In some societies, some of the rape victims are forced to marry the perpetrator in order to restore the dignity of the family honor (Josse, 2010). Some victims can also become victims of violence due to 'honor killings' carried out in those societies, in order to protect the family honor and sometimes, they also become victims of assault again, as the rape victims are considered easy targets by more perpetrators (Josse, 2010). As part of the community influencing justice to the victim, media and institutions sometimes focus on the sensationalism and outrage, rather than the real content and helping the victim, leaving the situations even worse for the victims to get justice. Despite the legal system establishing strict laws and policies, rape victims get justice after a long and painful struggle. The legal system in itself becomes re-traumatizing for them, as they are exposed to repeated questioning, legal officers doubting the credibility of their story, delay in justice and treats and harassment to withdraw the case (Josse, 2010). Thus, delayed justice leaves the victim with lot of emotional and existential justice, as some of the victims wait for years to get justice.

Despite the harsh trauma that the rape victims face, there are survivors who show remarkable resilience. They speak out, fight for justice and seek to rebuild their lives, despite the stigma and stereotype they face. Some of the survivors also build their lives through creating awareness and education; by sharing their stories and transforming their pain into purpose. Some of the survivors include Sunitha Krishnan and Bhanwari Devi, both of whom were gang-raped and fought long legal battles leading to systemic changes in India.

Responsive Interventions: Need of The Hour

Being a rape victim, the impact of its aftereffects is very damaging for the emotional and psychological health. There is a need for multifaceted rehabilitation, where there is social, physical, psychological, neurological and political support for the victims. Breaking the cycle of victimization is needed for rehabilitation of the survivors, followed by implementation of trauma-informed policies so that there is a shift from

victim to survivor mindset (Teotia, 2023). Despite the changes in laws and frequent public outrage followed by any severe rape cases, the public outage often fades, returning systemic flaws, which is cyclical in nature. The cycle of outrage and forgetfulness of the common masses needs chronosystem change that needs deeper reflection.

For psychological treatment of the rape victims, it is important that victims are exposed to Stress Inoculation Training and Prolonged Exposure to reduce symptoms of PTSD. Supportive psychotherapy is helpful in dealing with arousal-related symptoms of PTSD (Foa et al., 1991). Moreover, hospital-based interventions should include a team of doctors, psychologists, police officers, nurses and advocates, which will help in smoother coordination between the different authority positions, leading to avoidance of re-traumatization of the victims that can happen if the victims have to repeat the incident multiple times (Resnick et al., 2000). Training the officials to see the rape victim from a trauma-informed lens helps in creating more awareness for sensitive treatment of the victims (Palmieri & Valentine, 2020).

From the ecological perspective, the rapist and the survivor are not the only stakeholders in the crime. The family, community and the social environment play an important role in the crime of rape. For better awareness, it is important that there should be better sex education, where there is explanation on the concept of consent. In a study done by Caulfield et al., (2025), it was seen that college students who were exposed to sex-education had lower levels of past sexual victimization and rejected rape myths. The problem of rape also lies in the unhealthy perception of sex along with the gender-based perceptions. There should be more gender related education and awareness, along with survivor centered justice, where the victim is not afraid to seek justice. The need of the hour is also better psychological resilience training for the victims so that they are more prompt in speaking out, litigation and advocacy, along with restructuring the system of the society, that promotes safety, resilience and punishment for the perpetrator.

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Chapter 10

Cognitive Distortions in Rapists: Justification, Entitlement, and the Role of Sociocultural Norms

Sahaya Vivetha V

As psychologists, we are naturally drawn to the power of real-world narratives. Case studies offer us a unique window into human experience messy, painful, and raw. They remind us that behind every theory and concept, there are real people struggling to make sense of their lives. One such story remains etched in my memory. A young woman, 22 years old, sat across from me in my therapy room. Despite the gravity of her trauma, she wore a calm, almost gentle smile. She was a survivor of rape.

As she began to share her story, the details emerged slowly, each one more harrowing than the last. Her words, her voice, and the truth of what she endured gripped me in a way I was unprepared for. I remember feeling chills as she recounted the violence, but what struck me most was a question she asked quietly, almost to herself: *"Why me? What made him do this to me?"*

In that moment, I found myself searching for answers. Answers not just for her, but for all of us who try to understand such cruelty. I thought, *perhaps if we could comprehend what goes on inside the minds of such individuals those who inflict this kind of trauma then maybe survivors could find some thread of meaning, some path toward healing.* But I also knew that sometimes, no explanation no matter how logical or scientific can soothe the wounds left behind. And yet, her question stayed with me: *What made him do this?*

We live in a world where sexual violence is not an isolated occurrence. It is everywhere in news headlines, social media feeds, documentaries, courtrooms, and whispered conversations. Each story carries with it the

same heavy disbelief: *How could someone do this? How does a person justify such horror?*

These are not just philosophical musings. They are crucial psychological inquiries. If we want to prevent such acts, support survivors, and hold offenders accountable, we must try to understand the mental frameworks that enable such violence. This chapter seeks to explore one such dimension: the cognitive distortions that rapists often use to rationalize, minimize, or justify their behavior. These are not simply "bad thoughts" they are deeply embedded thought patterns, shaped over time by social norms, cultural myths, entitlement beliefs, and sometimes even early maladaptive schemas. Specifically, we will focus on three core distortions commonly found in sexual offenders:

- **Justification–** the belief that the act was somehow deserved or not harmful.
- **Entitlement–** a mindset that sees sex or dominance as a right, not a mutual experience.
- **Denial and Victim Blaming–** strategies to avoid accountability by shifting the responsibility onto the victim.

By unpacking these distortions and examining how sociocultural norms reinforce them especially within the Indian context we aim to understand not just *what offenders think*, but *why they think it*.

Further, the chapter draws on Tamil philosophical traditions, including the *Tirukkural*, as a moral and ethical counterpoint. These ancient texts emphasize self-restraint, justice, and the dignity of all individual's principles that directly contradict the distorted thinking we examine. Through this integration of psychological theory, cultural context, and ethical reflection, the chapter seeks to offer a comprehensive view of rape as both an individual cognitive failure and a symptom of broader societal dysfunction.

The Nature of Cognitive Distortions in Sexual Offending

As psychologists, we often use the term "cognitive distortions" a concept first introduced by Aaron Beck (1963) to describe faulty thinking patterns observed in patients with depression. Since then, the

concept has evolved, encompassing a broad spectrum of irrational thoughts and playing a crucial role in understanding various psychological disorders.

In the context of sexual offending, many researchers have sought to understand the cognitive processes of rapists. One effective way to examine these processes is through the lens of cognitive distortions. For instance, Sigre-Leirós et al. (2015) aimed to identify common types of cognitive distortions among convicted rapists. In this context, cognitive distortions are defined as erroneous or biased thinking patterns that offenders use to justify or rationalize their abusive behavior.

Importantly, the study highlighted that these cognitive distortions often originate from underlying cognitive structures known as schemas. Schemas are stable, deep-seated frameworks often referred to as core beliefs that individuals hold about themselves, others, and the world. These are referred to as "Early Maladaptive Schemas" (EMS), which are deeply rooted cognitive patterns shaped largely by early environmental influences. Depending on one's experiences, these schemas can develop in either adaptive or maladaptive ways. But how exactly do schemas contribute to cognitive distortions? Simply put, schemas are like the roots of a tree invisible yet foundational, while cognitive distortions are the visible branches that grow from them. By observing the distortions, we can infer the shape and influence of the underlying schemas.

The recent research conducted by Turhan et al. (2024) also supports this theory on how entitlement schematic domain plays an important role in cognitive distortion in rapists. Among the various maladaptive schemas, certain types are particularly relevant in the thinking patterns of rapists. These include; Justification (“Her dress was revealing; she was asking for it”), Entitlement (“I treated her well; I deserve it”), Minimization (“She didn’t scream or cry; she must have liked it”), Denial (“It wasn’t really rape”), and Victim-blaming (“She was drunk how was I supposed to know?”). Findings from Sigre-Leirós et al. (2015) further suggest that a core schema of “impaired limits” which involves a lack of respect for boundaries significantly contributes to these distortions, particularly fostering feelings of entitlement and grandiosity in offenders.

Theoretical Frameworks Informing Cognitive Distortion

In 1999, the Implicit Theory Model introduced by Ward and Keenan brought attention to the cognitive distortions inherent in the belief systems of sexual offenders. This model proposed that rapists and other sexual offenders hold deeply ingrained, maladaptive belief systems or "implicit theories" that allow them to rationalize and sustain their offending behavior. These beliefs reduce feelings of guilt, reinforce entitlement, and serve as cognitive frameworks through which they interpret social interactions. Recent empirical studies have built upon this foundation, affirming the persistent presence of key offender cognitions such as entitlement and the objectification of victims (Noteborn et al., 2024).

Ward and Keenan identified five core implicit theories frequently found among sexual offenders:

1. **Women and Children as Sexual Objects:** Offenders operating under this belief perceive women and children as inherently sexual beings who covertly desire sexual contact, regardless of their actual behavior. Even neutral or non-sexual cues are misinterpreted as invitations, which are then used to justify coercive or forceful sexual advances.
2. **Entitlement:** This belief reflects the offender's view that they have an inherent right to access women and children sexually, as if they are possessions. This sense of entitlement is often rooted in patriarchal ideologies and narcissistic traits, reinforcing notions of male dominance and superiority.
3. **Dangerous World:** Offenders with this worldview perceive the world as hostile and threatening and see themselves as victims within it. Women and children, in this context, are regarded as manipulative or deceptive, thus justifying the offender's use of dominance or control as a means of self-protection.
4. **Uncontrollability:** This theory involves the belief that sexual urges are overwhelming and beyond personal control. Offenders externalize blame and deny responsibility, suggesting that their behavior is the inevitable result of uncontrollable biological drives rather than conscious choice.

5. **Nature of Harm:** This belief minimizes or denies the impact of the offense. Offenders may assert that the victim was not significantly harmed or even that the victim enjoyed the experience thus justifying their actions and avoiding emotional accountability.

Similar to the Implicit Theory Model, the Judgment Model of Cognitive Distortions asserts that cognitive distortions arise from biased and irrational thought processes. Recent theoretical integrations also emphasize how these cognitive distortions are maintained and functionally serve to reduce guilt and cognitive dissonance in offenders (Ciardha & Ward, 2012). Offenders commonly engage in faulty reasoning such as minimization, denial, and justification as defensive mechanisms to protect their self-image, despite understanding the difference between right and wrong (Gudjonsson, 1990; Blumenthal et al., 1999). Meta-analytic evidence confirms that higher levels of such distortions are significantly associated with increased denial and minimization among both child molesters and rapists ($r \approx .24–.32$)

As previously discussed, Schema Theory and Social Cognition Models shed light on the roots of these distortions. Early maladaptive schemas shaped by childhood experiences bias how offenders perceive, interpret, and remember social information including neutral cues creating fertile ground for offense-supportive cognitions (Young et al., 2003; Blake & Gannon, 2008). Indeed, research has repeatedly found that sexual offenders exhibit pronounced social perception deficits and offense-supportive beliefs driven by underlying schemas or implicit theories.

Sociocultural Reinforcement of Distorted Cognitions

Schema and belief systems alone do not fully account for the cognitive distortions observed in sexual offenders. Rather, these distortions are deeply embedded in a broader sociocultural matrix shaped by patriarchal ideologies, traditional gender norms, cultural myths and misconceptions, biased media portrayals, and systemic failures within legal and institutional structures.

Patriarchal norms often portray women as weak, submissive, and passive, while casting men as dominant and sexually assertive. These gendered assumptions contribute to a sense of entitlement in offenders,

who may internalize the belief that they have unrestricted access to women's bodies or sexual consent.

Numerous studies and real-world incidents highlight that justification of sexual violence is often socially reinforced rather than confronted. Bajoria (2025) documents multiple cases where police and legal authorities hesitated to act against known perpetrators, particularly when the assailants had social or familial connections. Human Rights Watch (2017) similarly reports that survivors often refrain from filing complaints due to stigma, fear of retaliation, and the lack of institutional protection.

Adding to this are enduring rape myths, such as: *"women lie about rape," "provocative clothing invites assault," "no injury means no rape,"* or *"if she didn't scream, it wasn't forced."* These beliefs not only minimize the severity of rape but also shift scrutiny toward the victim, undermining justice and enabling offenders.

The media plays a significant role in reinforcing these biases. Starheim (2016), writing for *Foreign Policy*, observed that Indian media often frames rape cases in a moralizing tone questioning victims' choices while deflecting attention from the perpetrators' actions.

Finally, institutional failures such as low conviction rates, judicial delays, and police apathy foster a culture of impunity. Malik and Roychowdhury (2024) argue that the societal silence surrounding rape particularly outside the framework of marriage prevents survivors from seeking justice. When offenders' cognitive distortions align with these external narratives, sexual violence becomes not only justified in the mind of the perpetrator but tragically normalized within society itself. This intersection of individual cognition and cultural reinforcement underscores the need for comprehensive reform psychologically, socially, legally, and within the media landscape.

In India, strongly ingrained ideas of shame (sharam) and honor (izzat) greatly influence how the public responds to sexual assault. According to South Asia Times, a woman's sexual purity is frequently interpreted as a clear indicator of her family's social status. After an assault, survivors frequently internalize stigma that silences them, and families

may distance themselves from the community out of fear of communal dishonor. Offenders' cognitive biases are strengthened by this social response, as they perceive the absence of obvious consequences and opposition from the community as tacit approval to carry on with destructive behavior. Cultural standards that legitimize sexual violence by attributing seriousness to dishonor rather than the crime itself serve to reinforce skewed notions of entitlement and denial (Rashid, 2024)

Tamil Philosophical Thought as a Counter-Narrative

It is important to note that culture is not the sole contributor to the formation of negative internal schemas in sexual offenders. In fact, some strands of ancient Tamil literature such as *Silappathikaram* and the *Tirukkural* offer powerful moral counter-narratives to the very cognitive distortions that underpin sexual violence. Writing this chapter on cognitive distortions made me reflect not only as a psychologist and educator, but also as a woman. I began to recognize how easily men blame "culture" or "women" for their actions, when in reality, our cultural traditions have long upheld principles of justice, restraint, and the ethical treatment of women.

For instance, *Tirukkural* Kural 54 celebrates self-restraint and moral integrity as the highest virtues in women directly challenging the distorted belief in sexual entitlement or unrestricted access to women's bodies. Similarly, Kural 57 reminds us that a woman's dignity is protected not by physical confinement, but through her inner autonomy and moral strength undermining victim-blaming narratives that question women's independence or choices. These philosophical teachings reveal that Tamil culture, far from legitimizing sexual dominance, offers a deeply ethical lens for understanding justice, responsibility, and human dignity.

One of the greatest social reformers of Tamil Nadu, Periyar E.V. Ramasamy, was far ahead of his time in advocating for women's freedom and equality. As Manoharan (2021) observes, Periyar's writings particularly in *Women Enslaved* and during the Self-Respect Movement strongly argue that institutions like marriage, chastity, and motherhood have been historically used to subjugate women and legitimize male

domination. He directly challenged distorted cognitions such as male superiority and entitlement over women, which often underpin sexual violence.

Periyar insisted on women's right to sexual freedom, bodily autonomy, and divorce ideas that stand in stark contrast to the justification-based rationalizations used by many offenders. His radical vision aligns with classical Tamil texts like the *Tirukkural* and *Silappathikaram*, both of which uphold justice, virtue, and individual dignity, while rejecting notions of entitlement and domination.

Together, these philosophical sources offer an ethical framework that not only challenges distorted thinking but also promotes accountability and emancipation, particularly relevant to both prevention and rehabilitation. Furthermore, Periyar's emphasis on self-respect and individual rights, regardless of gender or caste, broadens the conversation to intersectional inequalities, making his contributions highly relevant in contemporary discussions on both sexual violence and structural reform.

Therapeutic and Rehabilitative Considerations

Understanding the underlying schemas and cognitive distortions in sexual offenders reveals that sustainable behavioral change is possible only through the implementation of effective, evidence-based treatment strategies. One of the most established approaches is Cognitive Behavioral Therapy (CBT), which aims to restructure distorted thinking patterns and maladaptive beliefs commonly observed in offenders such as entitlement, justification, denial, and victim-blaming.

Cognitive restructuring, a core component of CBT, plays a critical role in modifying these distorted cognitions. A meta-analysis conducted by Gannon et al. (2020) demonstrated that CBT significantly reduces both sexual and violent recidivism. For instance, these interventions assist offenders in identifying irrational beliefs, such as blaming the victim, and replacing them with prosocial, reality-based cognitive alternatives (Harrison et al., 2020).

However, therapeutic interventions cannot be effective in isolation from their sociocultural context. In India, dominant cultural narratives often

reinforce male privilege and minimize offender accountability. Thus, cognitive restructuring must be adapted to incorporate culturally infused therapeutic approaches. One such model is the *Circles of Support and Accountability (CoSA)*, originally developed in Canada and the UK, which has shown reductions in recidivism of up to 70% (Wilson et al., 2007). The core principles of CoSA community-based support, social accountability, and reintegration can be adapted to Indian contexts by integrating indigenous ethical frameworks. For example, the rationalist humanism of Periyar E. V. Ramasamy and the moral teachings from Tamil texts such as the *Tirukkural* offer strong counter-narratives to challenge culturally sanctioned cognitive distortions among offenders. These models help align therapeutic objectives with prevailing social beliefs about gender, power, and entitlement.

Another major challenge in the treatment of sexual offenders is addressing denial and resistance. Many offenders minimize their actions or shift blame to the victims, making engagement in therapy difficult. Levenson and Macgowan (2004) found that higher levels of denial are associated with poorer treatment outcomes due to reduced cooperation and insight. Furthermore, research suggests that direct confrontation of denial can heighten defensiveness and resistance. Instead, therapeutic methods such as motivational interviewing and rapport-building have proven effective in gradually increasing offender awareness and reducing defensiveness (Marshall & Marshall, 2007).

Finally, evaluating the risk of recidivism is crucial for long-term monitoring and intervention planning. Actuarial tools like the Static-99 have shown high reliability in predicting reoffending by assessing variables such as age, victim profile, criminal history, and cognitive inflexibility (Hanson & Morton-Bourgon, 2009). A recent Italian study emphasized that personalized treatment programs especially those considering trauma history and psychological vulnerabilities such as impulsivity can reduce recidivism rates from over 50% to as low as 10% (Gualco et al., 2021). In the Indian context, where conviction rates are low and institutional systems often fail to ensure justice, adopting such structured, culturally informed risk assessment protocols is essential for ensuring both offender accountability and public safety.

Societal and Ethical Implications

Socially, the pervasive culture of silence surrounding sexual violence sustains stigma and normalizes offender behavior. Nair (2023) highlights that many Indian families maintain silence about sexual violence to protect their honor a response that inadvertently reinforces offenders' beliefs those victims will remain silent. This systemic silence fosters impunity, as perpetrators perceive a lack of social consequences. Based on ethnographic research around the 2019 Dignity March, Nair demonstrates how amplified survivor voices directly confront these internalized misconceptions and catalyze meaningful social discourse. Breaking this silence is thus not only a moral imperative but also essential to dismantling cognitive distortions that underpin sexual violence.

Ethically, cognitive distortions such as entitlement and justification require structural prevention and intervention. Kumar and Chandran (2020) argue that India's sex education remains critically underdeveloped despite widespread support. Their study supports rights-based, age-appropriate sex education that actively involves parents and educators as agents of change interventions vital to combating myths and culturally reinforced distortions before they solidify in offenders.

Culturally, transforming collective norms also demands changes in public narratives. The media can either reinforce harmful myths or serve as agents of change. Edmunds and Gupta (2016) conducted a systematic analysis of Indian media from 2011 to 2014, finding that coverage often sensationalized "stranger rape" while neglecting more common intimate assaults. Such framing minimizes everyday violations, portrays victims as morally lax, and subtly reinforces offender thinking patterns characterized by denial and rationalization.

However, media also holds the potential to challenge these beliefs. Survivor-centred reporting, ethical journalism, and coverage that emphasizes consent and structural accountability can reshape dominant cultural scripts. When combined with grassroots advocacy such as feminist media platforms, survivor-led storytelling, and NGO-led awareness campaigns; these efforts can foster societal change. Integrating such cultural strategies into therapeutic and educational

frameworks is essential to dismantle the sociocultural conditions that support distorted cognitive schemas and prevent future sexual offenses.

Conclusion

In summary, seeing rape through the lens of cognitive distortions in particular, entitlement, denial, and justification illuminate the complex connection between personal psychology and wider social norms. These deceptive notions are not created in a vacuum; rather, they are fostered by cultural myths, patriarchal ideology, and institutional shortcomings that allow criminals to justify their behavior. This chapter emphasizes the necessity for culturally aware, morally sound therapies that target offenders' internal schemas as well as the external structures that support them, drawing on psychology theories and Tamil philosophical ideas. In order to combat the normalization of sexual assault and promote a society based on justice, accountability, and communal healing, meaningful change necessitates a multidisciplinary strategy that brings together psychological treatment, public education, legislative reform, and cultural critique.

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Chapter 11

Emerging Trends in Research and Action in Criminology and Victimology

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Criminology and victimology are the two closely related and yet different branches of study. Although criminology has traditionally focused on the offenders, the factors that lead to crimes, and the responses of the state, victimology has expanded the view to the narratives of those victimized by crimes. From its fringe beginnings in the 1950s and 1960s, victimology has become a mature and influential discipline that has informed policy, scholarship, and practice. World victimology currently includes topics such as violence against women, restorative justice, cyber victimization, and the socio-psychological aspects of crime impact (Bajpai, 2022). India provides a particularly interesting case for the analysis of these trends. A multicultural population, dramatic technological changes, deep rooted social stratifications, and nascent legal frameworks, all make India a source of both promise and perturbation for criminological and victimological inquiry. This chapter discusses the developing trends in criminology and victimology with special reference to India in the context of world scholarship.

Historical Background of Victimology

The study of victims in academia originated as a spin-off of criminology. Hans von Hentig (1948) and Benjamin Mendelsohn (1956) can be considered as the founders of the victim typology and who analyzed the victim-offender relationship. Mendelsohn invented the term "victimology" with the vision of it as its own field. These pioneering studies focused on the victim's role in crime, and,

controversially, implied a certain level of victim responsibility. Walklate (2012) noted how victimology's emergence in the 1970s and 1980s was facilitated by introduction of victims' compensation schemes, feminist challenges to male-centric criminological paradigms, and increases in recognition of offenses exemplified in the domestic violence and sexual offences spheres. On a global scale, institutionalization of victim rights w/in international legal frameworks was brought about by the adoption of the UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (1985). The development of victimological studies in India can be dated back to, almost end of the 20th century, shaped by global trends and prompted by landmark cases like the Mathura rape case (1972) and subsequently the Nirbhaya case (2012). Not only did these expose systemic breakdowns, they also advocated for altered legislation and elevated consciousness concerning victim rights (Bajpai, 2022).

Methodological Innovations in Criminology and Victimology

Quantitative Approaches

Crime statistics have traditionally been a major source for determining trends in criminology. NCRB now releases Crime in India reports annually. These data sets underpin nearly all empirical research in criminology (NCRB 2019). These are useful but limited by underreporting, misclassification, and dependence on police records (Jha).

Qualitative Approaches

Victimology in particular promotes qualitative research to explore the lived realities of victims. Ethnographic research, narrative interviews, and participatory action research provide opportunities to reframe a person's (or group of persons') story away from what is commonly depicted in official statistics (Verma, Puri, Sharma, & Singh, 2020).

Interdisciplinary Methods

The emergence of forensic psychology, digital forensics and socio-legal studies is indicative of the growing interdisciplinary nature of both criminological and victimological inquiry. Interdisciplinary teams of criminologists, sociologists, computer scientists, and psychologists now predominate the discipline.

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Cybercrime and Digital Victimization

In line with growing digitization, cybercrime has turned into a fast-progressing criminal space in India. Fraud, identity theft, phishing, cyberstalking, and child exploitation are becoming endemic (Ministry of Home Affairs, 2014). Victims of financial disasters often are not only financially harmed, but emotionally as well – and become social pariahs. Cyber police stations, cyber forensic labs and national portals like the National Cyber Crime Reporting Portal are institutional solutions. But still there are gaps in terms of awareness, access and rural outreach areas.

Gendered Violence and Victim Services

Gender violence remains a dominating concern in Indian victimology discourse. The 2012 Nirbhaya gang rape in Delhi was a turning point for public outrage to raise the issues of policy change and the establishment of speedy trials and the Nirbhaya Fund. One Stop Centers (OSCs) now offer services ranging from medical assistance to police facilitation for women survivors of violence (One Stop Centers update, 2015).

Restorative Justice

India and around the world, restorative justice is increasingly becoming a part of the discourse. RJ focuses on healing and the reconnection of the victim and offender over punishment. Restorative justice practices have been piloted by NGOs such as Enfold India in schools and juvenile homes. Assessments indicate that Restorative justice may enhance victim satisfaction and reduce recidivism; however, its applicability to

sex crimes is still under dispute (Nascimento, Andrade, & De Castro Rodrigues, 2023).

Green Criminology and Environmental Victimization

Environmental crime– to include the illegal mining, pollution and wildlife trafficking, among other economic crimes is now a key priority. Environmental degradation is a burden that tends to fall disproportionately on local populations, which is why there is an argument to be made for collective victimization. Green criminology In India Green criminology, given its association with environmental justice and indigenous rights has a marginal but growing representation in Indian scholarship.

Economic and Organized Crime

With India's economy booming, economic crimes, such as financial fraud, corruption and organized scams are also on the rise. They commit crimes against individuals, but also against institutions and the state. Emotional and social outcomes for families, especially the elderly, are increasingly studied in victimological research.

Policy Approaches and India's Response

Legal Reforms

Gradually, the victim has been recognized in Indian law. State-sponsored Schemes for Providing Compensation to Victims are obligatory under Section 357A of the Code of Criminal Procedure. Institutions of witness protection programs and victim compensation boards are also part of the package. However, there are still challenges in implementation as it suffers from bureaucratic red tape and a lack of adequate funding (Bajpai, 2022).

Support for Victims

Institutional responses like One Stop Centers, women's helplines (181), and child-friendly courts are designed to minimize secondary victimization. These are victim-centered approaches, promising

solutions, although issues relating to rural access and agency coordination remain prevalent.

The Importance of Civil Society

Counseling, advocacy, and awareness raising: Civil society organizations are heavily involved in supporting victims. Campaigns such as India's #MeToo have disrupted conversations around workplace harassment, calling for accountability in all sectors.

Case Study: Active Participation in Tech-Enabled Market Manipulation

Background

The metropolitan police in India have observed an alarming increase in cases of cyber-enabled financial fraud against senior citizens in 2023–2024. Using social engineering, fake investment platforms and phishing messages, the hackers drained the retirement savings.

Intervention

An integrated response was formed—the city police cyber unit, a public sector bank, elder care-focused NGOs, and a state forensic lab came together.

Prevention

Elders' clubs held digital literacy sessions. Banks have also instituted "pause" protocols on suspicious transfers.

Reporting and investigation

A line to report immediately was instituted. A forensic lab monitored SIM card clusters related to fraud. Victims support: NGOs experienced in responding to victims offered counseling and helped victims with the paperwork to recover their assets.

Victim Support: NGOs offered counseling and helped victims in filing paperwork for asset recovery.

Results

The program delivered a 40 percent reduction in repeat victimization within nine months; it increased reporting and resulted in multiple successful asset recoveries. The elderly respondents expressed stronger trust in institutions when there was immediate and empathetic support.

Conclusion

Victimology has evolved significantly since its inception in the mid-20th century. The discipline is developing in India in response to influence from global scholarship and grassroots activism on the one hand and urgent everyday realities on the other. New fields such as cybercrime, restorative justice, and environmental victimization necessitate interdisciplinary collaboration. Policy innovations, such as One Stop Centers and compensation schemes, indicate a certain advance, although there are challenges in implementation. To advance the field of domestic homicide, future research is to identify gaps in rural outreach, improve the trauma-informed care services, and assess the viability of restorative justice across diverse settings. Above all, the study of criminology and victimology in India must be attuned to the voice of victims in its pursuit; ensuring that scholarship and praxis remain aligned to "principles of justice, dignity, and equity."

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Chapter 12

Emotional Impacts of Rape and Sexual Violence

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In Indian society, and in many cultures worldwide, discussions of rape and sexual violence are often reduced to questions of family honor, marriageability, or the public image of the survivor, rather than about the survivor's internal and ongoing struggle. Survivors experience an "invisible fight" every day—an internal conflict within themselves and an external one with societal structures that often stigmatize, blame, or silence them. According to Kilpatrick & Acierno (2003), despite decades of research showing the profound psychological consequences of sexual assault including post-traumatic stress disorder (PTSD), depression, suicidal ideation, substance abuse, and interpersonal dysfunction, there remains a gap between academic knowledge and social awareness. This chapter explores the emotional impact of rape and sexual abuse**,** distinguishing between short-term and long-term consequences, examining variations across age, gender, and context, and highlighting the complex interplay between personal trauma and cultural frameworks. When the incident of Rape and/ or sexual violence happens, it impacts all spheres of life of the victim as well as immediate caregivers and family. The journey from being victim to survivor is long and difficult. Here is the brief description of the short term and long-term impact of sexual violence of the victim.

Immediate Emotional Responses

The immediate impact of rape or sexual abuse is often characterized by a profound sense of shock and disbelief (Burgess & Holmstrom, 1974). According to Silverman (1978), this stage is often accompanied by confusion, self-blame ("If only I had done something differently"), and

the beginnings of shame. Survivors may initially appear calm or even indifferent which could be the form of denial that masks intense inner turmoil. It could be a defence mechanism. Survivors may struggle to accept what has happened, oscillating between denial and intrusive flashbacks. According to different research carried out, the acute phase of trauma, referred to as the *impact phase*, is marked by:

- **Terror and fear of death**: During the research, many survivors report an overwhelming fear of being killed during the assault, which remains etched in memory long after the event (Burgess & Holmstrom, 1979).
- **Numbness and dissociation**: Some survivors detach from reality, experiencing depersonalization or derealization which could be a coping mechanism for dealing with the unbearable terror, (Koopman, Classen, Cardeña, & Spiegel, 1995).
- **Helplessness and loss of control**: Research suggests that, being overpowered and stripped of autonomy creates feelings of profound vulnerability that extend beyond the incident (Kilpatrick, Veronen, & Resick, 1979).

Short-Term Emotional Impact

In the days and weeks following the assault, survivors frequently experience acute stress reactions**.** Research shows that nearly all survivors display marked psychological disturbances within the first two weeks, including:

- **Suicidal ideations**: Cross-sectional studies indicate that between 33–50% of sexual assault survivors report suicidal thoughts, with a significant minority attempting suicide within months of the incident (Ellis, Atkeson, & Calhoun, 1981; Kilpatrick, Saunders, Veronen, Best, & Von, 1987).
- **Anxiety and hypervigilance**: Survivors experience being hyper-vigilant. They experience a heightened startled response, irritability, insomnia, and constant scanning for danger (Rothbaum, Foa, Murdock, Riggs, & Walsh, 1992).
- **Phobic reactions**: Survivors often fear of being alone, being followed, or encountering men or strangers (Kilpatrick, Veronen, & Best, 1985).

- **Shame and self-blame**: Survivors often internalize societal rape myths, believing they are responsible for what happened (Petrak, Doyle, Williams, Buchan, & Forster, 1997).
- **Depression and withdrawal**: It is a common experience for survivors to feel teary, social isolation, loss of interest in normal activities, and diminished self-esteem are common (Atkeson, Calhoun, Resick, & Ellis, 1982).
- **Sexual aversion**: Due to the sexual violation, Survivors may avoid intimacy or develop disgust and fear around sexual activity (Burgess & Holmstrom, 1979).

Long-Term Emotional Impact

The fight of the survivors with the impact of sexual violence is manifold and is of long duration. One of the major concerns include Post-Traumatic Stress Disorder (PTSD). Childhood abuse also appears to make its victims more susceptible to PTSD in reaction to current life stressors. The long-term psychological consequences of rape often converge into post-traumatic stress disorder (PTSD). PTSD can persist for decades, with some survivors reporting unresolved symptoms even 17 years post-assault (Kilpatrick & Resnick, 1993). Studies suggest that up to 80% of survivor's experience PTSD symptoms at some point (Kilpatrick et al., 1989). The symptoms of PTSD include:

- **Re-experiencing the incident**: It includes flashbacks of the incident, nightmares, intrusive thoughts, or bodily memories triggered by sensory cues (Rothbaum et al., 1992).
- **Avoidance of the incident and related things**: Survivors refuse to discuss the event, avoiding places or people reminiscent of the trauma (Steketee & Foa, 1987).
- **Hyperarousal**: According to the APA Dictionary of Psychology, hyper arousal refers to one of three sets of criteria used to diagnose posttraumatic stress disorder and acute stress disorder. Symptoms of hyperarousal include exaggerated startle response, disturbed sleep, difficulty in concentrating or remembering, and excessive vigilance. According to Kendell-Tackett (200), Chronic hyper arousal is an abnormal state of activation that occurs in the wake of traumatic or highly stressful events. A normal stress

response is adaptive, meant to preserve the life of the organism. The stress response becomes a problem when the stressor is an extreme one-time occurrence, which floods the system with stress hormones, or a chronic stressor, in which the response that is supposed to be an acute response becomes a frequent occurrence. Hyperarousal may manifest as sleep difficulties, hypervigilance, startle response, and intrusive thoughts (Briere & Elliot, 1994). Irritable Bowel Syndrome (IBS) is another manifestation of hyperarousal It was observed that, of all pain syndromes described in the medical literature, the link between childhood abuse and IBS is perhaps the clearest (Kendell-Tackett, 2000). Survivors experience persistent anxiety, irritability, and difficulty concentrating (Adshead, 2000).

- **Depression and Suicidality:** Depression is another major long-term consequence, sometimes becoming chronic. Survivors may experience feelings of hopelessness, worthlessness, and an enduring sense that life has been irreparably damaged (Murphy, DeRogatis, & Jackson, 1988). Elevated rates of deliberate self-harm and suicide attempts have been documented (Kilpatrick et al., 1985).
- **Substance Abuse:** In efforts to numb unbearable emotions, some survivors turn to alcohol or drugs, creating a secondary layer of psychological and physical harm (Kilpatrick & Acierno, 2003).
- **Disrupted Interpersonal Relationships:** The trauma of rape can severely impact survivors' ability to trust others, particularly in romantic or sexual relationships. Many of the survivors often report difficulties with intimacy, sexual dysfunction, and withdrawal from social circles (Miller, Williams, & Bernstein, 1982). Partners may also struggle, leading to strained or broken relationships (Holmstrom & Burgess, 1979).

Models of Trauma

I. Rape Trauma Syndrome (RTS)

According to Smith (2023), Rape Trauma Syndrome is a form of post-traumatic stress disorder that describes the symptoms and coping mechanisms frequently seen in victims of rape and sexual assault. Similarly, to PTSD, RTS symptoms can continue for months or years after a traumatic event. While not all survivors respond to

trauma in the same way, some common symptoms include: Shock, Anxiety, Depression, Anger, Social withdrawal, Mood swings, Difficulty concentrating, feeling guilty or ashamed, Insomnia, Denial, Recurrent nightmares, Flashbacks, Feeling helpless, Suicidal ideation. In their research, Burgess and Holmstrom (1974) described the Rape Trauma Syndrome outlines two primary phases e.g. acute/disruptive phase which is characterized by shock, fear, guilt, and disorganization & reorganization phase which demonstrates survivors attempt to restore control but may face recurring relapses. However, RTS includes several specific stages of psychological trauma that a sexual assault or rape survivor may go through. Understanding each of the phases can be key in helping someone come to terms with what they experienced. Additional research and resources like Rape Abuse and Incest National Network (RAINN) noted 4 phases of RTS:

- **Acute phase:** The acute stage begins in the moments, days, and weeks after an assault and can last for anywhere from a few days to a few weeks. While people respond to trauma in a variety of ways, the Rape Abuse and Incest National Network (RAINN) notes that most emotional responses fall into 1 of 3 categories:

  i. **Controlled:** Someone with a controlled response may outwardly appear to be calm. They might claim to be fine or act as though the traumatic event didn't actually occur.
  ii. **Expressive:** This response involves intense outward displays of emotion. Anxiety, crying spells, and agitation are all common symptoms.
  iii. **Shocked:** When someone is in shock, they might feel disoriented and struggle to focus on what's happening around them. It can be difficult for them to recall the traumatic event.
  iv. **Outward Adjustment Phase:** During this stage, it may appear as survivor has moved on from the event. The victims might cease to show outward signs of trauma, they often continue to internally struggle with anxiety, stress, and even denial of their own experiences. Research shows that nearly

all survivors of rape develop unhealthy coping mechanisms after their assault. It can be common for rape survivors to minimize their experience by pretending everything's back to normal or refusing to discuss what happened to them. Some may try to analyze the event, while others can find it difficult to stop talking about their assault. During this stage, a survivor might make dramatic life changes, like altering their appearance or moving to a new location.

v. **Reorganization Phase:** In the reorganization phase, survivors work to process their feelings about themselves and their trauma. Though this stage is beneficial, it's often marked by a return of emotional distress and turmoil. Many survivors develop fears related to their trauma, such as: Phobias, feeling paranoid around strangers or people who are the same gender as their abuser, fear of crowds, Agoraphobia, fear of physical touch, fear of being left alone, etc.

vi. **Renormalization Phase:** With the help of a strong support system and mental health professionals, rape survivors can work through the trauma they've experienced. While they may still feel pain or distress, they can learn how to prevent the trauma from being a major focus of their lives. During this stage, survivors let go of unhealthy coping mechanisms and self-blame. They're able to resolve feelings of guilt and shame and move forward. While this is the final stage of RTS, it's not uncommon for someone to occasionally relapse to earlier stages in the future. This paved way to diagnosis which is later known as post-traumatic stress disorder.

II. PTSD Framework

Modern psychiatry largely subsumes rape trauma under PTSD, emphasizing the persistence of re-experiencing, avoidance, and hyperarousal symptoms (Burgess, 1995). The criteria for rape survivors are the same as is for the other traumas. The Diagnostic and Statistical Manual-5-TR considered the duration of symptoms while diagnosing PTSD. If symptoms lasted for less than 3 months,

it's diagnosed as an Acute PTSD. If the symptoms are present for more than 3 but less than 6 months, then its termed as chronic PTSD. If onset of symptoms is at least 6 months after the stressor, then it is termed as PTSD with delayed onset. The DSM-5-TR criteria for PTSD include:

i. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
ii. The person's response involved intense fear, helplessness, or horror.
iii. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
iv. Recurrent distressing dreams of the event.
v. Acting or feeling as if the traumatic event were recurring.
vi. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
vii. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
viii. Efforts to avoid thoughts, feelings, or conversations associated with the trauma.
ix. Efforts to avoid activities, places, or people that arouse recollections of the trauma
x. Inability to recall an important aspect of the trauma
xi. Markedly diminished interest or participation in significant activities.
xii. Feeling of detachment or estrangement from others.
xiii. Restricted range of affect (e.g., unable to have loving feelings).
xiv. Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal lifespan)
xv. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following: Difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, exaggerated startle response.
xvi. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

xvii. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

III. Cognitive Models

According to the APA Dictionary of Psychology, a cognitive structure representing a person's knowledge about some entity or situation, including its qualities and the relationships between these. Schemas are usually abstractions that simplify a person's world. In 1932, Bartlett showed that past experiences are stored in memory as schemas; impressions of other people are also thought to be organized in this way. It's an outlook or assumption that an individual has of the self, others, or the world that endures despite objective reality. For example, "I am a damaged person" and "Anyone I trust will eventually hurt me" are negative schemas that may result from negative experiences in early childhood.

Research highlights that sexual assault shatters these cognitive schemas forcing survivors into either maladaptive assimilation (self-blame) or extreme accommodation (viewing the world as entirely unsafe) (Resick & Schnicke, 1993). According to the research conducted by Kratzias et al. (2015), interpersonal trauma survivors are distinguished primarily by a generalized elevation of their maladaptive schemas, rather than a unique schema profile comprised of specific schemas. A strong profile was formed in the domains of 'Disconnection' and 'Impaired Autonomy', where both presented with strong associations with psychopathological entities. Some other maladaptive cognitive-behavioral strategies used by rape survivors include mistrust/abuse, vulnerability to harm, emotional deprivation, abandonment, and dependence as a way to make sense of the traumatic experience, which significantly impacts their self-perception, relationships, and emotional well-being. These dysfunctional patterns, such as believing they are fundamentally defective or fearing perpetual harm, influence how survivors perceive themselves, others, and the world, leading to psychological distress and influencing their future experiences.

Impact Across the Lifespan

I. Children

Sexual exploitation and abuse survivor children often experience developmental disruptions, including anxiety, depression, poor academic performance, and difficulties forming trust-based relationships (Glenn & Resick, 1986). Survivors often struggle with identity formation and have increased risk of re-victimization later in life (Cloitre, Scarvalone, & Difede, 1997). Apart from the routine diagnostic symptoms, the PTSD symptoms manifested in children are disorganized or agitated behavior, repetitive play themes of trauma, frightening dreams without recognizable content, trauma-specific re-enactment of feelings and behaviors.

II. Adolescents

Adolescents face particular challenges, as they may be reluctant to label their experiences as rape, especially when the perpetrator is a peer or intimate partner (Wilson & Miller, 2016). Research suggests that, Self-blame, secrecy, and social stigma often delay disclosure (Kennedy & Prock, 2018). The physical impact of sexual violence in adolescence and lack of knowledge regarding the same might increase the intensity of fear, shame and guilt. Adolescents are financially, legally and socially not prepared to handle the biopsychological impact of unwanted pregnancy, sexually transmitted diseases like HIV, etc. According to Clarke et al. (2023), Traumatic events could have different effects during the teenage years, when the brain is still developing. Teenagers who have been sexually assaulted are known to be more likely than their peers to develop mental health problems shortly after an assault, including post-traumatic stress disorder, anxiety and depression. They are more likely to have poor performance at school, have early or multiple sexual partners, and to have relationship problems with friends, families or partners.

III. Adults

Adult survivors reported disruptions in their personal, professional, and sexual lives. The risk of unwanted pregnancy, Sexually Transmitted Diseases, etc. is persistent. Women in patriarchal

cultures may face disownment, job loss, or marriage difficulties due to the stigma of victimization (Gangoli, 2011; Patel, 2014). In the Indian context, survivors would face the fear of character assassination, physical threat to themselves and children. In patriarchal societies victim shaming intensifies the trans-generational effect of abuse in terms of character assassination of children of the female victims irrespective of their birth before or as an effect of the sexual violation or even if it is unrelated to the incident.

IV. Older Adults

Sexual violence against older adults is under recognized. The research with this particular age-group is limited as well due to non-reporting or under-reporting of the cases. Survivors often face barriers to disclosure due to dependency on caregivers, health limitations, and cultural norms that deny older people's sexuality (Bows, 2018). They may experience compounded trauma due to physical fragility and social isolation (Mysyuk, Westeneng, & Knipscheer, 2016).

Impact on Families and Social Networks

According to the research, families with strong pre-existing bonds can serve as buffers, providing emotional stability and aiding recovery (Dean & Lin, 1977). However, more research is needed as every culture, community and geography along with factors related demography make it a vast area around the globe. The attitude towards family as a support system, attitudes towards sexual violence, gender, etc. will interact to either have positive or unhelpful impact on the survivor. Rape reverberates beyond the individual, creating a secondary crisis for families (Stanton & Figley, 1978):

- **Role disruption**: As survivor's mental health is disrupted, its role in the family- be it a provider, protector, caregiver or child is disturbed. The person find inability and feels guilty due to the same. Family members may struggle with guilt, helplessness, or anger, sometimes directing blame inward (Silverman, 1978).

- **Overprotection**: Family members become worried and over-protective of the survivor which might make the survivor feel weak, helpless and at times even burden on family. Family member's attempts to "shield" the survivor may reinforce helplessness and dependence (White & Rollins, 1981).
- **Revenge fantasies**: Male relatives of the survivor may fixate on retaliation, forcing the survivor to manage their distress in addition to her own (Silverman, 1978). Revenge fantasies in survivors of sexual violence can be the result of sense of injustice and a desire to regain a sense of control and power lost during the trauma. Though such fantasies can provide emotional release and a temporary sense of satisfaction or even pseudo-power, they are complex and may also be accompanied by feelings of guilt, shame, or a preoccupation with the perpetrator rather than personal healing and increase justice dissatisfaction (Lillie & Strelan, 2019). According to Goldner et al. (2019), men had higher levels of revenge fantasies than women, whereas women tended to perceive revenge as pointless.
- **Breakdown of intimacy**: Partners may experience sexual difficulties or guilt over perceived failure to protect (Miller et al., 1982).

Gender and Sexual Identity

While women constitute the majority of reported cases, men and LGBTQ+ individuals also face sexual violence, often compounded by unique stigmas:

- Male survivors may fear being perceived as "failed men" or question their sexuality, particularly if they experienced physiological responses during assault (Coxell, King, Mezey, & Gordon, 2000).
- There are reported cases of female sexual offenders and male victims/survivors in the scientific literature. Female perpetrators of sexual assault (FPSA) against men present further complications, clashing with cultural myths of male sexual invulnerability (Sarrell & Masters, 1982). Research conducted by Munroe & Shumway (2020) indicate FPSA is typically perpetrated by individuals acting

alone who are known to and close to the victim. Incidents of FPSA may not be labelled as sexual abuse or assault at the time of the event, are not frequently disclosed, and may carry long-term mental health consequences for survivors. There is a need for significant research efforts to identify and help these under-recognized, highly trauma burdened survivors of violence in a better way.

- LGBTQ+ survivors may suffer additional discrimination, internalized homophobia, or bias-related victimization of sexual violence, amplifying psychological distress (Herek, Gillis, & Cogan, 1999).

  Interaction of any other sexuality than heterosexuality and being victim to sexual offense have differential impact depending on demographic variables, acceptance of sexuality of the victim by themselves and their family, educational levels, culture, socio-economic class, society, vocation, etc. In the Indian context, more India-specific research is needed to form any analysis, opinion and conclusion.

Conflict-Related Sexual Violence

It has been observed and experienced since ancient times, to colonialism era to even modern times, that sexual violence has been carried out against the enemy forces, civilians and women from enemy side. Rape has been systematically used as a weapon of war**,** from the "Rape of Nanking" to the Rwandan genocide (Chinkin, 1994) to the ongoing conflict in Democratic Republic of Congo to Meitei Woman's rape and murder in Manipur, India (2023). In these contexts, sexual violence is permitted and even employed for purposes of ethnic cleansing, troop bonding, and community terror. Survivors often face lifelong PTSD, sexual dysfunction, and profound social marginalization (Kuwert et al., 2010). The collective nature of wartime rape also strips survivors of individuality, reducing them to symbols of communal humiliation (Trenholm et al., 2009). This *de-individualization* magnifies emotional suffering. The war-situation, sexual violence and repercussion of war make the situation worse for coping.

Technology-Facilitated Sexual Violence

In the digital era, perpetrators extend abuse into the online realm through revenge pornography, cyberstalking, cyber-extortion, and deep fake, non-consensual images & video sharing**.** The ease of accessibility and availability of image, video and sharing technology has debilitating effects for survivors. The spreading of information and video footage of the sexual offense shared on social media make it difficult for the survivor to cope due to mass spread and intensity of the expressed opinions on social media, sensationalization and pornification of the incident by the police, judiciary and people are biggest hindrance in the healing process of the survivor. Survivors describe feelings of omnipresence that the perpetrator is watching them at all times which lead to heightened anxiety, paranoia, and loss of safety (Woodlock, 2017). Technology magnifies harm by making humiliation permanent and inescapable, as explicit content can be shared globally and endlessly (Dragiewicz et al., 2019). Again, due to technology's interaction with socio-economic-cultural and demographic factors, careful scientific research is a necessity.

Cultural and Societal Factors

In many cultures, rape survivors face secondary victimization like disbelief, stigma, and blame (Jordan, 2004). In India, patriarchal norms link female virtue to family honor, leading survivors to be silenced, disowned, or shamed (Rew, Gangoli, & Patel, 2013). In Indian context, marital rape is still legally unrecognized, reinforcing women's lack of sexual agency (Gangoli, 2011). In India, even caste, class, and ethnicity intersect with gender to intensify marginalization (Thiara & Roy, 2020). Minority women may be doubly silenced by mainstream society and their own communities (Collins, 1993). Globally, rape myths such as the belief that "real rape" involves a stranger, at night, with physical resistance still persist, discouraging survivors' credibility and their access to justice (Tetreault & Barnett, 1987). As there are dynamic changes in the Indian society, research is needed to identify harmful and protective factors for the survivors.

Conclusion

The emotional impact of rape and sexual abuse is profound, multifaceted, and enduring. Survivors experience immediate terror, ongoing psychological distress, and long-term disruptions to self, relationships, and social functioning. These consequences vary with age, gender, and cultural context but share common threads of fear, shame, and loss of control. Healing requires recognition of survivors not merely as case statistics but as individuals with unique experiences and needs. It also demands systemic change: dismantling rape myths, strengthening justice systems, recognizing all forms of sexual violence (including marital and technological abuse), and fostering compassionate support networks. Ultimately, the journey from surviving to living is possible—but it requires collective responsibility, cultural transformation, and unwavering solidarity with survivors.

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Chapter 13

Echoes of a Silenced Soul: The Psychology of Rape Trauma in Laurie Halse Anderson's Speak

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Laurie Halse Anderson's Speak (1999) is a poignant young adult novel that explores the harrowing reality of sexual assault and its psychological aftermath. This novel navigates the theme of rape through the lens of trauma theory, focusing on the protagonist Melinda Sordino's silence, emotional fragmentation, and eventual empowerment. This chapter also investigates the role of narrative structure, metaphor, and secondary characters in portraying the systemic failures and cultural silencing of survivors. Speak (1999) is not just a story of survival, but a powerful call to recognize the internal environment created by rape and support the voices of those who were affected by sexual violence. Rather than focusing solely on the anguish, it highlights the journey of survival, resilience, and the power of finding one's voice. The study examines how the novel represents rape as trauma and how breaking the silence becomes the first step toward recovery.

Sexual violence, especially among teenagers, is still cloaked in silence and stigma. Though Speak has been written in the western culture, it depicts the global phenomena of shame and guilt associated with rape. It is a trauma that often reverberates far beyond the moment of the event itself. For many who endure such trauma, the lingering effects like guilt, shame, isolation, and silence can be as profound and painful as the assault itself. Laurie Halse Anderson's Speak (1999) offers a profound literary treatment of rape trauma through the character of Melinda Sordino, a freshman who is raped before the school year by her classmate begins and descends into a spiral of silence and psychological

turmoil. Written in the first-person narrative, Speak (1999) mirrors Melinda's fractured mental state and invites readers into the private reality of a rape survivor whose voice has been stifled by fear and disbelief. When anybody survive rape or sexual violence, fear and shock come out as the natural response. Fear of being raped once again or being accused for the crime that was not survivor's fault, distort the cognition of individual and let her go into a loop of negative affects, emotion and behavior. Similar loop grabbed Melinda and made her muted, suffering in silence. One of the appealing attributes of "Speak" is that Anderson has written it in the first-person perspective, uses fragmented narration and powerful metaphors to reflect Melinda's internal world. Anderson's use of broken stories, images like the tree and the janitor's closet, and Melinda's emotional journey all capture the readers clinching their teeth and closing the fists to see the helplessness of a girl. After being assaulted at a summer party, Melinda stops speaking, not just out of fear but because she also due to the lack of a safe space to share her truth. Such situation usually arises before the survivors when they don't share the assault. Regardless of culture, such survivors often lack people who can nonjudgmentally listen their plea and validate their emotions. Through the suffering in silence, the novel captures the experience of trauma, showing how survivors often suffer alone when society deliberately overlooks the truth. Melinda's physical inability to speak reflects the profound psychological effects of trauma. Readers feel her inability when she says,

"It's getting harder to talk. My throat is always sore, my lips raw. Every time I try to talk to my parents or a teacher, I sputter or go cold"

Her silenced voice becomes an echo of her repressed experience, revealing how rape trauma manifests from muteness to the running thoughts of past experience. Melinda often lost in her own thoughts related to the assault even in the class room or sitting with other people. At one place she says-

"I just want to sleep. A coma would be nice. Or amnesia. Anything, just to get rid of this, these thoughts, whispers in my mind. Did he rape my head, too?"

Her words Speak (1999) deals with the theme of rape not only as a singular traumatic event but as a reflection of societal thread that doesn't accept talking about such episodes which eventually isolates, and marginalize survivors. Eastern culture also denounces people discussing such assaults. Women are suppressed to speak it up when somebody attacks their modesty. Situation becomes horrendous if the perpetrator is known or a family member. Family of the survivor often falls into the loop of shame & guilt, and the fear of boycott from the society. Similar psychological problems enter in Melinda's life when she was raped by her classmate. Anderson's use of fragmented narrative structure, potent symbolism, and intimate first-person voice mirrors aftermath of rape trauma that are similar to PTSD and Rape Trauma Syndrome. In this way, Speak (1999) is not just the story of a traumatized girl; it is a moving portrayal of recovery, empowerment, and self-discovery. It becomes a commentary on how rape silences victims, how society fails to listen, and how finding one's voice is a critical, though painful, step toward healing.

Psychological Impact

Laurie Halse Anderson's Speak (1999) offers a compelling and authentic depiction of the deep emotional scars left on a young mind by sexual violence. The protagonist, Melinda Sordino, exhibits a range of symptoms that align with Post-Traumatic Stress Disorder (PTSD), as commonly described in psychological literature and diagnostic manuals such as the DSM-5 (American Psychiatric Association, 2013). Melinda too was suffering from PTSD like symptoms that are intrusive flashbacks, emotional numbness, withdrawal from social interaction, self-blame, and persistent feelings of fear and shame.

The novel is presented in short, disjointed entries that often lack chronological flow through mimicking Melinda's fragmented state of mind. Her recollection reflects a common psychological response to trauma that disrupts any sense of order. Melinda's first-person internal monologue gives readers direct access to Melinda's deteriorating mental health, which is marked by anxiety, self-loathing, and a constant inner battle between repressing the memory of her assault and attempting to make sense of it.

Melinda's dissociation is evident in her retreat into silence and isolation. She stops speaking almost entirely, not because she has nothing to say, but because she feels that no one will understand or believe her. This muteness is not merely symbolic because it is a psychological defense mechanism to cope with the overwhelming trauma and shame that she is carrying. Her mental withdrawal is mirrored in her physical withdrawal from school activities, friendships, and even her family life. She spends much of her time hiding in an abandoned janitor's closet at school, which serves as a metaphorical refuge, a space where she can avoid confrontation of the external world. Melinda retreats to the closet as a symbolic sanctuary:

"The closet is a good thing, a place to be alone, to hide, to stay silent, to disappear. It's like a cocoon" (Anderson 26).

Academically and socially, Melinda's decline is dramatic. Her grades suffer, she becomes the target of ridicule, and she loses her close friends. These consequences further reinforce her sense of alienation and helplessness, exacerbating her symptoms of depression and low self-esteem. Additionally, Melinda internalizes the blame for what happened to her, a response frequently reported by real-life survivors of sexual assault, particularly adolescents who struggle with guilt and shame when authority figures and peers fail to offer support. Overall, Speak (1999) provides a nuanced and psychologically accurate portrayal of how trauma permeates every aspect of a survivor's life. By tracing Melinda's internal suffering and external struggles, Anderson offers readers a powerful window into the silent, painful world of PTSD, often invisible to outsiders but deeply felt by those who endure it.

Rape Trauma Syndrome and PTSD in Speak

Laurie Halse Anderson's Speak (1999) offers a psychologically informed and emotionally authentic depiction of trauma, particularly as experienced by adolescent survivors of sexual assault. The protagonist, Melinda Sordino, displays clear symptoms aligned with both Rape Trauma Syndrome (RTS) and Post-Traumatic Stress Disorder (PTSD) two interrelated psychological frameworks commonly used to understand the short- and long-term effects of sexual violence.

Rape Trauma Syndrome, first introduced by psychologists Ann Wolbert Burgess and Lynda Lytle Holmstrom (1974), identifies two major phases experienced by survivors: the acute phase of disorganization, which occurs immediately after the trauma, and the long-term reorganization phase, during which the survivor attempts to rebuild her life while coping with the lingering emotional consequences. Melinda's experience follows this arc with striking accuracy. Initially, she enters a state of emotional and behavioral disarray: she stops speaking, becomes socially withdrawn, and neglects her academics and appearance. This acute phase reflects a deep inner turmoil, often misinterpreted by those around her as typical teenage defiance rather than a cry for help.

In the reorganization phase, Melinda slowly begins to process her trauma. However, her journey is complicated by symptoms also characteristic of PTSD, as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). These include avoidance of triggers, hypervigilance, emotional numbing, and intrusive memories or flashbacks. Melinda actively avoids the site of her assault and the people associated with it. Her muteness, often seen by her peers and teachers as obstinacy, which is in reality a reflection of dissociation, a psychological defense mechanism in which the mind disconnects from events that are too painful to confront consciously.

Symbolically, Melinda retreats into a janitor's closet, which serves both as a physical refuge and a metaphor for her psychological state. The closet represents her desire to become "invisible," a word she uses to describe herself, underscoring her alienation and sense of being unseen and unheard. This retreat is not a typical teenage behavior but rather a survival strategy in response to trauma. Her internalized shame and fear of being blamed, especially after being labelled a "squealer" by her peers, mirror the real-life stigmatization many survivors face, which further perpetuates silence and isolation.

Through Melinda's behavior and psychological struggles, Speak (1999) not only aligns with clinically recognized trauma symptoms but also critiques the cultural and institutional failure to recognize and respond to such symptoms, particularly in adolescents. Anderson's work skillfully captures how trauma can distort identity, mute the self, and

fracture one's relationship with the world, even as it reveals the slow, painful path toward healing and reclaiming one's voice.

Narrative Structure as a Reflection of Trauma

Laurie Halse Anderson crafts the narrative of Speak (1999) in a way that closely echoes the psychological disintegration experienced by Melinda following her assault. The novel's fragmented structure which is composed of short and episodic entries, mirrors the disjointed and chaotic state of Melinda's mind. Her nonlinear recollections, combined with abrupt shifts in tone and thought, represent the internal confusion, emotional suppression, and intrusive memories typical of post-traumatic stress disorder (PTSD). Instead of delivering a conventional storyline, the narrative unfolds through Melinda's eyes and giving readers direct access to her inner world.

Melinda's inner monologue, often curt and emotionally restrained, further emphasizes the numbing effects of trauma. Her silence in the external world contrasts with her sharp, often cynical thoughts. Anderson uses irony and dark humor in Melinda's narration as a subtle form of psychological defense. For instance, her sarcastic observations about classmates and school authorities act as a shield and allowing her to maintain distance from her emotional wounds. These elements not only highlight her coping mechanisms but also make her pain relatable and real, rather than sensationalized. The loss of voice becomes a recurring motif in her struggle:

"It's getting harder to speak. My throat tightens and my mouth goes dry. It's like the words frozen inside"

Here, trauma transforms language into silence, underscoring what Cathy Caruth describes as the "unspeakable" nature of traumatic memory.

By embedding Melinda's trauma into the very form and tone of the storytelling, Anderson allows readers to feel the mental and emotional fragmentation that comes with unspoken trauma. The novel thus becomes more than just a story, but it transforms into a psychological landscape, offering an immersive and empathetic portrayal of what it means to live with the silence of sexual violence.

Societal Silence and Institutional Neglect in Speak

Laurie Halse Anderson's Speak not only portrays the personal impact of sexual assault but also offers a powerful commentary on the broader failures of social and institutional systems to support survivors. After Melinda is raped, she does find any adult or authority figure around her she can share her trauma with or can provide her protection. Instead of recognizing her withdrawal and muteness as signs of distress or trauma, the people around her, as teachers, parents, and even peers, all respond with frustration, judgment, or indifference. Her silence is treated as an act of defiance rather than a symptom of psychological pain.

This reflects a widespread issue in real-life contexts where survivors, particularly adolescents, are often misunderstood or neglected by the very systems meant to help them. The school counsellor, for example, fails to ask the right questions or probe beneath Melinda's surface behavior. Her parents, consumed by their problems, dismiss her emotional shutdown as typical teenage rebellion. Such reactions demonstrate a profound institutional blindness to trauma, reinforcing a culture where victims are disbelieved or blamed, rather than supported.

Andy Evans, Melinda's rapist, continues to roam the school without any punishment, presenting himself as a charismatic and socially respected person. His ability to blend in and maintain a favorable reputation points to how predators often manipulate public perception to protect themselves. It is only when Melinda regains her voice and confronts him that any real accountability is threatened. Anderson thereby critiques the protective structures that allow perpetrators to evade justice while survivors suffer in silence.

Through these dynamics, Speak (1999) powerfully exposes the dangerous consequences of institutional neglect and societal silence. It calls attention to the urgent need for trauma-informed support, better education on consent, and a cultural shift that prioritizes listening to and believing survivors.

Empowerment and Recovery: Breaking Silence as a Path to Healing

In Speak (1999), Laurie Halse Anderson presents empowerment and emotional recovery as processes deeply tied to reclaiming one's voice after trauma. Melinda's journey towards healing begins not with external help but through an internal awakening, as she gradually becomes aware that she deserves to be heard and validated. Throughout the novel, Melinda remains largely silent, symbolizing not only her fear and shame but also the psychological paralysis caused by rape trauma. Her muteness mirrors the experience of many survivors who struggle to articulate what happened due to fear of judgment, disbelief, or traumatization.

The turning point in Melinda's story occurs when she is confronted again by her rapist, Andy Evans. Faced with the threat of further violence, she finds the strength to fight back and for the first time, screams. This moment is profoundly symbolic. Her scream is not just a cry for help, but it is an act of resistance, a reclaiming of power, and the beginning of speaking her truth. This physical act of defending herself marks the psychological shift from victimhood to agency.

After this confrontation, Melinda begins to open up, first to herself and eventually to others. By choosing to speak, she breaks the silence that has held her captive and begins the difficult but necessary process of healing. By the end, expression becomes synonymous with healing:

"It's getting easier to speak. My throat doesn't hurt anymore. I can look in the mirror and see someone worth listening to"

The act of speaking transforms silence into self-recognition, echoing trauma theorist Judith Herman's view that recovery requires the restoration of voice and narrative. Anderson emphasizes that recovery from trauma does not occur instantly or easily but unfolds through gradual steps such as acknowledging pain, confronting fear, and expressing truth. Ultimately, Speak (1999) conveys a critical message that empowerment begins when silence is broken. Melinda's story affirms that speaking out, no matter how late, how hard, or how fragmented, is a courageous act of self-restoration. Her voice, once

suppressed by shame and fear, becomes the most powerful tool in her recovery, shining a light on the importance of listening to and believing survivors.

Conclusion

Anderson's Speak (1999) portrays the deep psychological rupture caused by rape while also tracing the survivor's gradual journey from silence to speech. Melinda's final confrontation with her trauma embodies the transformative power of articulation:

"It happened… Andy Evan raped me. I said no. I said no. I said no. And he didn't listen"

Her declaration marks the vital turning point where silence gives way to voice. In speaking the unspeakable, Melinda not only begins to heal but also asserts a truth that resists erasure, reminding us that recovery begins with the recognition.

Laurie Halse Anderson's Speak (1999) offers an unflinching portrayal of the emotional and psychological aftermath of rape, particularly from the perspective of a young adolescent. Rather than sensationalizing the act of sexual violence, Anderson chooses to focus on its enduring impact, particularly how it fragments identity, isolates the victim, and disrupts the ability to communicate and connect with others. Through the protagonist, Melinda Sordino, the novel delves into the internal landscape of trauma, her silence, withdrawal, and deteriorating self-esteem mirror the real-life coping mechanisms of many survivors.

The narrative structure, written in the first person and interspersed with short, disjointed journal entries, reflects the confusion and inner turmoil that accompany unprocessed trauma. Anderson's stylistic choices serve to immerse the reader in Melinda's world, making her silence louder and more haunting with every page. By depicting her journey from voicelessness to a moment of vocal and physical resistance, the novel underscores a crucial theme: recovery begins when the survivor is finally able to speak, not just to others, but to herself.

Speak (1999) ultimately becomes a powerful metaphor for reclaiming agency and identity. Melinda's journey is not just about overcoming

trauma, but about resisting the societal and institutional pressures that often silence victim. The novel serves as both a deeply personal account of survival and a universal call to action, urging readers to listen, believe, and support those whose voices have been stifled by fear, shame, or disbelief. In doing so, Anderson affirms that healing is possible and that speaking out is both an act of courage and a path toward empowerment. In this way, Laurie Halse Anderson's novel Speak (1999) presents a powerful and sensitive portrayal of how sexual violence profoundly impacts an individual's mental and emotional well-being.

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Chapter 14

Neuropsychological Impacts of Rape and Sexual Violence

Akila S

Rape and sexual violence are deeply traumatic experiences that can affect a person long after the event has ended. Across the world, nearly one in three women experience some form of sexual violence in their lifetime (World Health Organization, 2021). While the physical injuries may heal, the emotional and mental wounds often remain. Many survivors struggle with problems such as post-traumatic stress, depression, anxiety, or feeling emotionally numb and disconnected from themselves or others. These reactions are not signs of weakness; they are natural responses to extreme trauma. Sexual violence can overwhelm the brain's ability to cope with stress, affecting areas involved in memory, fear, and emotional control. As a result, survivors may have difficulty remembering things, managing emotions, or feeling safe again. Trauma can also disrupt the body's stress system, keeping the person in a constant state of alertness or exhaustion. This ongoing stress can affect both mental and physical health. Understanding these effects reminds us that healing after sexual violence takes time, support, and compassionate, trauma-informed care.

Acute Trauma and Fragmented Memory

When a person is raped or sexually assaulted, their brain does not respond in a calm or logical way. Instead, the brain shifts into survival mode. The amygdala, which detects danger, takes control and floods the body with stress hormones like adrenaline and cortisol (van der Kolk, 2014). While this response helps a person survive immediate threat, it can interfere with how memories are formed and stored.

At the same time, the prefrontal cortex which is responsible for clear thinking and decision-making temporarily shuts down (Brewin et al., 2010). The hippocampus, which helps organize memories in a clear sequence, also becomes overwhelmed. As a result, memories of the trauma may be incomplete, disorganized, or unclear. This is why many survivors struggle to give a clear, step-by-step account of what happened. They may remember specific sensory details, such as sounds or smells, but not the exact order of events or their own reactions (Hopper & Lisak, 2014). This does not mean they are lying; it means their brain was focused on survival. Many survivors also experience dissociation during the assault, where they feel numb, detached, or as if the event is happening to someone else. This is a protective response to overwhelming fear (American Psychiatric Association, 2013). Brain studies show that during dissociation, communication between emotional and thinking areas of the brain is disrupted (Lanius et al., 2017).

Unfortunately, this natural trauma response is often misunderstood, especially in legal and clinical settings. Survivors may be doubted or blamed because of fragmented memories, which can deepen their trauma (Campbell, 2012). Recognizing that these reactions are normal responses to extreme fear is essential for justice, understanding, and healing.

Brain Structure and Functional Changes

A person who has survived rape or other sexual violence may experience physical brain changes in addition to emotional scarring. These changes affect how survivors think, feel, and react long after the event, helping us understand why recovery can be so challenging.

- **The Amygdala: The Brain's Fear Alarm**
  Think of the amygdala as your brain's alarm system. It's constantly on the lookout for danger, ready to trigger fear and anxiety when it senses a threat. After sexual trauma, the amygdala often becomes overactive like an alarm that won't turn off (Rauch, Shin, & Phelps, 2006).

- **The Hippocampus: The Memory Organizer**
  The hippocampus is the brain's memory librarian. It helps us file away memories, putting events in order and giving them a time and place. But for many survivors, this area shrinks due to the intense stress they endured (Bremner, 2006). That's why it can be difficult to remember details of the trauma or even day-to-day things like appointments or conversations. This isn't forgetfulness or weakness but, it's a natural effect of the brain's response to overwhelming stress.

- **The Prefrontal Cortex: The Brain's Manager**
  The prefrontal cortex is like the brain's CEO, helping us make decisions, control our impulses, and manage emotions. After trauma, this area's activity often decreases, making it harder for survivors to regulate their feelings or think clearly (Arnsten, 2009). This can cause mood swings, irritability, or problems concentrating things that survivors may find confusing or frustrating.

- **The Insula: Feeling Your Feelings**
  Another important brain area affected is the insula, which helps you feel what's happening inside your body like hunger, pain, or emotions. Trauma can make this part of the brain less effective, which might explain why some survivors feel detached from their bodies or have trouble recognizing their own emotions (Craig, 2009). This detachment, called dissociation, can feel very scary and confusing but is actually the brain's way of coping with extreme pain.

- **Brain Communication Breakdown**
  The amygdala, hippocampus, and prefrontal cortex usually work together to keep emotions and memories in balance. But sexual trauma can disrupt these connections, causing symptoms like flashbacks, emotional numbness, or intrusive thoughts to pop up unexpectedly (Shin, Rauch, & Pitman, 2006).

- **The Brain's Ability to Heal**
  The brain is incredibly flexible, a quality called neuroplasticity. With the right support like therapy, safe relationships, and time

survivors' brains can rewire and heal (van der Kolk, 2014). Treatments such as trauma-focused therapy and EMDR help survivors regain control over their emotions and memories, offering hope for recovery.

The HPA Axis and How Trauma Affects the Body's Stress System

When someone goes through the trauma of sexual violence, their body's stress alarm system kicks into overdrive. This system is called the hypothalamic-pituitary-adrenal (HPA) axis, and it's basically the body's built-in way to handle danger and stress.

- **Functions of HPA Axis**
  Imagine your brain as a control center. When it senses danger, it sends a signal to the hypothalamus, which then tells the pituitary gland to pass the message along to the adrenal glands. These adrenal glands release a hormone called cortisol, often called the "stress hormone." Cortisol prepares your body to face the threat by increasing your heart rate, blood sugar, and energy. Once the danger passes, the HPA axis is supposed to calm down and bring everything back to normal.

- **What Happens After Sexual Trauma?**
  For many survivors, the HPA axis gets stuck in "high alert." Instead of turning off, the system keeps flooding the body with stress hormones like cortisol even when there's no immediate danger anymore (Muehlhan et al., 2018). This makes it hard to feel calm or safe, and can leave a person feeling anxious, exhausted, or emotionally overwhelmed for a long time. Having too much cortisol in your system for an extended period is tough on the brain and body. It can damage parts of the brain, like the hippocampus, which plays a key role in forming memories and learning new things (Bremner, 2006). That's why many survivors experience memory problems or trouble concentrating. Additionally, an overactive stress system can wear down your immune system, making it easier to get sick or experience chronic health issues like pain or inflammation. Trauma really affects the whole person not just their mind, but their body too.

- **When the Stress System Doesn't Know When to Stop**
  Normally, cortisol tells the brain, "Okay, we're safe now, time to calm down." But in people who've experienced trauma, this feedback loop sometimes breaks. Some might produce too much cortisol, others too little, which can cause symptoms like fatigue, depression, or difficulty managing everyday stress (Yehuda, 2009). This is why trauma affects people in different ways—everyone's body reacts uniquely.

- **Healing and Hope**
  The great news is that the HPA axis isn't broken forever. With therapy, mindfulness, exercise like yoga, and supportive relationships, survivors can teach their bodies to relax again (van der Kolk, 2014). Over time, the stress alarm system can reset, helping people feel safer in their bodies and more in control of their emotions.

How Sexual Violence Affects Growing Minds and Brains

When sexual violence happens during childhood or teenage years, it can deeply impact how a young person's brain and emotions develop. Trauma during the crucial years can disrupt the process of how we think, feel, and relate to others and change how a child or teen grows.

The Brain Is Still a "Work in Progress"

Children and teens are constantly learning how to control their emotions, make decisions, and understand the world around them. But when trauma like sexual violence enters the picture, it can slow down or alter how important parts of the brain develop. (Teicher & Samson, 2016). Other areas involved in memory and processing emotions, like the hippocampus and amygdala, can also be affected. This can mean that survivors may find it harder to regulate their feelings or remember things clearly, which can make everyday life more challenging.

Struggles With Feelings and Relationships

Because the brain is still learning how to manage emotions and connect with others, trauma during childhood can make it really tough to trust

people or express feelings in healthy ways (Perry, 2009). Children might feel scared or unsafe even when they're not in danger anymore. This can affect friendships, school, and how they get along with family.

Long-Term Effects That Follow into Adulthood

If these early experiences aren't addressed, the challenges can carry on into adulthood. Survivors might have a harder time managing stress, handling emotions, or maintaining close relationships. They may also face greater risks of depression, anxiety, or other mental health issues (De Bellis & Zisk, 2014).

Cognitive and Emotional impacts of Sexual Violence

Surviving sexual violence often brings with it a whirlwind of difficult emotions and changes in how people think and process the world. These changes aren't just "in the head", they're very real struggles that impact everyday life in big ways.

- **Memory and Focus Can Be Tough**
  Many survivors find that their memory isn't as sharp as it used to be. Remembering details or focusing on things like work, school, or even simple conversations can become really challenging (Bremner, 2006). It's like the brain is working overtime just to keep up, or it's protecting itself by pushing difficult memories into the background. Sometimes, traumatic memories pop up suddenly and feel as fresh as when the event happened. These moments, called flashbacks, can be scary and overwhelming (van der Kolk, 2014). They often catch survivors off guard and can make it hard to feel safe or present.

- **Emotions Can Feel Like a Rollercoaster**
  After trauma, emotions often feel intense and hard to control. Survivors might experience waves of sadness, anger, shame, or fear that come and go without warning. This is because trauma changes how the brain manages emotions, making it harder to stay calm or think clearly when strong feelings arise (Arnsten, 2009). On the flip side, some survivors might feel numb or disconnected from their feelings or even their own bodies. This feeling called dissociation is

a way the brain protects itself from pain but can also make it tough to connect with others or heal emotionally (Craig, 2009).

- **Anxiety, Depression, and PTSD Are Common**
  It's very common for survivors to experience mental health challenges like anxiety, depression, or PTSD after sexual violence (Dworkin et al., 2017). PTSD, for example, can cause scary flashbacks, avoidant behaviors, mood changes, and always feeling "on edge." Depression might bring feelings of deep sadness or hopelessness, and anxiety can lead to constant worry or panic. These conditions can overlap and make everyday life feel overwhelming, but knowing that these reactions are common can help survivors understand they are not alone.

Why Support Makes a Difference

Having people who listen, believe, and support survivors is crucial. Whether it's friends, family, or professionals, a strong support system can help survivors feel safer and begin to rebuild their sense of self (Ullman, 2010). Knowing someone cares and understands can make a huge difference in healing.

- **Healing Is Possible with the Right Support**
  The brain is adaptable and can heal with time and care. When children and teens get safe, supportive environments whether through family, therapy, or community programs they can learn new ways to cope and grow (van der Kolk, 2014). Building trust and teaching healthy emotional skills help them feel safer and stronger. Recovering from sexual violence is a deeply personal and often challenging journey. Everyone's healing looks different, and it takes time, patience, and the right kind of support. Survivors can find hope, strength, and reclaim their lives with compassionate care.

- **Creating Safe Spaces Through Trauma-Informed Care**
  One of the most important things for healing is feeling safe and understood. Trauma-informed care means that doctors, therapists, teachers, and support workers truly get how trauma affects someone's mind and body. They work hard to make sure survivors feel respected, believed, and never pushed into anything before

they're ready. This approach helps survivors regain control and start trusting themselves again.

Therapy: That Helps Both Mind and Body

Since trauma affects more than just thoughts it also impacts the effectiveness of treatment often combines talking with body-based healing.

- **Cognitive Behavior Therapy**: CBT is a well-established and highly effective approach for helping people who are struggling with difficult emotions, especially after experiencing trauma. At its core, CBT focuses on the connection between our thoughts, feelings, and behaviors. Survivors of trauma often develop negative thought patterns like believing they're unsafe or to blame for what happened which can lead to ongoing feelings of fear, sadness, or guilt. CBT helps individuals become aware of these painful thoughts and gently challenges them, offering healthier and more balanced perspectives instead. Beyond just changing thoughts, CBT also teaches practical skills for managing day-to-day life. This might include relaxation techniques, set achievable goals, or learning how to face fears in a safe and supportive way. Over time, these tools help people feel more in control of their emotions and more confident in their ability to handle challenges (Resick et al., 2017).
- **EMDR Therapy:** Eye Movement Desensitization and Reprocessing (EMDR) is a well-established therapy that helps people heal from trauma and deeply painful experiences. Sometimes after trauma, the brain gets "stuck" on the memory, making it feel as if the event is happening again through flashbacks, nightmares, or intense anxiety. EMDR helps the brain process these memories in a healthier way so they feel less overwhelming. During therapy, the person briefly focuses on the traumatic memory while the therapist uses gentle side-to-side eye movements, tapping, or sounds. This process, called bilateral stimulation, helps the brain reprocess the memory and reduce its emotional intensity. Over time, many people find that the memory becomes less painful and no longer controls their daily life. According to Shapiro (2018), EMDR

works by activating the brain's natural healing ability, helping individuals process difficult experiences in a more adaptive way. It does not erase the memory, but it changes how it is stored and experienced.

- **Body Healing:** According to van der Kolk (2014), after a traumatic event, the nervous system can stay stuck in a state of fight, flight, or freeze. This means the body remains on high alert, making it hard to relax, feel safe, or even feel at home in one's own skin. That's why healing from trauma isn't just about talking it often requires gently working with the body. Practices like yoga, deep breathing exercises, and mindfulness are powerful tools in this process. They help people notice what's happening in their bodies, release stored tension, and develop a sense of calm and control. Yoga, for example, combines movement with breath and awareness, helping trauma survivors reconnect with their bodies in a safe and empowering way. Mindfulness helps them observe sensations and emotions without judgment, creating space to heal.

  Van der Kolk (2014) emphasizes that these body-based practices aren't just add-ons they are essential. They allow people to reclaim a sense of safety and presence, not just mentally, but physically too. Healing becomes not just a conversation, but a full-body experience.

Medication Can Be Helpful but It's Just One Piece

Medication can help people struggling with anxiety, depression, or trauma feel more stable by easing intense emotions, improving sleep, and reducing daily distress. However, it does not address the root causes of emotional pain. As Foa et al. (2018) note, medication works best when combined with therapy, which supports deeper healing and lasting change.

Hope for the Future

Surviving sexual violence can leave deep emotional pain, often filled with shame, fear, or a sense of brokenness. Yet healing is possible. With compassionate support, trauma-informed care, and safe relationships, many survivors rebuild their sense of safety, self-worth, and hope.

Recovery does not mean forgetting, but learning to live with strength instead of shame (Campbell, 2008).

Conclusion

Sexual violence leaves deep marks not just on the body, but on the brain and heart too. The impact can change how survivors think, feel, and cope with the world around them, often for years after the trauma. Understanding these effects helps us see survivors as whole people dealing with complex challenges, not just the trauma itself. Trauma can change important parts of the brain involved in managing emotions, memories, and decisions. When it happens early in life, it can affect how the brain grows and how someone learns to relate to others. But even with these difficulties, healing is absolutely possible.

With the right care one that respects survivors' experiences, builds safety, and offers support people can reclaim their lives and find hope again. When combine knowledge about how trauma affects the brain with kindness and understanding, its open doors to recovery and resilience. At the end of the day, recognizing what survivors go through helps us provide better care and support. It reminds us to listen, believe, and stand alongside them on the path toward healing.

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Chapter 15

Global Dimensions of Sexual Violence: A Comprehensive Examination of Its Forms and Impacts

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Sexual violence remains a global problem that cuts across culture, geography, and economic class in societies. This disturbing phenomenon of sexual violence is evident in different forms and affects people from all walks of life and resulting in both personal and social implications. The World Health Organization (2021) reports that an estimated one in three women around the world is subjected to physical and/or sexual violence during her lifetime. This is an alarming statistic that underscores the need to treat sexual violence as a public health problem and a human rights violation. This chapter aims to explore the different types of sexual violence, offering a holistic understanding of its prevalence, the factors that contribute to its occurrence, and the multitude of impacts it has on individuals and society. By exploring and interpreting these factors, the complexity of sexual violence can be unraveled, which frequently hinders appropriate responses and interventions. Knowledge of the many facets of sexual violence contributes to the success of prevention and intervention strategies at the community, national, and international levels. As a result of education, awareness, legislation, and community involvement, we can strive to create a safe environment that not only nurtures survivors but also confronts the social mores that allow sexual violence to continue.

Forms of Sexual Violence

Sexual violence is a wide-ranging term that covers offences that can be committed in private and public spaces. Among the most prevalent forms of sexual violence are:

1. **Intimate Partner Violence (IPV):** Violence that occurs between current or former partners. It may take the form of physical violence, emotional abuse, sexual coercion, or stalking (WHO, 2021). Studies indicate that women suffer the greatest burden of IPV, which has strong mental health sequelae (Ellsberg et al., 2015).
2. **Non-Partner Sexual Violence:** This type of sexual violence takes place outside the confines of intimate relationships and is perpetrated by acquaintances or strangers. Research suggests that non-partner sexual violence is common in both rural and urban areas, and that it generates fear and insecurity among all those who potentially could be its victims (CAMPBELL, 2009).
3. **Child Sexual Abuse (CSA):** CSA is a broad term that includes a variety of sexual acts committed against a minor, typically by someone the child knows. The effects of CSA can be devastating, resulting in lifelong trauma and mental health problems (Finkelhor, Trner, Ormrod, & Hamby, 2010).
4. **Sexual Violence in Conflict Settings:** Sexual violence is often intensified by armed conflict. Sexual violence is perpetrated as a weapon of war against women, men and children alike. The targeting of civilians, especially women and girls, is frequently neglected in narratives of conflict (UN Women, 2015).
5. **Rape as a form of "correction":** This barbaric act is committed against people, usually women, to "correct" their sexual orientation or gender identity. Corrective rape has been reported in different cultures and reveals the deep-rooted societal homophobia (Trowler, 2019).
6. **Human Trafficking and Sexual Exploitation:** Those who are trafficked are frequently sexually exploited. It is a form of violence that is perpetrated worldwide and is fueled by demand for

commercial sex, and by inadequate legal protection for at-risk populations (United Nations Office on Drugs and Crime [UNODC], 2020).

7. **Street Harassment:** This everyday form of sexual violence is made up of unsolicited remarks, gestures, and actions directed at people in public places. It knows no gender and can cause people to become fearful and isolated from public life.
8. **Sexual Violence in Humanitarian Crises:** Natural disasters and armed conflicts are often associated with increased sexual violence. Humanitarian crises are breeding grounds for the erosion of law and order, and for sexual violence against those who are most vulnerable.

Prevalence and Causes of Sexual Violence

Sexual violence takes different forms in different cultures and societies, but some root causes are universal. Sexual violence is rooted in gender inequality, social norms and power imbalances. For example, patriarchal systems that place male dominance over female independence create a context in which sexual violence becomes part of the culture. Cultural beliefs and attitudes toward gender roles, sexuality, and victimization also contribute to the high rates of sexual violence. In many cultures, victims are stigmatized and this stigma prevents them from reporting the incidents or from seeking help. In addition, poverty, poor education, and limited access to resources are directly linked with increased rates of sexual violence.

Effects of Sexual Violence

The consequences of sexual violence are not limited to immediate physical injuries. Victims of sexual violence tend to have severe mental health outcomes such as depression, anxiety, post-traumatic stress disorder (PTSD), and thoughts of committing suicide (Classen, Palesh, & Aggarwal, 2005). The stigma that surrounds sexual violence can also further isolate victims, compounding their emotional and psychological difficulties. Sexual violence also results in economic costs at the societal level, including health care, legal, and productivity costs (Morrison, A.,

& Orlando, M.B., 2004). In addition, communities that are plagued with high levels of sexual violence may see trust and social cohesion deteriorate, leading to a perpetuation of violence and insecurity.

The Importance of Preventive Measures

Given the widespread occurrence of sexual violence, it is imperative to develop effective preventive measures. These initiatives should be multifaceted, encompassing legal reforms, community education, and supportive services for survivors.

1. **Legal Frameworks:** Governments at all levels need to hold perpetrators accountable under existing laws on sexual violence and develop new laws that close gaps in protection. The legal system should be victim-centered and victim-responsive (UN Women, 2015).
2. **Education and Awareness:** Education programs that address the underlying causes of sexual violence and promote gender equality are critical. Schools and communities need to have conversations about healthy relationships, consent and respect for people, and be proactive in prevention.
3. **Support Services:** Survivors of sexual violence need strong support services such as counselling, medical care, legal services and safe housing. Such services should be readily available and culturally competent to serve the heterogeneity of survivors (WHO, 2021).
4. **Community Engagement:** Sexual violence prevention relies heavily on community. Awareness raising campaigns should engage grassroots movements, community organizations and local leaders, they should create safe spaces for dialogues and solidarity in combating sexual violence (Morrison, A., & Orlando, M.B., 2004).

Conclusion

Sexual violence is a major global problem for which urgent and sustained action is required. By exploring its various manifestations, prevalence, causes, and consequences, we can gain a deeper understanding of the complexity of this issue. Comprehensive responses, including legal reform, education and community mobilization, are

essential to building a world free from sexual violence. In the future, a collective, global strategy that considers diverse cultural contexts will be essential for achieving transformative change.

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Chapter 16

The Neuropsychological Sequelae of Sexual Violence: A Trauma-Informed Perspective

Dr. R. Govarthini

Sexual violence is a deeply disturbing experience with consequences that go far beyond the emotional pain felt in the moment. It leaves lasting marks on the brain and body, affecting how survivors think, feel, and behave. These effects are not just psychological rather they are rooted in the brain's structure and chemistry. Key areas like the amygdala, hippocampus, and prefrontal cortex, which are essential for memory, emotional regulation, and reasoning, often show signs of disruption after trauma (Bremner, 2006; Lanius et al., 2010).

Using a trauma-informed approach enables us to understand these effects as components of a wider biological reaction to extreme stress, rather than viewing them as separate or unrelated symptoms. This perspective encourages care that goes beyond symptom management to address the root causes of distress. In this chapter, we explore the neuropsychological impact of sexual violence through various lenses—including how the trauma affects brain development, how it can be assessed, and which interventions promote healing. We place special emphasis on the importance of early, culturally appropriate responses, especially when the trauma occurs in childhood or adolescence.

Neurobiological Mechanisms

When someone experiences sexual trauma, it triggers a chain of stress reactions in the body. One of the key systems involved is the hypothalamic-pituitary-adrenal (HPA) axis, which ramps up the release of stress hormones like cortisol and adrenaline. In situations of repeated

or chronic trauma, this system stays overactive, leading to what's called allostatic overload. Over time, this can damage the brain's ability to grow and adapt particularly in areas like the hippocampus, which plays a central role in memory (McEwen, 2007).

Research has shown that individuals who have experienced trauma often exhibit decreased concentrations of brain-derived neurotrophic factor (BDNF)—a biomolecule that facilitates the repair and communication of neuronal cells. This may explain why so many survivors report memory issues and symptoms of depression (Roth et al., 2011). On top of that, trauma can disrupt neurotransmitter systems involving serotonin and dopamine that influence mood, motivation, and impulse control (Yehuda et al., 2006).

These biological disruptions tend to make the amygdala (the brain's "alarm center") hyperactive, while the functions such as working memory, executive functions, attention & concentration, emotion regulation, social cognition, moral reasoning, impulse control, flexibility and adaptability controlled by prefrontal cortex becomes less active. This imbalance means the brain prioritizes detecting threats over rational thought which is a survival mechanism in the short term, but one that can interfere with mental clarity and emotional balance in the long run (Van der Kolk, 2014).

Brain Regions Involved

Sexual trauma affects several interconnected brain regions:

- **Amygdala:** After trauma, this area becomes hypersensitive, intensifying emotional reactions and fear reactions. Numerous hyperarousal and re-experiencing symptoms are supported by it (Rauch et al., 2006).
- **Hippocampus:** In many trauma survivors, the hippocampus, a crucial component in memory consolidation, exhibits volume reductions, which leads to fragmented recall and trouble telling the past from the present (Bremner et al., 1995).
- **Prefrontal Cortex & Anterior Cingulate Gyrus:** This region is in charge of emotion control, behavioral inhibition, and higher-order reasoning. Hypoactivation brought on by trauma makes it harder to

make decisions and makes people more prone to impulsivity and emotional dysregulation (Shin et al., 2006). Additionally, survivors often exhibit decreased gray matter density in the prefrontal cortex and anterior cingulate gyrus, areas critical for executive function and emotional control (Thomason et al., 2015). These neurobiological disruptions are linked to increased vulnerability to PTSD, dissociation, and affect dysregulation in trauma-exposed individuals.

- **Corpus Callosum:** Exposure to sexual violence has been associated with structural and functional alterations in key brain regions involved in emotion regulation and cognitive processing. Studies have documented reduced volume and microstructural integrity of the corpus callosum**,** which may impair interhemispheric communication (Teicher et al., 2022).
- **Insular Cortex (Insula):** The insula plays a central role in interoceptive awareness—how individuals perceive internal bodily sensations (e.g., pain, hunger, heartbeat). Trauma exposure can lead to hyperactivation or dysregulation of the insula, contributing to heightened bodily awareness, somatic symptoms, and emotional dysregulation in PTSD and dissociation (Harricharan et al., 2020).
- **Thalamus:** The thalamus acts as a sensory relay center, regulating how sensory input is processed and interpreted by the brain. Trauma may disrupt thalamic functioning, leading to sensory fragmentation and difficulty integrating traumatic experiences into coherent memory—contributing to flashbacks and dissociative states (Lanius et al., 2010).
- **Periaqueductal Gray (PAG):** The periaqueductal gray, located in the midbrain, is associated with the freeze or tonic immobility response during extreme stress or perceived life-threatening situations. Activation of the PAG during sexual trauma is linked to dissociation, numbing, and shutdown responses in survivors (Bracha, 2004).
- **Ventral Striatum (including Nucleus Accumbens):** This region is crucial for reward processing and motivation. Traumatic experiences, especially early sexual abuse, are associated with

blunted activity in the ventral striatum, contributing to anhedonia, loss of pleasure, and depressive symptoms (Pizzagalli et al., 2009).

- **Cerebellum:** While traditionally associated with motor control, the cerebellum is now recognized as a key player in emotional regulation and trauma processing. Research suggests that trauma may lead to altered cerebellar structure and connectivity, potentially contributing to affective instability and difficulties in emotional timing (Schutter & van Honk, 2005).

The way these areas interact, particularly the overactivity of limbic structures and the underactivity of regulatory circuits, offers a neurobiological explanation for frequent symptoms of trauma, including flashbacks, emotional numbness, and dissociation.

Cognitive and Emotional Sequelae

In terms of cognition, trauma survivors commonly report executive dysfunction, working memory issues, and decreased concentration (Twamley et al., 2009). The neurological basis of these deficits is highlighted by the fact that they can endure even in the absence of obvious emotional distress. Survivors may struggle to control their emotional reactions, feel anxious, or become irritable. An unstable emotional landscape is produced by the amygdala's hyperactive response and decreased prefrontal modulation (Etkin et al., 2006). Attentional lapses and disturbed memory encoding are frequent outcomes of dissociation, a protective strategy in stressful situations (Briere et al., 2005). These challenges highlight the need for trauma literacy in diagnostic and therapeutic contexts since they could be mistaken for personality disorders or non-compliance.

Impact on Neuropsychological Functioning

The effects of sexual violence on neuropsychological performance are often subtle but pervasive:

- **Attention and Concentration:** Survivors of sexual violence often experience difficulty sustaining attention and are more prone to distractibility, particularly in environments that trigger traumatic memories. Hyperarousal symptoms associated with PTSD impair

the brain's ability to maintain focus and filter irrelevant stimuli (Vasterling et al., 2002).

- **Executive Functioning**: Planning, decision-making, impulse control, and cognitive flexibility are frequently compromised. Trauma-related dysregulation of the prefrontal cortex leads to poor inhibition, increased impulsivity, and difficulty shifting attention or adapting to new situations (McEwen & Morrison, 2013).
- **Memory**: Sexual violence can alter episodic and autobiographical memory, with many survivors reporting fragmented recall or intrusive re-experiencing. These symptoms are linked to hippocampal atrophy caused by prolonged cortisol exposure (Bremner et al., 1995).
- **Language and Communication:** Trauma survivors may have difficulty finding words, expressing emotions verbally, or comprehending complex verbal input. This is particularly prominent in dissociative states where access to verbal memory systems is impaired (Lanius et al., 2005).
- **Visuospatial and Constructional Abilities:** While less commonly affected, visuospatial deficits may occur in cases of severe dissociation or developmental trauma, potentially impacting academic or occupational functioning (Teicher et al., 2003).
- **Motor Functions:** Motor coordination and psychomotor speed can be impaired, especially when trauma is experienced during early neurodevelopmental windows. These issues are associated with changes in cerebellar and subcortical brain regions (Schutter & van Honk, 2005).
- **Emotional and Behavioral Regulation:** One of the most profoundly affected domains, survivors often show difficulty regulating affect, heightened reactivity, emotional numbing, or dissociative detachment. These symptoms are tied to anterior cingulate cortex and amygdala dysregulation (Shin et al., 2006; Lanius et al., 2005).
- **Attention**: Sustained attention and rapid information processing may be compromised, particularly in environments that evoke traumatic associations (Vasterling et al., 2002).

Such deficits not only hinder academic and occupational performance but can also erode self-esteem and interpersonal trust, perpetuating the trauma's legacy.

Child and Adolescent Survivors– Unique Considerations

Neurodevelopmental timing is a crucial factor in trauma outcomes. When trauma occurs in childhood or adolescence, the effects can be particularly damaging due to the ongoing maturation of brain systems (De Bellis & Zisk, 2014). MRI studies show reduced grey matter in prefrontal and limbic regions among traumatized children, suggesting premature or disrupted pruning of neural connections (Teicher et al., 2012). This results in regulatory difficulties, attentional deficits, and mood instability. Behaviorally, trauma may manifest as regression, conduct problems, or school avoidance. These signs often go unrecognized or are misattributed to behavioral disorders. Adolescents, in particular, may adopt risk behaviors—such as substance use or self-injury—as maladaptive attempts to manage overwhelming affect (Murray et al., 2014). Early, developmentally appropriate intervention is essential to interrupt these patterns and promote adaptive functioning.

Neuropsychological Assessment Approaches

A comprehensive neuropsychological evaluation can clarify the cognitive impacts of trauma and guide treatment planning. Tools like the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV) and Delis-Kaplan Executive Function System (D-KEFS) assess attention, processing speed, and executive skills (Delis et al., 2001). In trauma contexts, assessment should be paced, collaborative, and minimally invasive. Standardized tools such as the Clinicians-Administered PTSD Scale (CAPS) and Dissociative Experience Scale (DES) can help quantify PTSD and dissociation severity (Weathers et al., 2013). Importantly, cultural competence is essential. For Indian survivors, clinicians must be sensitive to language barriers, stigma, and contextual trauma narratives. Combining structured assessments with open-ended, story-based techniques may elicit more accurate and meaningful data.

Treatment Implications and Trauma-Informed Care

Intervention must begin with safety and stabilization. Trauma-informed care emphasizes trust, collaboration, empowerment, and cultural humility (SAMHSA, 2014). Trauma-informed intervention begins with a foundational focus on safety and stabilization, which serve as prerequisites for any deeper therapeutic work. This approach recognizes that trauma survivors often experience profound disruptions in their sense of physical, emotional, and relational security. Therefore, the primary mechanism involves restoring a sense of control and predictability.

- **Establishing Physical and Emotional Safety** is the first and most crucial step in trauma-informed care. It involves creating an environment where the individual feels secure, both physically and psychologically. This is achieved by implementing calm and consistent routines that promote predictability and reduce anxiety. Ensuring privacy, maintaining confidentiality, and setting clear interpersonal and therapeutic boundaries are essential components in fostering a sense of control and trust. Additionally, care must be taken to avoid re-traumatization by being sensitive to potential triggers, using trauma-sensitive language, and allowing the survivor to set the pace for engagement and disclosure.
- **Fostering stabilization** follows the establishment of safety and focuses on helping individuals manage emotional and physiological arousal. This phase involves the use of grounding techniques, breathwork, and mindfulness practices to anchor individuals in the present moment and reduce feelings of overwhelm. Psychoeducation plays a key role by helping survivors understand common trauma responses, thereby normalizing their experiences and reducing shame. Additionally, this stage emphasizes the development of coping skills to manage distressing symptoms such as flashbacks, anxiety, and dissociation, enabling survivors to regain a sense of control over their internal states.
- **Building trust and transparency** is essential in trauma-informed care, as many survivors have experienced betrayal or violations of trust. Providers support this process by maintaining open and honest

communication, clearly articulating the goals, processes, and limits of care. Setting consistent expectations helps create a structured and predictable environment, which is vital for individuals whose lives have been marked by instability. This transparency fosters a sense of reliability, allowing therapeutic relationships to develop within a safe and respectful context where clients feel heard, valued, and in control.

- **Promoting empowerment and collaboration** is a core principle of trauma-informed care that recognizes the survivor's role as an active agent in their healing journey. Rather than imposing treatment plans, clinicians work collaboratively with clients to co-create goals that reflect their values, needs, and preferences. This participatory approach encourages informed decision-making, reinforcing the individual's sense of autonomy and control—often compromised by traumatic experiences. By fostering self-efficacy and mutual respect, the therapeutic process becomes not only more effective but also more meaningful and personally transformative.
- **Cultural humility and responsiveness** are essential in trauma-informed care, requiring clinicians to demonstrate genuine awareness, respect, and sensitivity toward the survivor's cultural background, identity, and lived experiences. This involves adapting interventions to align with the client's cultural norms, values, beliefs, and language, ensuring that care is both relevant and respectful.
- **Pathway to recovery:** Once cultural and emotional safety are established, the pathway to recovery progresses to more intensive trauma processing interventions such as EMDR, TF-CBT, or narrative therapy. These approaches are introduced only after the individual has achieved sufficient stabilization. Throughout this phase, the focus remains on building resilience, restoring healthy relationships, and supporting the survivor's re-engagement with meaningful life roles and activities.

Conclusion and Future Directions

Sexual violence is not only a psychological trauma but a neurobiological injury. Survivors carry invisible wounds that impact memory, cognition,

and emotional regulation. A trauma-informed neuropsychological framework allows clinicians to contextualize these symptoms as adaptive responses rather than deficits. The way forward involves greater cultural adaptation of assessment tools, integration of neuroscientific and traditional healing approaches, and trauma education across sectors. Supporting survivors demands more than treatment. It requires the construction of safe, validating environments in which healing can truly begin but through informed, compassionate care, it can also become the foundation for renewal and resilience.

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Chapter 17

The Psychological Effects of Rape: A Comprehensive Analysis of Trauma and Recovery

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Rape is defined as “Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (Jewkes et al., 2002). Sexual assault is any non-consensual sexual contact that breaches a person's bodily autonomy and mastery. Unwanted sexual experiences exist on a spectrum, from unwanted kissing to rape, with varying degrees of perceived severity. Different methods of coercion, such as arguments, misuse of authority, intoxication, and physical force used by the perpetrator, can influence the perceived trauma. A distinction is also made between "forcible rape" (where more physical resistance and injury occur) and "incapacitated rape" (where the victim is unable to consent due to intoxication or unconsciousness). While physical trauma may differ, emotional trauma can be equally severe in both. This variation in severity and distinction may lead to differing psychological consequences (Chaudhury et al., 2017).

The Extent of The Problem

A prospective cohort study of teenage girl survivors of sexual assault revealed that 80% developed a psychiatric disorder within four to five months after being sexually assaulted, and over half (55%) developed two or more psychiatric disorders. The occurrence of a psychiatric disorder was associated with baseline psychosocial vulnerability (previous social services involvement, mental health service use, self-

harm, or sexual abuse) but not assault characteristics. At four to five months after the sexual assault, 4% were pregnant, 12% were suffering from a sexually transmitted disease, and 8% reported revictimization (Khadr et al.,2018). A systematic review and meta-analysis of 76 studies from 2012 to 2024 involving 80,313 survivors of sexual violence revealed that, as compared to women not exposed to sexual violence, these women are twice as likely to develop PTSD, depression, anxiety, common mental disorders, suicidal behavior, and emotional distress (Woldie et al., 2025).

Women's Defences Against Rape

Rape has several adverse repercussions for females, leading to the evolution of psychological mechanisms that promote rape avoidance. Rape is traumatic for females due to the risk of death or severe physical harm, the potential disruption of their ability to care for children, and the possibility of their partner abandoning them.

Cognitive distortions commonly experienced by survivors: include Self-blame and self-criticism (Blaming oneself for adverse, unwanted events), helplessness (A perceived inability to control aspects of one's life, leading to passivity), and hopelessness and worry about danger (beliefs that the world, especially interpersonal relationships, is perilous). As a result, survivors may perceive nonthreatening situations as dangerous.

Rape myths abound and unjustly impact a victim's credibility and reporting: Specific but erroneous beliefs about rape are called Rape myths. These are not uncommon among men and include: Beliefs that women enjoy being raped or could effortlessly resist if they truly desired. The "nothing happened" or "false accusation" myth can deter reporting, especially if the assailant is a close relative or there are no witnesses. The "no harm done" myth, implying the assault was not serious if there was no physical resistance, visible injury, or weapon, which leads victims to regret not fighting back. The "she wanted it or liked it" myth, particularly in cases involving known assailants.

Understanding Trauma: Psychological Effects of Rape on the Survivor

Trauma, as it relates to rape, is a deeply individualized experience. Unlike other forms of trauma, sexual violence directly invades the personal and intimate spaces of the mind and body, making its psychological impact both profound and long-lasting. Trauma responses vary widely among survivors, as each person's mental and emotional response to sexual violence is influenced by factors such as personal resilience, prior mental health, and the nature of the incident. Sexual violence leads to numerous immediate and long-term consequences. Beyond physical injuries (vaginal/rectal), sexually transmitted infections (STIs), and pregnancy, immediate psychological responses include acute stress, emotional detachment, and sleep disturbances. Longer-term effects include guilt, self-blame, problems in work and social adjustment, sexual dysfunction, fear, anxiety, depression, and PTSD.

Following a sexual assault, survivors may experience dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, which regulates the human body's stress response. As a result, there is an increased release of stress hormones and inappropriate fear reactions or persistent mild depression. In addition to anxiety and depression, sexual assault can cause intense feelings of shame and guilt, often worsened by a lack of support from family or authorities. Cognitive factors like mental confusion, defeat, negative appraisal of symptoms, avoidance, and perceived adverse reactions from others significantly contribute to the onset and severity of PTSD. The risk of PTSD is higher if survivors feel others have not been supportive.

Immediate Psychological Reactions

One of the most frequently reported immediate responses to rape is a state of shock and disbelief. Survivors may initially feel numb or detached, unable to process the reality of what happened. This reaction is the mind's way of protecting itself from the overwhelming nature of the experience. Intense feelings of fear and anxiety may follow shock and disbelief as the survivor replays the event, often feeling as if they

are still in danger even after the threat has passed. The human brain's response to trauma can also trigger hypervigilance, making survivors constantly on guard and responsive to potential threats. This response, while protective in the short term, can lead to prolonged anxiety if not addressed. Feelings of shame and self-blame are also common among survivors, often exacerbated by societal stigmas and victim-blaming attitudes. In many cultures, survivors of sexual violence are seen as somehow "responsible" for what happened to them, which can lead survivors to internalize these harmful views. This self-blame compounds feelings of shame, making it difficult for survivors to seek help and communicate openly about their experience. Survivors often grapple with intense shame and guilt, which are badly exacerbated by a lack of sufficient support networks afterward. Mental befuddlement and despondency, coupled with grim symptom assessment avoidance and dreaded reactions from others, heavily influence PTSD onset severity. Lack of perceived positive support from others significantly increases the risk of developing PTSD under certain circumstances quite frequently.

The concept of control is crucial.

Events perceived as uncontrollable are more distressing. After uncontrollable events like sexual assault, survivors often attribute blame to their behavior, disposition, or external factors. Behavioral self-blame can be adaptive if it encourages belief in future avoidance, but dispositional self-blame (blaming one's personality) does not offer a sense of future control. Vicarious control believes someone else controls the event. These blame attributions are linked to worse PTSD outcomes. Conversely, fostering a sense of control over the recovery process can significantly reduce distress and should be a key part of interventions for survivors. The effect of sexual trauma on survivors' psychology has been extensively researched. Studies have revealed that 18% of women experienced attempted or completed rape in their lifetime, with most (54%) being under 18 years of age during their first experience. The survivor responses are unique; while some experience severe, long-term distress, others are more resilient. Differences are attributed to individual

attributes, environmental conditions, type of violence, injuries, and available social support.

Factors Affecting Impact and Outcome of Rape: Age of the Survivor

The survivor's age is a major factor in determining the consequences of rape. Children are developmentally vulnerable. The duration and frequency of victimization heavily influence the long-term consequences, while a supportive family environment, especially protective maternal responses, can be crucial for better psychological recovery and functioning. Survivors of childhood rape have a 52% lifetime depression rate compared to 27% in non-victims (Hanson et al., 2001).

Rape Trauma Syndrome (RTS)

RTS is a common collection of emotional symptoms in response to the extreme stress and overwhelming fear of death experienced during rape. It manifests in three phases:

The Acute (Initial) Phase: It occurs immediately after the assault (days to weeks). During the assault, survivors often experience intense fear and dissociation (natural physical responses that do not imply consent). Immediately post-assault, they are in crisis, exhibiting either "Expressive" reactions (shaking, crying) or "Controlled" reactions (appearing outwardly calm). Anxiety and intense fear are primary initial responses, peaking around three weeks but lasting over a year (Petrack 2002). Ongoing fears relate to reminders (legal proceedings, medical exams), future attacks, STIs/HIV, and pregnancy (Astbury, 2006). The world may be perceived as untrustworthy, leading to restricted social activities. For marginalized women, sexual assault can reinforce negative self-perceptions ("insidious trauma") (Pemberton & Loeb, 2020).

Outward Adjustment Phase: The survivor strives to focus less on the assault, often with denial, and participates in usual daily activities.

Long-Term Reorganization Phase: The survivor integrates the assault into their self-view and resolves feelings about the attacker. This phase can persist for several weeks to a few years.

Medium-to-Long-Term Psychological Effects

Survivors frequently suffer from lasting impacts, such as guilt, self-blame, and low self-esteem, which may persist for months or years. Commonly, survivors tend not to recall or even deny parts of their experience as a defence against overpowering feelings, especially in partner rape. A comprehensive review concluded that sexual abuse survivors are frequently seen in general medical practice and are associated with various psychiatric disorders, including anxiety, depression, PTSD, eating disorders, sleep disorders, and attempted suicide. Suicidal ideations are more common among sexual assault survivors than in the general population, with younger survivors particularly at risk of suicide attempts after rape. Rape is also linked to chronic physical health issues like gastrointestinal distress, pelvic pain, health risk behaviors, substance abuse, and increased healthcare utilization (Stein et al., 2012).

Common Long-Term Effects

Depression and chronic PTSD symptoms often manifest alongside interpersonal disturbances and revictimization in the aftermath of traumatic experiences (Benomi et al., 2007). Sexual violence links heavily with myriad chronic physical health issues, including gastrointestinal distress and pelvic pain, alongside substance abuse and increased healthcare utilization (Steine et al., 2012).

Sexual trauma and memory

Autobiographical memories of trauma can be incomplete, failed, or even confabulated due to processes like dissociation, amnesia, repression, or motivated forgetting. These memory deficits are clinically and legally significant, especially in acquaintance rapes, where the perceived life threat might be lower than in stranger rapes.

Trauma-Related Sleep Disturbance

A study of 167 rape and trauma survivors showed that trauma-related sleep disturbance independently predicted physical symptoms, even after controlling for other PTSD and depression symptoms. This suggests that sleep problems directly contribute to physical health issues in rape survivors with PTSD. The common sleep disturbances reported by survivors of sexual assault include nightmare-related distress, sleep paralysis, frequent awakenings in the night, restless sleep, and chronic tiredness (Clum et al., 2001).

Resilience and recovery

Survivors demonstrate significant resilience. Healing is a multidimensional process of "suffering and surviving." Resilience is fostered by positive support (understanding, empathy, belief), speaking out, social acknowledgment of the impact of the assault, and strong, compassionate social networks. Mental health outcomes are also influenced by how survivors mentally process their experiences. Self-blaming thoughts, influenced by background, predict maladaptive beliefs used to interpret adverse events, which can be a stronger predictor of psychological distress than the characteristics of the assault. Survivors who perceive greater control over their recovery process experience less post-traumatic distress. Recovery from sexual assault is not just about eliminating symptoms; it is a subjective process where survivors increase engagement in the present, develop skills to regain control, forgive themselves for guilt and shame, and learn stress reduction techniques for better overall functioning. Support received, pre-existing self-concept, personal strength, professional treatment, and appropriate legal remedies are all crucial for successful recovery (Matsakis, 1996).

Psychiatric disorders

Rape survivors frequently present with a range of symptoms spanning post-traumatic stress, depression, anxiety, dissociation, substance use, interpersonal dysfunction, difficulties adjusting to social and work environments, and problems with sexual functioning after the assault.

Post-Traumatic Stress Disorder (PTSD)

Rape is a major trauma leading to a substantially increased risk of PTSD. At some point, one-third to 50% of survivors develop Rape-related PTSD. While symptoms often diminish over time, e.g., from 94% in one week to 47% in three months in one study (Rothbaum et al., 1992), depression and anxiety are also common immediately post-assault. However, they may normalize for many within months. The largest group of individuals affected by PTSD is female survivors of rape. The lifetime prevalence of PTSD among rape survivors ranges between 30% and 50%, far exceeding rates seen in other trauma populations (Kilpatrick et al., 2003).

Depression and Anxiety Disorders

Depressive disorders, including major depressive disorder and dysthymia, are highly prevalent among rape survivors. Symptoms such as anhedonia, fatigue, hopelessness, and suicidal ideation are frequently reported. Anxiety disorders, especially generalized anxiety disorder and panic disorder, may co-occur. Depression rates are reported to be 68-74% in the first four weeks post-assault, though they often return to normal levels within a few months for most victims. A high (43%) prevalence of depression among survivors of sexual violence was reported in a study (Zinzow et al., 2011). In contrast, another reported that 39% of survivors of sexual assault exhibited a mood or anxiety disorder and reported avoidance behaviors (WHO, 2013). A study examining the relationship between anxiety, depression, and PTSD in 126 women during the first four weeks after rape underlines the significant role of PTSD symptoms in influencing subsequent changes in other psychological symptoms (Nickerson et al., 2013).

Substance Use Disorders

Substance use as a coping mechanism is common among survivors and can evolve into a substance use disorder. Rape survivors are significantly more likely to engage in problematic alcohol and drug use than non-victims, often as a form of emotional numbing or avoidance.

Impact of Rape on Female Sexuality

Compared to non-raped women, survivors show higher rates of genital injuries, STIs, and considerable difficulties in sexual functioning (dyspareunia, menstrual irregularities, and chronic pelvic pain). They may engage in more high-risk sexual behaviors. PTSD is identified as a crucial mediator between sexual victimization and sexual health issues. Sexual dysfunction including anorgasmia, vaginismus, and loss of libido is frequently observed post-assault. Rape survivors may experience distrust, emotional detachment, and difficulty establishing or maintaining intimate relationships (Najdowski & Ullman, 2009). Creating a sense of emotional safety and building a therapeutic alliance are critical precursors to exploring relational trauma. Sex therapy, couples therapy, and sensorimotor psychotherapy can help address sexual dysfunction.

The Role of Social Support and Secondary Victimization

Social support is an important moderator of psychological outcomes. Survivors who receive validating and empathic responses from informal (e.g., family, friends) and formal (e.g., healthcare, legal) sources show better psychological adjustment (Campbell et al., 2001). In contrast, adverse social reactions (doubt, disbelief, or victim-blaming) lead to secondary victimization and exacerbate trauma symptoms (Dworkin & Allen, 2018). Clinicians should assess symptomatology and the survivor's social ecology, including access to support and experiences with disclosure. Psychoeducation about the impact of rape, validation of the survivor’s emotional experience, and, when appropriate, family or systems therapy can enhance recovery.

Psychological Interventions

Therapists must be trained in trauma-informed care (TIC). TIC involves understanding, recognizing, and responding to the effects of trauma, with a focus on creating an environment of safety, empowerment, and trust. This includes prioritizing physical and emotional safety, validating the survivor’s experience, avoiding re-traumatization, emphasizing collaboration in the therapeutic relationship, and respecting cultural and

gender diversity. TIC is a foundation for all interventions involving trauma survivors. Culturally competent care is essential, especially in populations where rape is stigmatized or poorly understood. The following trauma-focused interventions help treat rape-related psychological disorders:

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT emphasizes cognitive restructuring, exposure, and skills training, and is useful in both individual and group formats. It consists of psychoeducation, relaxation techniques, affective modulation, trauma narrative development, and, in the case of minors, parental or caregiver involvement.

Cognitive Processing Therapy (CPT): CPT is a structured, manualized treatment that targets maladaptive beliefs related to guilt, shame, and safety and cognitive distortions related to the trauma. It effectively reduces trauma-related cognitions (Resick et al., 2002). Rape survivors often experience distorted cognitions about self-blame, safety, trust, and power. CPT involves psychoeducation about PTSD and trauma, identification of maladaptive beliefs, and cognitive restructuring to challenge and replace maladaptive beliefs. CPT is well-suited for survivors who can engage in structured cognitive work and is particularly effective in reducing rape-related guilt and shame.

Prolonged Exposure Therapy (PE): PE involves imaginal and in vivo exposure to trauma cues. It is not advised for clients with severe dissociation or affect dysregulation. Subjects must be emotionally ready and supported throughout the process (Hembree & Foa, 2020).

Eye Movement Desensitization and Reprocessing (EMDR): EMDR is particularly helpful for clients who struggle with verbal expression. It can be used as a primary treatment or integrated with other approaches (Shapiro, 2017).

Somatic and Sensorimotor Approaches: Especially useful for clients with body-based trauma symptoms and somatization.

Conclusion

Rape survivors experience numerous psychological effects alongside a range of physical and psychiatric disorders, leading to increased healthcare utilization. There is an increased prevalence of depression, PTSD, anxiety disorders, eating disorders, sleep disorders, attempted suicide, and suicide. Survivors experience varied effects that impact their physical and mental health and their relationships with family, friends, partners, and colleagues. Timely assessment, trauma-informed intervention, and interdisciplinary collaboration are essential for effective care. By understanding the long-term nature of rape-related trauma, clinicians can provide more compassionate, competent, and empowering support to survivors on their path to healing.

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Chapter 18

Victim-blaming: When a Victim is Blamed

Ramanpreet Kaur

"Like a compass needle that points north, a man's accusing finger always finds a woman. Always." — Khaled Husseini

Around three decades ago, as a schoolgirl of 13 years, I witnessed along with 700 students, an incident that would put anyone to shame. We had learnt that five tenth-grade senior girls of our school on their way home on bicycles were assaulted by three drunken men in a desolate area the previous day. What comes as a shock (now, not at that time) is the fact that our principal (a male) asked those girls who survived the attack to stand up in morning assembly and show us who they were. They sheepishly stood up after much hesitation and kept looking downward with palpable embarrassment. As a grown up, when I think of that incident, it makes my hair stand on end. The principal exhibited zero sensitivity towards those victims and showed no respect to their privacy. And it was suggested during the narration of the ordeal that girls didn't do right by choosing to ride their bicycles home, they should have had waited for some male family members to escort them.

Indians are firm believers of the 'Karma' theory, and this belief lies behind many problems, one of them being victim-blaming, especially when the victim is a woman. A few months ago, there was a news doing rounds on social media where police arrested a man who committed and filmed a rape on a busy street in India. What came as a shock was the fact that bystanders witnessed the crime but chose to film the whole incident instead of saving the victim (Singh, 2024). In similar crimes of sexual nature, the first thing people assume is that women are at fault in some way. Whenever there is a crime against women, most often the victim is held accountable for that crime for being at 'the wrong place,

at the wrong time' and this is not a neo-age phenomenon. Since recorded history, women have been at the receiving end of all kinds of oppression, discrimination, exploitation, violence, and humiliation. Even the mythological stories we hear are full of such instances be it Greek or Hindu mythology. In a country like India that boasts of protecting women, and has come up with multiple women-centric schemes and slogans like Beti bachao, beti padhao, crimes against women are increasing at an alarming rate. Some females fall prey to violence before they are born, some are subjected to dowry related torture and even murders and the most are denied their fundamental and legal rights.

In India, there is a serious lack of gender sensitization. Many public figures, including politicians, often make insensitive and controversial statements about sexual assault. For example, one politician from Samajwadi party once famously said - "ladke, ladke hain… galti ho jati hai ("boys will be boys, they commit mistakes") while criticizing the death penalty for rapists (Indian Express, 2014). A former Haryana Chief Minister suggested that early marriage could prevent sexual assault (HT,2012). Another political leader from Madhya Pradesh in his statement implied that victims are to blame if they cross "moral limits,"- "Ek hi shabd hai- Maryada. Maryada ka Ulanghan hota hai, toh... Sita-haran ho jata hai" (TOI, 2013). In another instance RSS Chief blamed westernization for increasing rape cases in India (India Today, 2013). The 'spiritual' godmen didn't lag behind in making such controversial statements. To quote one, Asaram Bapu shockingly suggested that 2012 gang rape victim Nirbhaya should have begged for mercy to avoid being attacked.

There is belief commonly held that a woman is born as a woman because of bad karma in her previous birth. Because of this belief internalized by Indian society, women are blamed for everything that happens to them. The news reads- "a woman was raped", instead of "a man raped a woman". The newspapers are full of such records of abductions, rapes, murders, and torture of women. Nevertheless, regretfully, female victims of sexual violence have not been given much attention in the literature on social problems or in the literature on criminal violence. Nor has any attempt been made to explain why both the public and the academicians alike have ignored for so long the hard fact that women have

continuously been ruthlessly exploited in our society plus blamed for it. Therefore, "many victims decide not to report because they fear they will not be believed" (Egan and Wilson, 2012 p.345). These victims are subjected to secondary victimization (Campbell et al., 1999)- when health care providers, police officers, sometimes own family members give negative responses- we all remember the dehumanizing two-digit test.

Why do people blame victims? Apart from some of the factors discussed above, there are other psycho-social factors that drive people to blame the victim. One very basic reason is to distance themselves from a crime and presume that this could not happen to them because they are never present at the wrong place at wrong time. In the famous 2012 Nirbhaya rape case, a large section of society was wondering why was she roaming outside at night with a male friend. Such mindset shifts blame from the perpetrator to the victim. Let's discuss other factors.

Theoretical framework

- **Just-World hypothesis**
  There is a kind of sweet comfort in believing that "misfortunes befall wrongdoers and good fortunes come to those who do good deeds, but the real world is full of bad things happening to good people, through no apparent fault of their own" (White & Willard, 2021). This belief is deeply ingrained in many cultures, religions, and moral systems. It reflects a longing for a just world — one where actions have predictable, fair consequences; where being good guarantees safety, success, and happiness; and where wrongdoing is inevitably punished. This belief system offers people a sense of control and predictability they crave. If they would act rightly, they assume that they can avoid suffering and misfortune. It makes the world feel orderly, not random or chaotic. Psychologically, it helps people cope with fear, uncertainty, and injustice by offering a hope that eventually good behavior will be rewarded and suffering can be explained through past karma. Lerner (1965) observed long time back that victim blaming is commonly observed in countries where "just world" beliefs are prevalent. In these places, people assume that everyone gets what they deserve

and the victim must have done something to cause bad things happen to them (Hamby & Grych, 2016).

Palliative effect

When faced with social inequality or injustice, people may feel helpless, angry, or fearful. But if they can convince themselves that the system is essentially fair that people get what they deserve and that their own efforts will be rewarded. It restores a sense of order, predictability, and personal control thereby enhancing well-being. This solace is called palliative effect.

- **Personality and Victim Blaming tendencies**
  There are certain types of personalities such as individuals exhibiting a less reflective orientation, antisocial high conflict personalities, narcissistic personalities- that show victim blaming tendencies. For example, people with less reflective orientation i.e. those who exhibit a lack of critical self-reflection and self-awareness- are more inclined to hold just-world beliefs (Bègue, 2025). The anti-social high conflict personalities tend to overlook their part in their problems or in a conflict and are eager to blame others for what goes wrong. They blame their targets for having caused them frustration and getting in the way (Cavaiola & Lavender, 2000). Whenever a wrong is alleged, individuals with narcissistic personalities externalize blame as part of their inherent nature, and assign fault to others.

- **Rape myth acceptance**
  Radical feminist Susan Brownmiller (1975) wrote that "[Rape] is nothing more or less than a conscious process of intimidation by which all men keep all women in a state of fear". Brownmiller held that the biological differences between male and female are responsible for rape such that the anatomical differences between male and female bodies underlie man's structural capacity to rape and woman's corresponding structural vulnerability. She further maintained that this alone caused men to view their genitalia as a weapon to generate fear in women. Burt (1980) came up with Rape Myth Acceptance Scale (RMAS) that consisted of 19 questions and

measured distorted beliefs around rape. She was the first social psychologist who defined rape myths as "prejudicial, stereotyped and false beliefs about rape, rape victims and rapists". There are four kinds of rape myths (Gerger et al., 2007; Lonsway and Fitzgerald 1994, 1995; Payne et al., 1999):

a) blame the victim for their rape (she was asking for it)

b) express a disbelief in claims of rape ('women tend to exaggerate what happens to them')

c) exonerate the perpetrator ('men will be men', 'rape happens when a man's sex drive gets out of control') and

d) allude that only certain types of women are raped ('a woman who wears jeans provoke men', 'women who get drunk or dress promiscuously deserve to be assaulted').

- **Attribution theory**

  Our urge to assign causes to events lies at the center of our attribution biases. Humans are always looking to give meaning to whatever happens to them or to others. The attribution of blame can be understood as the blame and responsibility being placed on the victim instead of the perpetrator in any crime (Shaver, 1985). In crimes of sexual nature, woman is invariably blamed (Gerber et al., 2004; Randall, 2010). There are multiple factors at play when blame is attributed (Grubb and Turner, 2012; Ayala et al., 2018). These can be listed as the gender of the person assessing blame, his or her relationship with the victim, his or her relationship with the perpetrator, gender of the victim and of the perpetrator, and other situational factors such as intoxication of the victim/perpetrator, substance abuse, rape myth acceptance, number of perpetrators, or the level of victim resistance.

- **Patriarchal Mind Set**

  In patriarchal societies, women and girls are often described as the "pride" of the family, yet paradoxically, the same homes frequently witness the mistreatment of wives and daughters-in-law at the hands of male relatives. Because of this practice of honor being linked to women of the family, it becomes so convenient for the adversaries

to harm the vulnerable women and 'rob' males of the family of their honor. From a young age, boys are often given authority over their sisters- younger and elder alike- such as being told to "watch over" them. This seemingly innocuous directive sows the seeds of male dominance in boys' minds, teaching them that it's their right as well as duty to control the behavior of the women around them. Over time, this dangerous mindset evolves into a belief system where men assume entitlement over women's actions. When a woman- daughter, sister, wife, or even mother dares to challenge this control or assert her independence, and if she becomes a victim of assault, the blame is often shifted onto her. She is accused of "inviting" the violence.

- **Prevalence of Rape Culture and DARVO Response**
  Rape culture is a social environment where sexual violence is normalized, victim-blaming is widespread, and perpetrators are often excused or even protected. Victims are asked questions like "What were you wearing?" or "Why were you out late?". Culprits enjoy impunity in a large number of cases. The idea that a woman's virginity or sexual exclusivity defines her dignity or worth is a deeply patriarchal and outdated notion. Recognizing that ape is not about sex rather it's about power, domination, and control is the way forward. Associating a survivor's value with her sexual history (or lack of it) is both dehumanizing and wrong. Harsey and colleagues (2024) have elaborated upon DARVO (Deny, Attack, Reverse Victim and Offender) response. They observed that when confronted, perpetrators of wrongdoing often exhibit DARVO response and try to deflect blame.

- **Societal Misogyny**
  Misogyny, translated as hatred for women, isn't just about an individual's contempt for women, but about systemic social structures and collective attitudes that sustain gendered violence and justify it under the guise of culture, tradition, honor, or sometimes even justice. Misogyny involves men assaulting women to take revenge upon other men. Rape is used as a weapon of war. Women breaking social boundaries are sexually assaulted by men for

'forgetting their place'. The sad part is that women themselves are instrumental in their own exploitation and suppression because of deep seated misogyny. In this social media age, cyber bullying of women is common- threats of rape can be seen under posts of famous female journalists.

- **Absence of Laws Prohibiting Victim Incrimination**
  One of the gravest injustices faced by victims of sexual assault in India is not just the crime, but the cruel aftermath. The insensitive questioning, systematic humiliation and incrimination they endure at the hands of society, law enforcement, the medical establishment, and even the courts. This phenomenon we have discussed above as secondary victimization. It is perpetuated because of the absence of any legal safeguards against victim-blaming. Recently, the Supreme Court of India expressed strong disapproval of Allahabad High Court's misogynistic observation that a woman had herself invited trouble for being raped after drinking at a bar (Bhandare, 2025). Such statements coming from upper echelons of intellectual elites of the society poses a grave threat to women's interests. The existing legal vacuum enables:
    - Police officials to mock or disbelieve victims without consequence
    - Doctors to conduct humiliating and outdated medical tests (like the "two-finger test," which was outlawed in 2013 but still persists in practice)
    - Courts to allow irrelevant and degrading questions about a victim's character or sexual history

- **Lack of Moral Training of Police**
  The Human Rights Watch (2017) report underscores the deep rooted and widespread fear, distrust, and reluctance that survivors feel when it comes to reporting sexual violence. This reluctance stems from their fear of being disbelieved and/or mocked. The victims face secondary victimization in police stations. The harassment of the families of victims at the hands of the law-and-order personnel is also common. The testimonies of victims are dismissed (and often enjoyed in a sick way). The characters of the victim are eviscerated

in the court; sexual history of the victim is brought into question. Some victims are pressured to compromise with the perpetrator. In short, our law-and-order personnel disappoint victims in many if not all the cases. It is imperative to conduct mandatory gender sensitization and moral training for all police personnel, not as a one-time seminar or workshop, but as an ongoing part of police education and professional development.

Conclusion

It can be concluded that the phenomenon of victim incrimination dates back to the history of mankind, and with changing times, new ways to dominate women kept coming up. Sexual assault became a valid weapon to control women, and blame them for inviting it afterwards. It happened with Sita as she was blamed for being impure, Draupadi was blamed as the reason behind the Yudh of Mahabharata, and in the 21st century, Nirbhaya was blamed for roaming with his friend at night. The problem is becoming graver because the incrimination of victims is used by rapists to justify their crimes. In Indian society the father of a rape victim forces her daughter to marry her rapist just because of the fear of humiliation that the whole family has to face during registration of FIR, during trial, and by the public in general. So, it is a matter of great concern to tackle the tendency of victim incrimination, as victims always deserve empathy and understanding, not blame. Society must shift the blame from women who suffer sexual violence to men who inflict it upon them; from women who are raped to men who rape them; from battered women to battering men; from sexually abused children to adults who sexually abuse them. Amir Khan's Satyamev Jayate (2014) in its second season discussed rape related issues in detail and raised much awareness about victim blaming. Our society needs to pay heed to such social awareness campaigns. As we have discussed above in the paper that our chosen representative from political arena make insensitive remarks about victims of sexual violence. The need of the hour is to control the tendency of victim incrimination through legal safeguards so that those enjoying political impunity may also face music over their remarks made against a victim.

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Chapter 19

Impact of Sexual Violence and Rape on Neurological Functioning

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There is a growing awareness that sexual violence, and in particular rape, is a common problem within society and that it affects people of all ages, all genders, all income brackets, and all cultural backgrounds, such as across culture, within culture, multicultural etc. About one in three women worldwide has experienced physical and/or sexual violence in her lifetime, most frequently perpetrated by an intimate partner (World Health Organization, 2018; Violence Against Women Prevalence Estimates, 2021). Critically, sexual violence is not solely a women's issue; men and people of diverse gender identities are also subject to high levels of sexual violence which highlights the need to understand its impacts upon all populations (Tjaden & Thoennes, 2000). The consequences of sexual violence are more than immediate physical damage. And survivors often struggle with psychological problems that are long-lasting, such as depression, anxiety, and post-traumatic stress disorder (PTSD) (Kessler, 1995). These types of traumatic events can change the neuropsychological very core of survivors, impacting their thinking, feeling and doing. These effects might interfere with survivors' success in school or work and in their relationships with others, and may lead to a decreased quality of life overall (Ullman, 2010). Hence, examining sexual violence in the context of neuropsychological functioning is a particularly relevant direction for future investigations. This chapter aims to explore the complex relations between sexual violence and neuropsychological functioning, particularly the manner in which trauma impacts cognition, emotional regulation and behavioral responses. We will consider relevant research that describes the brain's response to traumatic events, as well as consider what this may mean in terms of potential long-term implications for those who have survived

and the families. Viewing with the Biological and Psychological Lens associated will focus on sexual violence that is not just an aggressive behavior but also as a tiered biopsychosocial problem that calls for multi-leveled solutions. Further, the chapter will highlight the need to incorporate level community approaches and systems change. Individual trauma alone cannot be addressed by active prevention efforts; culture must be challenged to stop perpetuating violence and inhibiting healing from it. With the field becoming truly trauma-informed, supporting policies that assist survivors and facilitate their re-entry into society is becoming even more critically important.

Theoretical Framework

Several theoretical models exist to explain the link between sexual violence and neuropsychological outcomes, and each offers unique insights into how trauma affects individuals. Cognitive behavioral theory of traumatization suggests that traumatic events may cause significant cognitive impairments and lead to maladaptive emotional responses (Beck, 2011). According to a CBT, individuals' emotional states and behaviors are influenced by how they view and interpret their lived experiences. For victims of sexual violence, trauma may lead to distorted thinking, self-blaming, and anxiety, potentially affecting their ability to cope. In addition to cognitive-behavioral models, trauma-informed care models stress the importance of recognizing and treating the biological and emotional impact of trauma on the individual. These paradigms promote a more comprehensive view of how trauma affects brain physiology, emotional regulation, and the development of interpersonal relationships (Felitti et al., 1998). For instance, it has been shown that exposure to traumatic stressors can alter brain anatomy and physiology, especially in regions associated with memory (hippocampus), emotional processing (amygdala), and the hypothalamic-pituitary-adrenal axis (Teicher, Tomoda, & Andersen, 2006). These symptoms may include problems with attention, emotional regulation, and difficulty creating and maintaining positive relationships. Such theoretical approaches are vital in informing all our work looking at the neuropsychological injuries resulting from sexual violence. Gaining an understanding of the cognitive, emotional, and

behavioral outcomes that survivors face provides greater potential for a more informed and comprehensive treatment and support. Practitioners and researchers are better able to design targeted interventions that address the specific needs of survivors, helping them to make sense of the complex consequences of trauma (Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide, 2009). To sum up, the integration of cognitive behavioral and trauma-informed models provides a comprehensive view of the effects of sexual violence on neuropsychological functioning. Such understanding may contribute to our appreciation of the challenges faced by survivors, as well as the importance of tailored support that cultivates healing and recovery.

Neuropsychological Deficits Following Sexual Violence

Cognitive Impairments

Victims of sexual violence often have substantial cognitive limitations that impair their ability to function day-to-day. Research suggests that survivors commonly experience deficits in attention, memory, and information processing (Modrowski, Bennett, Chaplo, & Kerig, 2017). For example, women who were subjected to sexual violence can have a filtering impairment in their verbal memories, thus affecting their ability to focus and learn, with results that can be seen in a number of different life areas. Survivors also revolve and face challenges to non-verbal cognitive function. According to Nolen Hoeksema (2001), many survivors have difficulties in shifting mental set, attention deficits, problematic planning, and issues with their inhibitory control. These deficits can negatively influence both the academic and work performance of survivors, as well as their social interactions.

Emotional Dysregulation

In addition to cognitive deficits, sexual violence has a powerful impact on emotional regulation. Survivors may also have increased anxiety, depression, and post-traumatic stress symptoms, which may aggravate these cognitive impairments. (Bailey & Henry, 2009). These disorders are emotional disturbances, feedback loop. Problems with regulating emotions may lead to impaired cognition, which in turn may contribute

to further distress and emotional dysregulation. In research conducted by Cloitre, Cohen, & Koenen (2006) reported the association of emotional dysregulation and cognitive functioning among survivors of childhood sexual abuse. Their results suggest emotional dysregulation was related to impaired attention and memory and reflected a two-way relation between emotional and cognitive processes.

Behavioral Consequences

The neuropsychological effects of sexual violence can also be seen in the way people behave. Survivors may turn to unhealthy ways of coping, including drug or alcohol abuse, avoidance behaviors or self-injury (Beck, 2011). These actions could be understood as efforts to cope with the emotional turmoil that their experiences have generated, but ultimately, these activities contribute to the perpetuation of trauma and dysfunction. In addition, survivors frequently find it difficult to relate to others or feel detached when trying to make friends. This social isolation may be related to shame, self-blame and the stigmatization of what they have gone through (Ullman, Townsend, Filipas, & Starzynski, 2007). Accordingly, the behavioral results of sexual violence are the product of a complicated mix of cognitive and emotional impairments.

Neural Mechanisms Underlying Impacts

Brain Structure and Function

The neuropsychological impairment in survivors of sexual violence is intimately linked to changes in particular brain structures. Two important regions associated with these changes are the prefrontal cortex and the hippocampus. The prefrontal cortex is important for many higher-order processes, such as working memory, attention, decision-making, and emotional regulation (Davidson, Jackson, & Kalin, 2000). The hippocampus is crucial for recalling and forming new memories. Studies have found that people who have experienced trauma often have alterations in the structure and function of these brain areas. For instance, research suggests that survivors may have a smaller hippocampal volume, which is thought to play a role in memory deficits (McEwen & Wingfield, 2003). Altered prefrontal cortex activity has also

been associated with emotional dysregulation and cognitive impairments in those who have experienced trauma.

The HPA Axis and Stress Response

The HPA Axis The neurobiological effect of sexual violence on another level is the overactive/under-functioning hypothalamic-pituitary-adrenal (HPA) axis, which is a key part of the body's stress response system. Trauma exposure has been associated with disruption of the HPA axis, with subsequent abnormal cortisol levels and increased reactivity to stress. Such dysregulation might play a role in the emotional and cognitive dysfunction that is evident in many survivors. In addition, higher pro-inflammatory cytokine levels have been associated with psychological trauma and may worsen psychiatric disorders (Raison, Capuron, & Miller, 2006). These physiological alterations may, in part, explain why survivors of sexual violence are at greater risk of mental disorders.

Ramifications for non-direct victims

It is crucial to emphasize that the effects of sexual violence have a far-reaching impact that affects indirect victims as well. People who witness or hear about episodes of sexual violence can also be traumatized, sometimes developing symptoms similar to those of survivors, including anxiety, depression and avoidance behavior. As an illustration, family members or friends of survivors can find themselves overwhelmed by feelings of powerlessness or culpability, which in turn undermines their emotional and intellectual well-being. This "contamination" of others signals the wider social ramifications of sexual violence, emphasizing the importance of holistic support mechanisms for both direct and indirect victims.

Consequences for Support and Intervention

Developing an adequate support and intervention response to survivors is predicated on an understanding of the neuropsychological consequences of sexual violence. Trauma-informed care, which stresses the need to identify and treat the impact of trauma on the individual, is an essential component of care for survivors (Harris & Fallot, 2001).

This intervention seeks to establish a safe, supportive space in which survivors can confront their trauma and move forward. Interventions to address cognition and emotional functioning may also be critical for survivorship support. Cognitive-behavioral therapy (CBT) has been shown to be effective in treating cognitive impairments and emotional dysregulation in trauma survivors (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012). Mindfulness-based interventions also contribute to the development of more adaptive coping mechanisms and improved emotional and behavioral regulation (Kabat-Zinn, 2013). Base Support groups and other community resources can help survivors feel connected and less alone, which can combat feelings of shame and isolation. In addition, information and sensitization campaigns can contribute to breaking down stigmata and opening the conversation on the consequences of sexual violence.

Case Study 1: The Impact of Sexual Violence on Mental Health among Indian Women

In a study conducted by Yadav and Kaur (2019), the mental health impacts of sexual violence on women in urban India were explored. The researchers found that survivors of sexual violence commonly experienced symptoms of depression and anxiety, significantly affecting their quality of life. The study utilized a quantitative approach, surveying 250 women aged 18-45 who reported experiences of sexual violence. The findings highlighted the urgent need for mental health support services tailored to the needs of survivors in Indian communities.

Case Study 2: Community Responses to Sexual Violence in India

Bansal and Gupta (2018) examined the community-based responses to sexual violence in rural India, focusing on grassroots organizations' role in supporting survivors. The authors reported that local NGOs were integral in providing both immediate support and long-term rehabilitation for victims of sexual violence. Qualitative interviews with survivors revealed their appreciation for tailored community support systems that addressed their unique cultural and social contexts.

Case Study 3: Gender-based Violence and its Neurological Impact in the Indian Context

A study by Mehta and Sharma (2020) explored the neurological effects of gender-based violence among Indian women. The researchers utilized a mixed-methods approach, combining neuropsychological assessments with interviews from survivors. They found that experiences of trauma were linked to significant alterations in cognitive functioning and emotional regulation. The study emphasizes the intersection between mental health and neurological health in addressing the impacts of sexual violence.

Conclusion

The neuropsychological consequences of sexual violence are intricate and multifaceted, with an individual's cognition, emotion, and behavior being deeply influenced at multiple levels. These psychological outcomes may present as cognitive impairments, emotional dysregulation, and behavioral changes that limit a survivor's ability to manage in daily life. Understanding the effects is critical to creating effective, needs-based support systems tailored to survivors. For example, cognitive impairments may affect individuals' abilities to make decisions and solve problems, while emotional dysregulation could cause an increase in symptoms of anxiety, depression, and post-traumatic stress. Changes in behavior, such as social withdrawal or engaging in risk-taking behaviors, can also complicate the healing process. It is through such means that we can begin to encourage resilience and recovery for those who have endured this kind of trauma. Continuing investigation of the biological substrates of these neuropsychological effects is essential to translate these findings into targeted interventions. Interventions can involve cognitive-behavioral therapy, mindfulness training, and community support programs to assist survivors in reclaiming their lives and improving their overall well-being. Step by step, through clinical studies and grass-roots initiatives, we will develop a more survivor-centered way of thinking to better meet the needs and experiences of survivors. In short, it is imperative that we strive toward a compassionate society that recognizes and responds to the neuropsychological effects of sexual violence. With knowledge and tools, we can better support survivors on their paths toward healing and resilience.

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Chapter 20

The Transformative Role of Support Systems in the Aftermath of Rape

Dr. Divyaparvathy J

Survivors of sexual violence do not merely suffer a single event. They live through its echo across time, relationships, identity, and the very fabric of their mental well-being. The aftermath of rape is always a complex interplay of psychological distress combined with trauma responses and social reintegration. During this highly vulnerable time, survivors often suffer with intense emotional and psychological distress that can range from shock, fear and shame to long-term effects like anxiety, depression, and post-traumatic stress disorder (McFarlane, 2010). Amid this emotional and psychological turbulence, the presence or absence of a reliable support system significantly shapes the path of recovery. In view of this, understanding the pivotal role of emotional and practical support from family and friends becomes mandatory, not only for the close individuals, who are directly supporting a survivor, but also for the society as a whole. This chapter examines the multifaceted role of support systems in facilitating healing after sexual assault, including the family, friends, therapeutic alliances, legal entities, and survivor communities.

Understanding Psychological Trauma After Rape

Before examining the role of support systems, it is essential to understand the nature of the trauma induced by rape or any kind of sexual assault per se. Survivors may experience a roller coaster of emotions that ranges from sadness, fear, feeling of unworthiness, self-blame, to anger, frustration and vengeance. They may also experience intrusive memories related to the event, flashbacks of the attack, hypervigilance in relation to their surroundings and emotional numbing.

Feelings of fear, helplessness, guilt, and shame are also evident. Healing, therefore, is not linear or uniform; it is shaped by internal resilience as well as external social support infrastructures Suprakash et al. (2017) explain that a support system becomes a critical part in this matter, allowing the survivor to move from victimhood toward survivorship.

The Personal Sphere: Family and Friends

After a deeply traumatic experience which can shatter a person's sense of safety, trust, and self-worth one of the most critical, yet often overlooked aspects of healing is the role of emotional validation and safety provided by others, especially family members, close friends and trusted individuals. Smith and Kelly (2001) state that the way a survivor is received and supported immediately after disclosing their experience can significantly influence their recovery journey.

Establishing Psychological safety

Psychological safety is the foundation of trust. It is created not by grand gestures, but by small, deliberate acts of compassion, consistency, and care.

Suprakash, Ajay, Murthy, and Biswajit (2017) emphasize that

a. It is advisable to believe the survivor's words without condition, as most survivors fear being questioned, doubted, or blamed. The sense of safety primarily begins with the comfort of being believed.
b. Whenever the survivor wishes to speak, listen more and speak less. Listening with full attention and not rushing to give advice or solution can make them feel heard.
c. Restore the sense of safety by respecting the survivor's boundaries. Respect is the key to help them in rebuilding a sense of ownership over their own life again.
d. Being consistent in showing up day after day, week after week and month after month is a crucial key to establish psychological safety. Steady presence of a person in their life can help them build over again.
e. Trust is fragile, especially after trauma. Consider extreme confidentiality and take utmost care in not disclosing the details

shared by the survivor. Even subtle breaches of privacy can be deeply damaging and re-traumatizing.

Smith and Kelly (2001) suggest that

a. Restoring a survivor's sense of power means letting them lead towards healing process. That is, do not rush them to report the assault, nor guide them not to report. Support their choices, even when they differ from what others expect.
b. Patience is essential. Pressurizing them to move on can increase their pain. Instead remind them that their timeline is valid, that healing looks different for everyone.
c. Although, the support from loved ones and trusted one's matter, there can never be a substitute for professional care. Therapy can offer survivors tools and strategies for long-term healing.
d. Creating a calm and grounded environment by the person can be a source of safety to the survivor.

Establishing psychological safety is not a one-time act; it is a way of being. It's about showing up, staying gentle, and letting the survivor take the lead in their own recovery.

The Clinical and Therapeutic Domain

In the immediate aftermath of rape, survivors usually experience acute stress reactions like confusion, emotional numbness, panic, or disorientation. Early intervention is critical in reducing the long-term psychological harm. Psychological First aid involves a few steps like ensuring physical and emotional safety, acknowledging the survivor's experience without being judgmental and stabilization of the emotions in preventing them from escalation into panic or dissociation. Additionally, assessing and diagnosing the trauma related disorders plays a crucial role. The most common disorders that may develop after a sexual assault include Post-Traumatic Stress Disorder (PTSD), depression, anxiety disorders, dissociative disorders, and substance use disorders. Assessment of these conditions involves structured interviews, psychological evaluations, and clinical observations conducted by trained medical professionals. Effective therapy must be trauma informed which means the professional is able to recognize the

pervasive impact of trauma and seeks to avoid re-traumatization. Trauma focused cognitive behavioral therapy, narrative therapy, and psychodynamic therapy are some of the approaches tailored to needs the emotional needs of the survivor.

Continuity in care and Cultural Sensitivity

Although initial interventions play a major role in coping with the trauma, the continued nature of the psychological support rendered to the victim truly anchors recovery. Since the recovery does not follow any fixed timeline, symptoms may emerge or intensify days after the assault too. Continuity of care renders the survivor feel secured and not abandoned post the acute crisis period. Long term monitoring can prevent relapse of symptoms with depression or substance use. A stable and consistent therapeutic alliance is a crucial source of strength in the survivor's life. According to Lee, Kim, and Johnson (2022), integration with peer support groups or survivor-led initiatives can reinforce the continuity of healing through shared empathy.

Cultural identity of an individual plays a major role in rehabilitation of the survivor. Cultural identity includes ethnicity, religion, language, gender roles, social status, economic class and cultural norms and traditions. Hence cultural sensitivity is not a peripheral concern, but a central aura towards effective care. A culturally sensitive support involves, respecting the survivors' cultural beliefs even if it's against the perceived values of the medical professional. That is, even though encouraging, expression of the assault is important, it should be done with cultural humility. Cultural minorities may face institutional mistrust or fears; a medical professional is supposed to acknowledge and address these realties to build trust. Empowering survivors is necessary, but being mindful of all the potential risks associated with challenging the long-term cultural norms has to be kept in mind by the medical provider. Cultural identity significantly influences a survivor's recovery in multiple interconnected ways. First, it shapes the expression of trauma, as cultural norms determine how emotions are displayed and processed. In some communities, openly discussing painful experiences is encouraged and seen as therapeutic, while in others, showing vulnerability may be stigmatized or considered dishonorable. Help-

seeking behaviors are also deeply influenced by cultural background; in societies where mental health is taboo or poorly understood, survivors may hesitate to seek formal psychological support, instead turning to spiritual or community-based healing practices. The interpretation of trauma can vary widely as well some survivors may view their experiences through a spiritual or religious lens, attributing suffering to fate, karma, or divine will, which in turn affects their coping strategies. Trust in professionals is another crucial factor, especially for individuals from marginalized or historically oppressed groups who may fear judgment, stereotyping, or breaches of confidentiality within medical or mental health systems. Finally, support systems, including family and community, can be both protective and limiting. While they often play a central role in recovery, they may also uphold cultural expectations that discourage disclosure, particularly in cases where family honor or social reputation is at stake. Recognizing and respecting these cultural dynamics is essential to providing effective, empathetic care.

Illustration

Consider the case of Amina, a young woman from a conservative South east Asian background who has experienced sexual assault. Within her cultural context, discussions of sexual violence are often silenced due to strong social taboos and the importance placed on family honor. As a result, Amina carries a profound sense of shame and fear, not only about the trauma itself but also about the potential judgment from her community and the repercussions it may have on her family's social standing. In such circumstances, if a healthcare provider approaches Amina with an expectation of immediate, detailed disclosure employing a Western-centric model of talk therapy without regard for her cultural background she may feel unsafe, misunderstood, or even retraumatized.

This approach risks alienating her and may lead to disengagement from the recovery process. A culturally sensitive practitioner, on the other hand, would take care to acknowledge Amina's cultural values, social concerns, and emotional boundaries. Rather than insisting on verbal disclosure from the outset, the provider might introduce alternative, culturally congruent methods of expression such as storytelling, visual art, private journaling, or spiritual reflection. They would also prioritize

confidentiality, recognizing the potential risks associated with exposure in Amina's sociocultural setting. With Amina's informed consent, the provider might explore involving trusted community or religious figures who can offer support aligned with her values and beliefs. By honoring Amina's cultural identity and adapting care to her context, the provider fosters a sense of safety, respect, and empowerment. This culturally attuned approach not only enhances therapeutic alliance but also increases the likelihood of sustained engagement in the healing process. This can be effectively taken care when culturally matching medical care providers are considered. Further, Morgan and Truman (2019) states that, community based mental health programs and family inclusive therapy should be planned for helping the survivor. Continuity of care and cultural sensitivity by the professionals affirm the survivor's humanity, resilience, and right to reclaim their life on their own terms.

Legal and Institutional Support

Legal institutions are often considered a parallel form of support system in a survivor's life. When these systems function with trauma sensitive approach and survivor -focused practices, it is easy to validate the survivor's narrative and effectively contribute to a sense of justice. In contrast, if the legal proceedings are intrusive or insensitive, it can exacerbate the trauma experienced by the survivor exponentially. A trauma-informed approach within law enforcement should include individuals who are trained to understand the neurobiological and psychological impacts of assault. Proceedings that involve non-judgmental interviewing techniques can ensure the survivor's psychological safety. This step effectively minimizes re-traumatization of the survivor during the process of reporting and investigation. Judicial systems should ensure survivor dignity and autonomy during the court processes by treating the survivor with respect. This act can protect the survivor's mental and emotional well-being.

Campus and Workplace Support

Campuses and workplaces are not just places for daily activity. Rather, they are a social system that can potentially contribute to healing further. For survivors of trauma, particularly those affected by sexual violence,

harassment, or abuse, the level of support available in these environments play a vital role in to regain stability. Survivors within academic or professional environments, institutional policies matter a lot for further healing. Counselling centers, reporting protocols, and grievance redressal mechanisms should always be survivor-sensitive as well as accessible. When the institute incorporates non-retaliation policies, and confidential support services, they can aid in reintegration of the survivor's lost life. It can also reduce attrition in the institute that are related to trauma. Institutes or the workplace managements should ensure training and education of the staff which are equally essential. It is essential for individuals to receive regular training in recognizing signs of trauma and responding appropriately through respectful, nonjudgmental communication. Institutions that build a culture of trust and accountability can foster survivor friendly environment.

Support from Peer and Survivor Communities

Peer and survivor communities usually offer a powerful form of companionship grounded in empathy and validation. Shared understanding provides a unique feeling of being not alone. These spaces usually are safe places for the survivors to let out all the things that are crumpled in their minds and here healing becomes a collective process. The power of shared experience lies in its ability to break the silence that often surrounds trauma. Survivors often report a sense of relief after a peer led support group activity. This connection helps counteract the shame, self-blame and the loneliness after their traumatic event. Groups that are typically grounded with mutual aid and trust usually witness resilience and realize that they are not alone, can be transformative. Hence, survivor communities can foster advocacy, activism, and systemic change.

Activism as a Healing Modality

Activism is usually a transformative tool for the survivor in broader aspect. If activism is supported by trauma-informed systems, it can evolve into a potent healing modality. Healing from such a deeply personal violation is complex. Activism allows survivors to use their experiences as a force for advocacy, creating meaning from trauma while

working to support and empower others. Survivors find healing through this process by self-validation and empowerment. However, activism can be therapeutic but cannot substitute for personal healing or professional care. It only defines the fact that survivors can not only heal but also can lead. This can eventually lead to changes in systems that can render safety and security to other peers.

Intersectionality and the Support System

Intersectionality involves the experience of layered discrimination and biased privilege based on gender, disability, sexuality, race, social class and immigration status. Most of the standardized survivor support approaches fail to meet the needs of the marginalized survivors. They also face additional barriers rooting from reporting the offence to receiving adequate care. Thus, an effective support system includes a culturally responsive, anti-oppressive, and equity-driven approach apart from being trauma-informed. According to Wyatt, Williams, Henderson, and Davis (2017), intersectionality highlights the importance of involving diverse voices in shaping support systems, policies, and advocacy work related to survivorship. Survivors with intersecting marginalized identities should be empowered not only to access care, but also to lead, influence decisions, and drive systemic change.

Obstacles to Effective Support Systems

Survivors of any kind of assault, usually face number of obstacles that can potentially hinder their access to effective support systems, as stated earlier. This can compound the trauma that they have already endured. Pervasive stigma and victim-blaming attitudes of the people around them can be termed as one of the major barriers to effective support system for survivor. This when overlooked can lead survivors to feel shame and guilt. The fear of not being believed will ultimately discourage the survivors from speaking out their story or seeking help when in need.

The Cultural and religious beliefs that revolve around the survivors or the survivor's family may be an obstacle to seek effective support. This will potentially push the survivor to opt for silence, especially in

communities where rape is considered dishonor. Further, many professionals like police officers, healthcare workers, and counsellor lack proper training in trauma-informed care. This is also an obstacle of importance, which can result in insensitive or dismissive responses. This can be a source of re-trauma for the survivor rather than support. According to Schnittker (2022), legal systems are often slow, adversarial, and difficult to navigate for many survivors, creating significant barriers to seeking justice after an assault.

In certain under resourced areas, access to essential services post trauma, may be limited or sometimes entirely unavailable. Difficulty in accessing services like counselling, medical care, and legal aid is a significant bottleneck in obtaining effective support. Furthermore, the psychological impact of trauma such as dissociation, fear, and difficulties with trust can possibly hinder survivors from seeking help or fully engaging with the available support to them. These barriers root from both systemic failures and societal attitudes, often make survivors feel isolated and increases their struggle to cope on their own. According to Zaleski et al. (2016), these obstacles must be addressed at the grassroots level, as they have the potential to significantly impede survivors' journeys toward effective healing.

Conclusion

The journey from surviving rape or sexual assault to reclaiming one's life is an intense and deeply personal process. This process extends beyond mere physical safety of the survivor. Survival just marks the immediate aftermath, whereas reclamation represents the survivor's empowerment, personal ability of healing, and ultimately the restoration of autonomy over their own life. The transformation towards better healing requires compassionate support systems from families and friends, societal understanding, and the breaking of barriers that perpetuate silence and stigma. Creating environments that can identify and recognize survivors' experiences can ensure justice and can make holistic care deliverable to the survivors. This will eventually enable us to change the narrative from victimhood to resilience. Ultimately, reclamation means survivors restoring their identity, voice, and power,

paving way not just for recovery but also for a sense of hope and self-empowerment for the survivors.

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Chapter 21

Exploring the Role of Positive Psychology in Rape Survivors: A PERMA-Based Approach

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Sexual forms of violence, inclusive of rape, often elicits a traumatic response, followed by extreme psychological disturbances and emotional consequences. Despite these drastic consequences, it is a global phenomenon, often followed by manifestation of significant psychopathology. Existing research has highlighted prevalence of features of post-traumatic stress disorder (PTSD), anxiety and depression in most of the victims of sexual violence (Kessler et al., 2017; Dworkin et al., 2023). The initial phase of recovery is also very crucial with the majority of victims undergoing doubts regarding their identity, existence, self-concept, dealing with questions like "why me", and major disruptions in their day-to-day functioning (Dworkin et al., 2021; Anderson & Overby, 2021).

Initial work in the area of sexual assault has primarily emphasized on the distressing aspects of incidents of sexual assault. However, there are also certain studies which have emphasized on factors which play a role in the recovery process of affected individuals. This process is also connected with the concept of post-traumatic stress growth, which often involves redesigning of the victim's self-concept and ideologies (Tedeschi et al., 2018). The sense of autonomy on one's own process towards recovery is directly proportional in leading the affected individual towards a faster recovery and coping process (Frazier et al., 2004). The incorporation of a positive psychology framework in this aspect can be beneficial in this area as it is primarily focused on using a strength-based approach towards healing and recovery. The aim of this

chapter is to suggest the framework of the PERMA (P- Positive Emotions, E- Engagement, R- Relationships, M-Meaning & A-Achievement) model, from positive psychology, and propose its role and functions in the recovery processes of victims of sexual offences. A qualitative framework has been adapted to generate themes, based on the PERMA model from the excerpts of survivors of sexual assaults.

Need for a new Theoretical Framework

The existing approaches for victims of sexual abuse focus more on reducing distress faced by victims of sexual abuse, with emphasis on the pathological consequences of these forms of assaults. A strong limitation of these approaches lies in the aspect that they are too driven towards focusing on the untoward consequences which affects these victims. Often it causes victims to relive their trauma, which is a very complex process itself by nature and is very distressing at a personal and emotional level (Harvey & Herman, 1994; Ford & Courtois, 2014). Recent trends in this area have focused on considering the strengths and resilience approach of these victims which can help influence their road to recovery. Using a framework based on client's strengths is considered to be more beneficial towards facilitation of post-traumatic growth (Walker-Williams & Fouche, 2015). It also focuses more on attributes of self-esteem and determination and hope, which can address the low self-image concerns which victims of abuse usually develop (Chandhok & Anand, 2020).

Sexual violence continues to impact the life of many people however it is very difficult and challenging on the part of the rape survivors to start their life afresh. The impact of sexual violence on the victims or rape survivors is manifold, it impacts emotionally, psychologically, socially and overall, it has a tremendous impact on their quality of life (Husain & Anjum, 2025). Many research studies have been documented so far highlight only their psychological and social damage and about the traumatic event, however, there is a dearth of literature, to look at the positive psychology perspective to treat these people in terms of their overall quality of life rather than only focusing on the shortcomings. The present paper will shed light on the framework of the PERMA model, from a positive psychology perspective, which will help and facilitate

the recovery process of victims of sexual offences. In the preceding section of this chapter, the researcher will focus more on the PERMA model and its application in the recovery process of rape survivors.

Uniqueness of the Five Pillars of the PERMA Model:

Positive Psychology is that branch of Psychology which focuses on individuals' self, and their strengths, rather than fixing shortcomings. Positive Psychology is the latest branch of psychology (Seligman & Csikszentmihalyi, 2014). Structuralism is about breaking down the mental processes into various components by using the technique of introspection to examine the human mind's internal processes. Functionalism focused on the role of mental processes. Gestalt psychology focused on the holistic mental experience. Psychoanalysis focused on understanding the cause of mental disorders and cure them. Behaviorism is about explaining human behavior which is caused by environmental factors. Cognitive Psychology is focusing on mental processes, learning, memory and perception. Humanistic psychology is about focusing on free will, personal growth and self-actualization. Positive psychology on the other hand focuses on broader perspectives of mental health while complementing the other schools of thought of psychology. The main aim of positive psychology is to focus on improving one's life rather than fixing shortcomings. It promotes optimal functioning of people, institutions, and societies by promoting joy, happiness, wellbeing, human strengths, virtues, positive attraction with community, social responsibilities, etc.

PERMA framework which was developed by Martin Seligman in the year 2011, where he incorporated various theories and constructs under one umbrella (Madan & Rastogi, 2023). Further, he talked about the five pillars of the PERMA model which facilitate assurance and enhances an individual's well-being. This model has been scientifically tested several times and their tests have been generalized worldwide. Seligman's PERMA model is linked with the positive side of mental health. Although the nature of the five pillars of the PERMA model has been tested scientifically and showed a positive correlation with one's wellbeing, its impact, intensity and domain wise are highly subjective in nature and unique to one's individual.

Method

Research Paradigm

This research is grounded in the interpretivist paradigm. This paradigm focuses on the subjective meaning and lived experiences of the individual in a social context (Creswell & Creswell, 2018).

Procedure

The objective of this chapter is to explore the coping mechanisms used by women survivors of rape and sexual abuse in India through the lens of positive psychology. This chapter proposes the integration of the PERMA model as a broader framework in understanding the experiential realm of survivors and their coping with sexual violence. To meet the objective of the research, interviews and testimony of several rape and sexual abuse victims were identified and available in open sources, and the analysis of the identified information was done through the lens of the PERMA model.

Data Source and Extraction

The data was sourced from publicly available online interviews where rape survivors have voluntarily shared their lived experiences through podcasts, YouTube testimonies, and other public forums. Using the principles of digital ethnography (Pink et al., 2016), the interviews were selected for further analysis.

Inclusion and Exclusion Criteria

Inclusion criteria for selecting the interviews were that the survivor explicitly identified themselves as a rape survivor. The narrative highlights the coping and growth after the rape; the content was publicly accessible. The exclusion criteria were content shared by any other third person with the survivor being directly involved in it, and a narrative that doesn't reflect personal experiences solely focused on any one aspect, like legal or medical.

Sample

Purposive sampling was used to identify the specific interviews to capture diverse perspectives of age, cultural background, and the process of recovery to ensure the richness of data.

Data Analysis

The identified interviews were transcribed and analyzed using Braun and Clark's (2006) six-phase model. The PERMA Framework (Seligman, 2011) guided the thematic structure with the categories of Positive Emotions, Engagement, Relationship, Meaning, and Accomplishment. Data was managed and analyzed manually by using Excel sheets. Narratives were analyzed to understand how survivors have used the various dimensions of the PERMA model for coping, resilience, and post-traumatic growth.

Interpersonal Relationships

A major consequence of undergoing sexual abuse is the difficulties the victims face in their interpersonal relationships, especially in their inability to trust other individuals. Such victims also tend to get overwhelmed by relationship setbacks, suspiciousness towards others goals and intentions and often avoid deep interpersonal attachments, owing to their failure to trust others after adverse experiences. They also feel doubtful about their self-contribution in the relationship. A strong and supportive interpersonal relationship in any form can often help these individuals to relook at their lives with more optimistic perspectives (Cowan, Ashai & Gentile, 2020). Often these steps can be initiated by support groups wherein spending time with individuals with similar experiences facilitates the process of recovery and also provides a sphere for validation of emotional distress faced and in safer environments which helps them to move forward in life in absence of harsh opinions and blame-games. This entire process often seems like a new awakening or rebuilding of newer interpersonal relationships. This kind of network helps in fostering an outlook of optimism regarding human relationships. These kinds of settings are more likely to transition into “safe and healing spaces”. This is another major theme which has

been highlighted for these victims. It propagates the concept of setting boundaries and understanding the characteristics of harmful individuals (O'Doherty et al., 2023). The relationship between the patient and therapist also helps promote a deeper understanding of the nature and role of love in interpersonal relationships. It also highlights the underlying red flags, if any, in existing relationships.

Using certain concepts of positive psychology has emphasized on the development of certain positive feelings which helps enhance the healing process of such victims. These techniques often help people feel empowered, experience joy and gratitude. Engaging in tasks which act as temporary respite from the troubling areas of life is another common theme generated in the subjective experiences of these people (Thompson, 2014). Dealing with the Rape Survivors with positive thoughts is very difficult. Finding recommendations for positive psychology therapists that are that are specific to rape in the existing literature on positive therapy is an exhausting process. Positive therapy, on the other hand, has the potential to be the most appropriate and highly effective psychotherapeutic procedure for individuals who have previously survived rape or sexual assault. It maybe plausible for positive psychology therapists who work with people who have survived rape to make their psychotherapeutic sessions more effective by incorporating the following ideas or concepts: -

Empowerment through Identity: The first important step is to make the client realize that they are survivors rather than victims. This involves removing the stigma, guilt, and shame associated with being raped, bringing the client to realize that being raped is not their fault, but restoring the confidence in them such that they can build resilience and see the optimistic side of their life.

Positive Emotions: The therapists should engage the clients in such activities which gives the client happiness while performing those tasks. This will not only inculcate a sense of happiness in the victims, but will be more active and involved in the sessions.

Release the Negative Emotions: Catharsis is very important component while dealing with the rape survivors. The therapists should encourage the clients to express their emotions which are connected to the rape

incident; it is necessary to let them out. Positive therapists should assist their client to express their emotions either verbally or writing and drawing will also be considered as beneficial.

Conclusion

This chapter attempts to suggest an alternative approach towards interventions for victims of sexual abuse using the PERMA Approach. These approaches are generally focusing on a paradigm shift, by prioritizing more on strengths and competence skills of the rape survivors, acknowledging more on the healing aspects of recovery from such traumatic experiences. This framework provides additional resources for relooking at adverse experiences, fostering positive reflections on relationships, building resilience with a sense of purpose and healthier interpersonal connections. Future research should explore the integration of the PERMA Model with other cultural adaptations that honor different survivor narratives. Ultimately, this approach reaffirms that recovering from these adverse experiences can benefit victims from sexual assault encompasses not merely surviving trauma, but redefining the meaning attached with these experiences, and fostering joy and gratitude in one's life journey.

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Chapter 22

Reclaiming Sacred Space: Psychotherapy for Rape Survivors Integrating Indian Psychological Wisdom

S. Priyadharshini

In Indian Vedic system, human birth is considered durlabham (very difficult to obtain). The traditional Indian philosophical system has given importance to human health and wellbeing. It is considered that only in human birth the knowledge of oneself being free of limitation and is one with that all pervasive and all-knowing Brahman is possible (Moksha). The goal of human birth is to understand that we are the very form of happiness that we seek the whole life (Ananda Mymamsa). According to the Thaithreeya Upanishad which is taittriyasamhita of krishna yajurveda, Human personality is made of 5 sheaths (Pancha kosha): Annamaya kosha, Pranamaya Kosha, Manomaya Kosha, Vigyanamaya Kosha, Anandamaya Kosha. These are also called the 5 dimensions of existence. These sheaths are the parts of the three body types stated in Mandukya upanishad. Types of body are Sthula Sharira (Physical Body) constituting Annamaya Kosha and Pranamaya Kosha, Sukhshma Sharira (Subtle Body) Constituting Manomaya Kosha and Vigyanamaya Kosha and Karana Sharira (Causal Body) Consists of Anandamaya Kosha.

Annamaya kosha: It is the physical gross level sheath. It is also called food body as it is maintained by Ahara (food) and nutrition. It is made of pacha mahabhuthas (5 elements) namely Akash (Space), Apah (Air), Agni (Fire), Jalam (water) and Prithvi (Earth). From this is formed the 5 sense organs: Ear, skin, eyes, tongue and nose. it also involves body parts, organs, tissues, cells, molecules, atoms, electrons, protons,

neutrons. All matter which can be seen and studied (Pandey, 2021, Paijwar, 2023).

Pranamaya Kosha: In Athervaveda, Prana is defined as

Pranah prajaa anu vaste pita putramiva priyam.
Praano ha sarvasyeshvaro yacca pranah yacca na.

Just like a son is dearer to his father, the prana is the vital energy of all beings. This indicates that prana is all pervasive. It is the life force in human being. Any matter has life only when prana is in it. Prana takes up 5 forms (Pancha Pranas): Prana, apana, vyana, udana, samana. They serve functions of Intake, Elimination and retention, distribution, growth and processing respectively (Frawley,1999). These are also called 5 currents of vital energy. Harmonious flow of prana to each and every cell of annamaya kosha keeps it healthy and gives long life (Pandey, 2021; Paijwar, 2023; Gambhirananda, 2001).

Manomaya Kosha: This is subtler sheath. It is made up of panch gyanaendriyas. They perform the function of perception (Chitta), memory (Vritti) and ego (Ahankara). All cognitive functions are done in manomaya kosha. Mind is defined as a collection of thoughts. When we see a red flower, we perceive it as rose and very beautiful, then while enjoying its beauty, suddenly we remember that this is a very rare rose which right now I am seeing. This thought starts coming again and again and chitta goes and makes you feel "waaw, it is beautiful, i like it I want it". The thought gains momentum and becomes emotions. It consists of likes and dislikes, love and hate (Patra, 2018).

Vigyanamaya Kosha: Here human personality consists of intellect (Buddhi). This is the components that has evolved in man which differentiates us with animals. Burthruhari States:

Ahara Nidhra Bhayam Maithunam Cha
Samaanyammethath Pashibhih Naraanaam
Bhuddhirhi Tesam Adhiko Visheshah
Buddhirvihinah Pashubhihsamaanaha

Hunger, sleep, fear and procreation are common with both humans and animals. Buddhi (Intellect) is the only component that is specially

evolved in man. In the absence of buddhi we are equal to any animal. This kosha is the discriminating faculty. Both manomaya kosha and Vigyaanamaya kosha makes the subtle body (Sukshma Sharira).

Anandamaya Kosha: It is the innermost layer of the sheath. It is the most subtle and spiritual layer. It is beyond any feelings and emotions and thought. Think of the feeling of peace and happiness, you feel when you achieve something or the contentment you feel when you help somebody. That state of condition is called anandamaya kosha (Paijwar, 2023). From this generate all other koshas. It is the part of causal body (Karana Sharira). This is the stage of total transcendence (Pandey, 2021).

Patanjali Ashtanga Yoga

Patanjali's yoga sutra text dates back to 4000 years ago. It is a text which serves as a guide for holistic wellbeing. It is even older than williamjame's "Principles of Psychology" which was published in the year 1890 (Yadav, 2022). The Vedic philosophy states that an individual is said to be in perfect health, if the panch koshas (Sheath) are balanced. They are interrelated to each other. Therefore, when one sheath gets imbalance, it creates Adhi (Stress) in the system and affects other koshas. Then it is the reason behind diseases (Vyadhi). (Paijwar, 2023). Sage Patanjali created a whole system to maintain the balance and to evolve to self-realization (moksha). He gave the practice of Ashtanga yoga to the mankind. Ashtanga yoga is divided into Bahiranga yoga and Antharanga Yoga depending on the focus of attention. There 8 methods in ashtanga yoga: Yama (Ethival Principles), Niyama (Self Discipline), Asana (Posture), Pranayama (Breathing exercises), Pratyahara (Withdrawal of the senses to observe inside), Dharana (Concentration), Dhyana (Meditation) and Samadhi (Absorption) (Sahoo, 2019).

Panchkosha And Yoga

Mandukya upanishads talks about three types of body (sharira). The gross physical body which is called the Sthula Sharira (Physical Body). The subtle body called Sukshma Sharira. The inner most bliss and intelligence body which is called Karana Sharira (Causal Body). An

individual enjoys a perfect health when three types of body are in balance. This balance can be achieved by Patanjali's Ashtanga yoga.

According to Yoga Vashishta, Primary disease called as Adhis are of two types. Samany (Psychosomatic) and Sara (Congenital). The congenital diseases can be cure by medication. whereas, psychosomatic diseases originate from the mind. They disturb the harmonious flow of prana by agitating pranamaya kosha. This disturbed prana affects the annamaya targeting the weakest organ in the body causing Vyadhi (Disease) (Kumar, VIjaykumar, Murthy, 2018).

Psychopathology of Rape Survivors

Rape is a forceful and non-consensual penetration of genital organ or any other object, into the vagina, anus, urethra or mouth of a women or men. An act is called rape when the act is non- consensus, victim is younger than 18 years or not in a sound mind to give consensus due to intoxication or intellectual disability or other illness or consensus is obtained forcefully (Criminal Law Amendment Act, 2013). Survivors face gruesome injuries which might take years to heal. They can acquire sexually transmitted disease and have unwanted pregnancy from rape (Chandra, et.al.2014). The survivors suffer from PTSD, depression, anxiety, eating problems, flashback of the incident, sleep disorder, decreased libido and chronic pain (Resick 2015). The survivors have psychological needs that has to be understood to go about proper healing. The continuous research on the impact of rape have identified three main categories of psychological need of rape survivors. Facing psychological problems (Asadi.2023., Chabra 2014). To give attention to the emotional reactions like sadness, fear, anxiety, confusion, anger, hatred towards opposite sex, loss of trust in people, wanting to speak about the event in detail and express feelings (Mechanic, 1998; Chabra, 2014; Riger, 1981; & Asadi, 2023) Third is the need to be accepted by the society and accept the reality (Asadi, 2023).

During sexual assault, survivors state that their first response is freeze and shock. This makes it difficult for them to think, move and defend. By the time they come to senses the crime has already occurred. Since, rape is the forced breech of personal safe space, it affects an individual's

bodily integrity and life as a whole. Many victims report re-experiencing traumatic experience in the first two weeks after the incident. Several research shows increased prevalence of Post traumatic stress disorder, as well as several, sexual, eating and mood disorders. There are some factors which can predicts the manifestation and severity of psychopathology in the victim:

Stigmatization: Rape myth acceptance in the community is directly related to mental health illness. Stigma is characterized by blame, shame and societal isolation. It reinforces traumatic experience, contribute to cycle of distress, crushes the self-esteem. hence hindering the recovery.

Perceived social reaction: A negative perception of social reaction i.e. distraction, negation or controlling or getting different treatment upon disclosure can lead to high risk of psychopathology, comparative to positive perception of social support.

Immediate distress: Acute distress in rape causes acute psychological reactions. The pathophysiology of traumatic response indicates that Corticotropin releasing hormones are activated and releases high levels of cortisol. This dysregulates the hypothalamic-pituitary negative feedback balancing system. Hypothalamic pituitary axis is always activated but with less cortisol receptors. Cortisol is involved in regulation of meso-corticolimbic dopaminergic system. The dysregulation in this system causes unreasonable fear and mild depression (Wilson, 2006) Acute stress response leads to dissociation, re-experiencing trauma, avoiding reminders of trauma, anxiety and social and occupation functioning disrupted (Felton, 1999) The survivor who has faced this extremely distressing trauma is examined to get forensic evidence which is perceived as re traumatization by the victim. This further disrupts the physiology. This puts the victim in higher risk of psychopathology and it can also lead to poor recovery (Koss, 2006; Rousseau, 2014; Dworkin, 2017).

Unacknowledged rape: More than half of the rape survivors do not label their experience as rape. The survivors do not consider the incident as rape.

Resilience: Ability to cope with the stressful situation is resilience. Better the resilience better is the recovery. Poor resilience can make the survivors vulnerable to psychopathology.

Psychotherapy Integrating Indian Psychology

In Indian system, human beings are seen as the divine form who have the potential to attain to perfection. Vedic system of healing uses more subtler approach by transcending all mental activity and taking the individual into an expanded awareness and restful alertness which activates natural healing of deep-rooted stress and brings about coherent behavior. Therefore, therapy does not stop with rehabilitating the survivors to their previous state of functioning but also help them grow and evolve (Boyer, 2012).

Emergency Crisis Intervention

Rape is the most hideous crime. It is the intrusion to the personal integrity not only in the physical level but also psychological level. Imbalance in all the 5 sheaths is the immediate effect of rape. Rape victims need crisis management services as a first line treatment. Trauma crisis care should focus on Preventing survivors from developing psychopathology and re-traumatization. It is also called as Psychological first aid therapy. Therapy begins right from the day after the incident.

Reduction of immediate distress: Right after victim arrives in the hospital emergency unit, the medical, mental health and forensic help come with the goal of supporting the victim with the trauma of rape. But, one thing all service provider should be aware that the victim will present herself in one of the three "survival mode" function which is seen as anxiety (flight), anger (fight) or dissociation (freeze). Therefore, before medical and forensic examination psychological safety has to be taken care for the victim. The service providers to approach a victim with Maitri (Loving kindness), Upeksha (Non-judgmental attitude) and karuna (Empathy). This can be done by dealing with victim respectfully, speaking to them calmly, seeking consent from the client for every action and by listening to them kindly (Osterman, 2001; Dixit, 2025).

Providing information about the current status and address fear of any future problem, at the same time keeping in mind their current state, discuss the potential flashback of memory of the incident during the medical examination and forensic examination. This will prevent from re-traumatization.

Correcting their belief system which is causing shame, guilt or fear by giving realistic perspective of the experience. Psycho educating post rape common responses like irritability, anger outbursts, decreased libido, fear of opposite sex to the victim and the family and friends allow for better understanding of the situation (Holmstrom, 1977; Osterman, 2001) Psycho education will remove the stigma and enhance the support system of the victim. UNICEF defines Psychological first aid is a humane and supportive response to a fellow human being who is suffering and who may need support. It is an acute intervention of choice when responding to the psychosocial needs of children, adults and families affected by disaster and pandemic. It has seven areas: Assess needs and concerns, help with basic needs, comfort them and help them feel calm, provide practical care and support, listen, but don't pressure them to talk, protect people from further harm, and connect them to information, services and social support. (UNICEF Training module, 2001., Zafar, 2021)

Therapeutic alliance

Therapeutic alliance is an integral part of therapy in trauma focused therapy. It decides, how the therapy will progress. The therapist should make sure the feelings of the victims are normalized and validated. The therapist has to maintain non-judgmental attitude (Upeksha) and karuna (empathy) towards the victim so that the victim feels safe and secured in the therapist's presence.

Specific Psychotherapies addressing each kosha

As we discussed earlier human personality is made of 5 sheaths. A human being is in state of disorder when these are imbalanced. The goal of psychotherapy for rape survivors is based on bringing back the balance or integrity in self. This balance can be obtained by integrating

western mainstream psychotherapy and Patanjali's ashtanga yoga. Indian psychology integrates traditional intervention with social support, spirituality and cultural context. Studies show that safe relational and nonjudgmental environment stabilizes the imbalance caused by amygdala and cortisol which keeps the individual in chronic state of stress. Hormone oxytocin which is also called "bonding Hormone" is released through touch, affection and trust-based interaction. It helps in calming the stress response. In India a head massage from elders and a hug from a sibling is deeply normalized. Co-regulation also is seen to give a soothing effect emotionally. A grandmother's lullaby or neighbor sharing stories aren't just distraction they are nervous system stabilizers. Practices like yoga, mindfulness meditation, chanting mantras and participation in religious events are believed to enhance a sense of safety, routine and meaning making which can help to counteract the disruption caused by trauma. Some studies have found that women centered rituals are effective in reducing fear, releasing anger, increasing one's sense of power and improving the overall mental health of the victims. It integrates physical, psychological, emotional and spiritual aspects of individual and bring the individual in balance.

Cultural context: Understanding of the following concepts can help survivors to make meaning out of the incident and come in term with the trauma:

Pancha kosha Vivekha (Five layers/sheaths of human being). Annamaya kosha is the matter-based aspect of the physical body. it comprises of gross elements (Pancha Mahabhutas) and their subtle elements. Any imbalance in this kosha can be treated with diet and physical exercise. Pranamaya Kosha is the vital energy consists of 5 pranas (Pancha Prana). Imbalances in this causes disease. This can be treated by the uniform harmonious flow of prana to the affected area by Pranayama. Manomaya Kosha is the layer of mind and all the psychological process. It comprises of Pancha karmendriya (the organ of action), Manas (perception), Chitta (memory) and Ahankara (ego or one's identification). Sage Vashishta says, 'going against cosmic law' leads to imbalance called Adhi or stress. long standing adhis pushed into pranamaya and annamaya kosha causing vyadhis. This can be cured by

meditation and yoga. Vijanamaya Kosha is the 4th layer of reality. It is the discriminating faculty. It consists of 5 senses of cognition (pancha Jyanendriyas) and buddhi (discriminating faculty). This can be recovered by traditional western therapeutic approach like CBT, TF-CBT, EMDR etc. Anandamaya Kosha is the basic stuff from which everything is created. It is the bliss layer of our existence. this layer comprises of latent impressions (Vasanas). This can be delt by the knowledge of Vedanta (Boyer,2012)

Trauma informed care: Atharva veda calls trauma care therapy as Sattwavajaya Chikittsa. It manages sexual trauma in four steps. Cultivating awareness about impact of trauma and other legal medical activities is called Jyana (Insights). Educating the victim about the nature of trauma and its common responses and better coping strategies is Vigyaana (Psychoeducation). Giving support for inner strength and increasing the coping ability is Dhairya (Support). After doing the ground work of educating and improving coping and relaxation strategies, then slowly moving on to recalling and processing the memory. This is called Smriti (Memory) (Dixit, 2025).

Finding meaning and rediscovering oneself: In meaning making process victims undergo three stages. General stage is without a particular coping strategy. Accommodation stage is the victim is trying to accommodate the incident in their experience. and assimilation is when the victim has processed the incident and assimilated in her life (Hanfstingl, 2021) Through group, supportive and couple therapy the victims can further help rediscover themself.

Conclusion

In conclusion, trauma healing is the journey from losing oneself to rediscovering self. there are studies which shows positive impact of the trauma recovery. If recovery is in the right direction the individual grow to be more evolved and elevated as being than what they were before the trauma. There is a need of research to be done on integrating western traditional therapeutic approaches and Indian philosophical wisdom and its traditional healing system. This can prove to be more effective culturally oriented trauma care for the survivors.

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Chapter 23

Shattered But Not Broken: Psychological Trauma and Recovery in Survivors of Rape

Dr. Sheeba Shamsudeen

Rape is a disturbing and horrific form of violence and an act of domination and control that strips a victim's sense of autonomy, safety, trust and integrity. It is an instrument of terror which thrives in the shadows of closed doors where patriarchy whispers excuses for the inexcusable (Jewkes et al., 2015). The psychological impact of rape outspreads beyond the self, leaving scars that run deeper than the skin. It can fracture one's identity and create an aftermath of trauma-related symptoms as survivors carry the invisible weight of its effects (Decker, 2021). Defined as forced or coerced sexual penetration against someone's will (World Health Organization, 2002), rape tears at the boundaries that protect one's sense of self, leaving survivors to navigate invisible wounds that remain long after bruises fade. Recognizing rape as profoundly psychological as well as physical reminds us that its harm is not limited to the event itself, but seeps into memory, identity, and interpersonal relationships (World Health Organization, 2021). Within this painful landscape emerges the need for compassionate frameworks of psychological interventions that honor the hidden ruptures of sexual violence. These interventions serve as a framework for survivors to begin the non-linear journey of reclaiming their autonomy and dignity (McClelland & Giambrone, 2020). Yet, the need for such interventions is more than clinical; it is ethical, cultural, and human. It acknowledges the need for trauma-informed care that honors survivors not only as victims of harm but as active agents in their own healing (Herman, 2015). This opens the path toward meaningful survivor-centered care (UN Women, 2021), as true recovery must go beyond symptoms to

restore dignity, mend trust, and reawaken the hope that the self, though forever changed, can still be whole.

Trauma and Sexual Violence

Sexual violence, and rape in particular, is among the most damaging and degrading violations a person can undergo. Beyond a physical act, it represents power and domination, often leaving enduring psychological wounds (Herman, 2015 Rape occupies a distinct place in trauma studies due to its prevalence and its capacity to disrupt a survivor's relationship with self, others, and society. Trauma is defined by its impact on an individual's ability to cope (American Psychiatric Association, 2022). Rape commonly results in complex PTSD, marked by fear, helplessness, shame, betrayal, and guilt (Briere & Scott, 2015). Understanding this trauma requires attention to both psychological and cultural contexts. Janoff-Bulman's (1992) "theory of shattered assumptions" explains how trauma disrupts beliefs about the world's safety and one's own worth (Campbell, 2008).

Rape has immediate and long-term psychological effects, with negative emotions rooted in the body's instinctive danger response. Tonic immobility, where survivors feel unable to move or speak during the assault, is physiologically protective but can trigger guilt and self-blame due to cultural myths of resistance (Möller et al., 2017). Intrusive memories, flashbacks, nightmares, or sudden sensory images are common, often fragmented and non-linear, complicating disclosure and increasing self-doubt (American Psychiatric Association, 2022; Brewin, 2011). This fragmentation reflects the brain's processing of sexual trauma, not a failure of memory (Van der Kolk, 2014).

A Trauma Informed Approach to Rape

Survivors of rape often turn to hospitals, police, courts, counselling, and community services, yet these systems can unintentionally cause harm through disbelief, judgment, invasive questioning, or bureaucracy. Trauma-informed care addresses this by emphasizing not only symptom treatment but also transforming the environments where survivors seek help. It is a philosophy grounded in empathy, safety, and respect that

reshapes every point of contact, from first responders to therapists, to honor survivors and acknowledge rape's profound impact on mind, body, and identity.

Various interactions may resonate the powerlessness of the assault such as being touched without consent, questioned harshly, or doubted and can reactivate trauma, a process called re-traumatization (SAMHSA, 2014). Research shows that negative institutional responses, also called secondary victimization, can aggravate mental health outcomes, increase PTSD symptoms, and deter survivors from seeking impending help (Campbell, 2008; Ullman, 2010). By contrast, trauma-informed interventions aim to decrease re-traumatization, improve trust, and support recovery (Fallot & Harris, 2009).

Trauma-informed care is based on principles of "safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment with voice and choice, and attention to cultural and gender contexts" (SAMHSA, 2014). For rape survivors, this means creating emotional safety, communicating openly, involving them in decisions, offering choices, and acknowledging social and cultural inequalities. Applying these principles across healthcare, legal, and counselling systems helps prevent re-traumatization, uphold dignity, and support holistic recovery.

TIC also emphasizes restoring power to survivors (SAMHSA, 2014), though recovery can be limited by economic dependence, social hierarchies, and medical practices that may replicate control. Effective recovery thus requires therapy alongside systemic changes that reduce power imbalances, enhance autonomy, and validate survivors' voices (Fallot & Harris, 2009).

Gender Inequality and Power Dynamics

Rape is often misrepresented as a sexual act driven by desire, but feminist scholarship and research show it is primarily an act of power, domination, and control (Brownmiller, 1975; World Health Organization, 2021). Rooted in gender inequality and reinforced by cultural norms, it reflects systemic male power over female and non-

binary bodies. Understanding rape through gendered power dynamics explains its occurrence, consequences, and the need for systemic change.

Brownmiller (1975) framed rape as a political act used by men, consciously or unconsciously, to keep women in fear and subordination. The threat of sexual violence functions as social control, limiting women's freedom and reinforcing gender hierarchies (Kelly, 1988). Empirical evidence shows most rapes are committed by men against women or feminine-presenting individuals, highlighting gendered power imbalances (Basile et al., 2022).

Rape culture—societal norms that normalize or justify sexual violence reinforces these dynamics (Buchwald et al., 2005). Victim-blaming shifts responsibility to survivors, supporting male entitlement. Power is further shaped by intersecting identities such as race, caste, disability, sexuality, and class (Crenshaw, 1991). Groups such as Indigenous women, Dalit women, women with disabilities, and trans women experience disproportionately high rates of sexual violence due to compounded vulnerabilities (Bryant-Davis et al., 2010; Human Rights Watch, 2018).

Systemic and cultural factors also influence who is targeted and how survivors are treated. Patriarchal norms often treat women's sexuality as male or family property, framing rape as a crime against male honor rather than bodily autonomy (Sen, 2010). Survivors may face pressure to remain silent, forced marriage, or punishment, while legal systems may demand proof of resistance, consider sexual history, or impose lighter penalties for marital rape (UN Women, 2019).

A Human Rights Perspective

Viewing rape through a human rights lens frames it as a serious violation of autonomy, dignity, and equality, rather than an individual misfortune (UN General Assembly, 1993). This situates sexual violence within social justice and legal frameworks, highlighting how systemic failures exacerbate survivor suffering. Rape breaches fundamental rights outlined in the "Universal Declaration of Human Rights" (1948) and the "Convention on the Elimination of All Forms of Discrimination Against Women" (CEDAW, 1979), including the rights to life, liberty, security,

freedom from torture, and access to health and justice. When laws tolerate, police ignore, or courts trivialize rape, there is a failure to uphold these obligations (CEDAW Committee, 2017).

From a trauma-informed perspective, a human rights approach extends healing beyond clinical treatment to include restitution, recognition, and empowerment (Herman, 2015). It calls for accountability not only of perpetrators but also of states and institutions, which must challenge cultural norms condoning violence and invest in survivor-centered prevention (UN Women, 2019). Addressing structural power imbalances allows survivors to exercise their rights and exposes society's collective failure to protect and fulfil fundamental human rights.

Psychological Impact of Rape Trauma

Rape forcibly strips survivors of their control and agency (Herman, 2015). This can manifest as insomnia, exaggerated startle responses, or avoidance of triggers (American Psychiatric Association, 2022), reflecting neurobiological changes in the amygdala and prefrontal cortex (Bremner, 2006). Survivors may feel perpetually "stuck" in a state of alarm.

A hallmark of PTSD is re-experiencing the assault through intrusive memories, nightmares, or flashbacks (American Psychiatric Association, 2022), often triggered by sensory cues (Brewin, 2011). Trauma memories are fragmented and sensory rather than coherent narratives (Van der Kolk, 2014), complicating disclosure and increasing shame. Dissociation—feeling detached from self or reality—can serve as short-term protection but may impair relationships and therapy over time (Lanius et al., 2010). Emotional numbing, or feeling "behind a glass wall," can also hinder recovery.

Rape disrupts intimacy and trust; survivors may fear sexual contact, experience flashbacks during intimacy, or avoid relationships (Macy et al., 2009). Social ties may strain due to blame or pressure to "move on," increasing isolation. Survivors face higher risks of anxiety, depression, suicidal thoughts, and sometimes substance use (Chen et al., 2010), though some demonstrate resilience. Prior trauma or childhood sexual abuse increases vulnerability to complex PTSD, dissociation, and self-

harm (Cloitre et al., 2009), and without support, symptoms may persist for years (Ullman, 2010).

Evidence Based Interventions

Rape can cause profound trauma, including PTSD, depression, dissociation, and interpersonal difficulties (American Psychiatric Association, 2022). Over the past three decades, research has identified evidence-based psychotherapies that effectively reduce trauma symptoms in sexual violence survivors. While approaches differ, they share core principles: ensuring safety, processing traumatic memories, challenging trauma-related beliefs, and promoting reconnection (Herman, 2015).

Cognitive Behavior Therapy (CBT) focuses on the links between "thoughts, feelings, and behaviors" (Beck, 2011). In sexual trauma, it helps survivors challenge maladaptive beliefs like self-blame ("It was my fault") or overgeneralized danger ("I can never be safe again") and adopt evidence-based perspectives. CBT effectively reduces PTSD, depression, and anxiety in rape survivors (Foa & Rothbaum, 1998) and may include coping skills and relaxation techniques to address avoidance.

Trauma-focused CBT (TF-CBT), developed from CBT for children and adolescents exposed to complex trauma including sexual abuse, combines psychoeducation, affect regulation, cognitive processing, and a structured trauma narrative to help survivors process assault memories (Cohen et al., 2017). Research shows TF-CBT reduces PTSD and other trauma-related symptoms (Deblinger et al., 2006). Caregiver involvement is central, as supporting families aids survivor recovery.

"Narrative Exposure Therapy" (NET) is designed for complex trauma, including sexual violence (Schauer et al., 2011). Survivors create a chronological narrative of their lives and by weaving their traumatic memories into their broader life story, it helps contextualize and integrate the fragmented memories. Studies have shown that NET effectively reduces PTSD and depression among survivors of rape and torture (Neuner et al., 2004). It's structured, time-limited format, makes it feasible to apply in low-resource and humanitarian settings.

On the other hand, “Eye Movement Desensitization and Reprocessing” (EMDR) includes recollecting stressful trauma memories while concurrently performing bilateral stimulation, with guided eye movements (Shapiro, 2018). This can facilitate an adaptive reprocessing of trauma memories by reducing its emotional intensity. Meta-analyses show that EMDR is equally effective as TF-CBT for PTSD (Chen et al., 2014). Among rape survivors, EMDR can help transform the frozen sensory fragments and self-blame into coherent and less distressing memories.

“Cognitive Processing Therapy” (CPT) focuses on identifying and challenging “stuck points”, which are rigid trauma-related assumptions about the assault, the self, and the world (Resick et al., 2017). Common stuck points for rape survivors include beliefs like “I am permanently damaged” or “I should have stopped it.” CPT uses structured writing and use of techniques such as Socratic questioning in order to re-examine these beliefs. Large scale RCTs among survivors of sexual assault has shown that CPT can reduce PTSD, feelings of guilt and depressive symptoms (Resick et al., 2002).

Prolonged Exposure (PE), based on emotional processing theory, involves survivors repeatedly recounting their trauma (imaginal exposure) and gradually confronting avoided reminders in daily life (in vivo exposure) to reduce fear, avoidance, and PTSD symptoms (Foa & Kozak, 1986). RCTs show PE is effective for adult women who experienced rape, with sustained symptom improvement (Foa et al., 1999). Careful pacing and a strong therapeutic alliance are essential, as survivors may fear being overwhelmed.

Somatic Experiencing (SE) focuses on bodily awareness to release stored trauma energy and restore autonomic nervous system balance (Levine, 2010). Survivors mindfully track physical responses, gradually building tolerance to previously overwhelming sensations. Although research is limited compared to CBT or EMDR, emerging studies indicate SE can reduce PTSD and improve emotion regulation, particularly in those with dissociation or somatic symptoms (Payne et al., 2015).

Research supports these therapies as first-line or adjunctive treatments for sexual trauma. Choice of therapy should consider trauma type and chronicity, survivor preference, cultural context, dissociation, substance use, avoidance, and therapist expertise (Cloitre et al., 2011). All share core goals: safely processing trauma memories, restoring agency, and reducing shame and fear. Beyond symptom relief, they help survivors reconnect with themselves and others, reclaim meaning, and progress toward recovery.

Resilience, Recovery & Empowerment

Rape leaves profound psychological, social, and existential wounds on the survivor. Yet, alongside these impacts, survivor narratives show that resilience, recovery, and empowerment are not only possible but are often interwoven and dynamic processes (Herman, 2015; Tedeschi & Calhoun, 2004). Understanding the mechanisms of change of these processes can challenge individual medical models that focus solely on pathology. An empowerment perspective reframes healing as being active, relational, and deeply human and not just symptom based.

Resilience is shaped by individual, relational, and structural factors (Bonanno, 2004). After rape, it involves regaining control and safety, rebuilding self-trust, managing symptoms, and reconnecting with meaningful relationships. Survivors may draw on inner strengths, supportive relationships, and spirituality (Harvey, 2007). Resilience does not mean the absence of suffering, but the capacity to live with it while rebuilding life. Supportive healthcare systems, trauma-informed professionals, and nonjudgmental networks can strengthen resilience, whereas stigma and disbelief can undermine it (Campbell, 2008).

Recovery after rape is a nonlinear and individual process. Herman (2015) outlines three stages: establishing safety, processing the trauma, and reconnecting with life and relationships. Survivors may revisit earlier stages when triggered, but the core aim remains restoring agency and meaning. Evidence-based interventions can reduce intrusive memories and self-blame, while peer support fosters validation and belonging (Resick et al., 2017; Neuner et al., 2004). Beyond therapy,

creative expression, activism, spirituality, and storytelling can help survivors reclaim identities beyond victimhood.

Empowerment moves recovery from a private to a collective process by challenging silence and stigma around rape (Brownmiller, 1975). Individually, it involves making choices in therapy, deciding when to share one's story, and setting boundaries. Socially, it includes resisting victim-blaming, seeking justice, and advocating for survivor-focused services and policies (Ullman, 2010). Trauma-informed care fosters empowerment through choice, voice, and collaboration, recognizing survivors as experts in their recovery (SAMHSA, 2014).

For some survivors, rape can also lead to posttraumatic growth, positive changes in self-perception, relationships, and worldview (Tedeschi & Calhoun, 2004). This may include greater appreciation of life, deeper empathy, stronger purpose, or engagement in advocacy and creative work. Growth coexists with grief and anger, highlighting survivors' ability to find meaning despite the violence.

Conclusion

Rape imposes profound trauma that destroys survivors' sense of safety, trust, and identity. Its psychological impact ranges from complex trauma to deep shame and disrupted relationships, reflecting the violence and the social stigma that often follows. However, recovery is possible through evidence-based interventions that help process memories, challenge self-blame, and rebuild meaning. Healing is rarely linear, unfolding through resilience and sometimes posttraumatic growth, fostering renewed strength, empathy, and purpose. Beyond individual harm, rape reflects broader societal failures. By centering survivor voices, applying trauma-informed care, and addressing systemic inequalities, recovery can be supported, making resilience and empowerment the norm rather than the exception.

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Chapter 24

Breaking the Silence: A Comprehensive Approach to Sexual Violence against Women

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Women everywhere face sexual violence regardless of race, religion, socioeconomic status. In 2002 World Health Organization (WHO) defined sexual violence as "any sexual act, attempted sexual act, acts of trafficking for sexual purposes, against a person using coercion, harassment or advances by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work".

The WHO (2021) states that about one in three women around the world have faced physical or sexual violence at some point in their lives. In India, the National Crime Records Bureau (2022) reported over 31,000 cases of rape each year, but this number doesn't capture all the incidents that go unreported. Many women stay silent due to fear, feeling of shame and guilt, stigma, and pressure from society, which shows just how serious this issue is and how badly we need to make real changes (Allen, 2007; Boateng, 2018; Ceelen et al., 2019). Further the victims are often disbelieved whether by law enforcement, healthcare providers, or within the judicial system. Moreover, survivors and witnesses receive inadequate protection against retaliation or further harm, perpetuating a cycle of vulnerability and injustice (Human Rights Watch, 2020). Although anyone can face sexual violence, women and girls are affected more than others. This highlights the strong connections between gender-based violence and power imbalances. Those who belong to marginalized groups like the poor, disabled, LGBTQ individuals, and various ethnic or religious minorities face an even greater risk and often struggle to get the justice they deserve. Sexual violence can take many

forms, from subtle manipulation to outright physical assaults. It can happen in many places like homes, schools, workplaces, or even during conflicts. Unfortunately, it shows that no place is truly safe, as perpetrators can be anyone from strangers to family members or even caregivers.

Forms of sexual violence:

Rape- It's one of the most brutal and inhumane things one human can do to another. It is universally condemned across societies and cultures. Despite this universal condemnation, rape is happening at an alarming rate all over the world and affecting communities across all regions and backgrounds. It is defined as "any kind of non-consensual penetration, whether vaginal, anal or oral, usually done through physical force, coercion or manipulation". There are many types of rape and each is influenced by the situation, location, the victim-perpetrator relationship and the attack method (Hewitt et al., 2018; Lundrigan et al., 2024).

- One common type is stranger rape where the victim doesn't know the perpetrator. These attacks usually happen in public or remote areas, are sudden and brutal.
- Acquaintance rape includes date rape which happens during or after social events and involves someone the victim knows like a friend, coworker or classmate.
- Spousal rape or marital rape is when one spouse forces the other to engage in non-consensual sexual activity. Many countries now consider it a crime while it is still disputed in others.
- Sexual contact with a minor who is legally incapable of giving consent is called statutory rape.
- In gang rape multiple perpetrators attack one victim which often lead to increased brutality and long-term psychological damage.
- Custodial rape occurs when authority figures such as police officers, prison officials, and caregivers exploit their power for sexual abuse.
- In times of armed conflict, wartime rape or rape as a weapon of war is used strategically to terrorize populations, break communities, and assert control over them.

- Corrective rape represents a specific hate crime against LGBTQ people driven by the dangerous and unfounded belief that sexual violence can alter an individual's sexual orientation.
- In drug-facilitated rape perpetrators secretly administer intoxicating substances to victims, making them powerless to defend themselves and incapable of remembering the attack.
- Incestuous rape represents sexual violence perpetrated by a family member or close relative which typically forms part of continual abuse resulting in profound psychological and emotional damage.

Sexual Assault- Sexual assault is a serious act of violence often driven by anger and a desire for control. It includes various unwanted sexual acts, like kissing, fondling, molestation, and rape. It can happen in many places, such as homes, schools, workplaces, or even online, and it might be committed by strangers, acquaintances, or people we trust, like family or partners. A report from UNICEF in 2024 highlights that more than 370 million girls and women globally about 1 in 8 have faced rape or sexual assault before turning 18. Sexual harassment may be verbal (offensive comments or advances), non-verbal (gestures or staring), physical (unwanted touching or obstruction), visual (exposure to explicit materials), or quid pro quo, where sexual compliance is demanded in exchange for benefits such as employment, promotion, or grades.

Forced prostitution and sexual exploitation- These are severe forms of abuse that cause deep physical, emotional, and psychological harm to women and girls and are often rooted in gender inequality and objectification. Victims are commonly deceived or coerced through false promises and then controlled using threats, violence, manipulation, and financial dependence. Sexual exploitation may include forced prostitution, non-consensual pornography, or exchanging sex for basic needs. Survivors frequently experience mental health problems such as PTSD, anxiety, and depression (Oram et al., 2012) and may face social stigma. Despite international laws, these abuses persist globally due to poverty, gender inequality, weak justice systems, and ongoing demand for paid sex.

Marital rape –It happens when a husband forces his wife to have sex without her consent. Despite its harmful effects, it is still not considered a crime in many countries, including India. This is largely due to traditional beliefs that treat women as their husband's property (MacKinnon, 2006). There are different forms of marital rape which are as follows:

- **Non-physical sexual coercion –**It involves pressuring someone into sex without using force. This can include emotional blackmail, threats to end a relationship, guilt-tripping, or using one's power to manipulate the other person (Struckman-Johnson et al., 2003).
- **Threatened or forced sex**– It occurs when someone is made to have sex due to fear of harm, either through threats or physical force. Victims may feel they have no choice but to submit, and this leads to deep emotional and psychological trauma (WHO, 2013).
- **Battering rape**– It takes place in abusive relationships, where the partner uses sexual assault alongside physical and emotional abuse to control the victim.
- **Force-only rape** – It involves using physical force without other types of abuse. It still causes emotional and psychological harm.
- **Obsessive rape-** It happens when an attacker becomes fixated on a victim and uses sexual violence to gain control or form a false emotional bond (Groth, 1979).

Cyber sexual violence- Cyber sexual violence has emerged as a significant concern with the widespread use of digital technology and the internet. It includes harmful behaviors occurring through social media, messaging platforms, emails, or websites, such as cyberstalking, non-consensual sharing of intimate images, sexual extortion, and online sexual harassment (Henry & Powell, 2016). Although these acts take place online, their psychological impact is profound. Women and girls are particularly vulnerable, often facing anxiety, fear, embarrassment, social withdrawal, depression, and low self-esteem, with some avoiding online spaces altogether to feel safe (Audrin et al., 2020; Bates, 2017; Champion et al., 2022; Mandau, 2021; Paradiso et al., 2024; Sheikh et al., 2024).

Child Sexual Abuse– Child sexual abuse is a severe and deeply traumatic form of violence involving any sexual activity with a minor, including inappropriate touching, exposure to sexual material, coercion into sexual acts, or sexual exploitation (Finkelhor, 1994). Although both boys and girls can be affected, girls are more frequently victimized (AL-Asadi, 2021). Many incidents remain unreported due to fear, shame, confusion, or threats from the abuser, allowing the abuse to continue in secrecy (Berliner & Elliott, 2002).

Sexual Violence in War Zones- Sexual violence in conflict settings is a grave human rights violation that deliberately targets women and girls. Acts such as rape, forced pregnancy, sexual slavery, and forced sterilization are often used as weapons to intimidate, control, and destabilize communities (Leatherman, 2011). Survivors frequently experience severe psychological consequences, including depression, anxiety, and post-traumatic stress disorder (El-Bushra & Sahl, 2005), and may also face stigma or rejection from their families and communities. Access to justice and support in war-affected regions is often limited due to weak or non-functional legal systems, fear of retaliation, and lack of trust in authorities. As a result, many survivors remain without assistance, and perpetrators often go unpunished, allowing the cycle of violence to continue.

Culturally Specific Forms of Sexual Violence

- **Female Genital Mutilation (FGM)-** Female genital mutilation is a harmful non-medical practice involving the partial or complete removal of the external female genitalia, typically performed on girls from infancy to age 15 in unsafe conditions. Despite being recognized globally as a violation of human rights and health, it remains prevalent in parts of Africa, the Middle East, and Asia and is often justified by cultural, religious, or beliefs about controlling female sexuality (WHO, 2020; Yaya et al., 2018).
- **Child Marriage-** Child marriage refers to the marriage of girls under 18, often to older men, and is common in South Asia, sub-Saharan Africa, and the Middle East. Driven by poverty, tradition, and concerns about family honor, it frequently leads to school

dropout, early pregnancy, domestic violence, and loss of personal autonomy (Khalid et al., 2025; Nour, 2009).

- **Honor-Based Violence and Honor Killings-** Honor-based violence involves abuse or killing justified by perceived protection of family or community honor. In some traditional societies, girls and women may face threats, violence, or death for suspected romantic relationships, refusal of arranged marriage, or behavior considered inappropriate (Chesler, 2010).
- **Witch Hunts and Accusations-** Women, especially widows, the elderly, and those who defy social standards, are accused of witchcraft in some rural areas of South Asia and Africa. These accusations often lead to sexual violence, public humiliation, physical assault, or murder and may be linked to property disputes or perceived deviation from gender roles (Chari, 2025).
- **Dowry-Related Violence-** Dowry-related violence occurs when the bride's family is pressured to provide money, gifts, or property, and abuse follows if demands are unmet. Women may experience emotional, physical, or sexual violence, including verbal humiliation, beatings, marital rape, or dowry deaths resulting from sustained harassment.

Causes and Contributing Factors

- **Patriarchal Norms-** Sexual violence is often rooted in patriarchal systems where men are seen as dominant and women as submissive. Such cultural beliefs can normalize control over women's bodies and choices, allowing abuse to be overlooked or justified. Fear of shame or blame may prevent women from speaking out, creating an environment where perpetrators face little accountability.
- **Cultural Acceptance of Violence–** In some cultures, harmful beliefs normalize violence against women, such as justifying a husband's use of force or expecting sex on demand. Traditions and notions of family honor may pressure victims to stay silent, making it hard to report abuse. This cultural acceptance reinforces the cycle of violence and allows perpetrators to act with little consequence.

- **Lack of Legal Protection-** Weak legal systems contribute significantly to the ongoing issue of sexual violence. In many places, laws are unclear or simply not enforced. Sometimes, police or judges might blame the victim instead of addressing the crime, and the whole process can drag on for ages. Survivors often confront public shame and harassment, which is why many choose not to report these incidents.
- **Economic Dependence-** Many women remain in abusive relationships due to financial dependence. Lack of income or job opportunities, coupled with abusers controlling finances, can make women feel trapped and unable to access legal aid, medical care, or safe housing.
- **Conflict and Displacement-** In war-torn or displaced settings, women and girls face heightened risk of sexual violence, as abuse is used to instill fear or assert control. Weak or absent legal systems and the collapse of societal structures leave survivors vulnerable with few options for protection.

Impact of Sexual Violence: Survivors of sexual violence often face serious physical consequences, such as injuries to the genital area, chronic pain, unwanted pregnancies, and an increased risk of sexually transmitted infections, including HIV. Long-term complications, including infertility and difficulties during childbirth, are also common. These challenges are often intensified by limited access to proper medical care, particularly in rural areas or regions affected by conflict, making recovery and treatment more difficult. Sexual violence can have long-lasting effects on mental health. Survivors often experience depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal thoughts. Some may turn to alcohol or drugs to cope. Without proper mental health support, these challenges can persist, significantly affecting daily life and overall well-being. Social stigma often compounds the challenges faced by survivors of sexual violence. Judgment and blame from families or communities can lead to shame, isolation, and reluctance to seek help. In some cultures, survivors may face reduced social status or limited marriage prospects, making recovery and access to justice harder. Economic consequences are also

significant, as abuse can limit employment opportunities, reduce income, and expose survivors to workplace discrimination or career setbacks.

Barriers to Reporting and Seeking Help: Many survivors of abuse choose not to speak out because they fear retaliation, threats, or harassment from the perpetrator or their associates. When the abuser holds social, emotional, or financial power, survivors may feel unsafe and discouraged from seeking help. Societal victim-blaming, such as criticism of a survivor's actions or appearance, can create shame, guilt, and isolation, making disclosure even harder. Limited awareness of legal rights and available support, especially in areas with low education or resources, can leave survivors uncertain about how to respond. Distrust of law enforcement and the justice system, along with fears of being ignored or treated poorly, often adds to feelings of helplessness. Cultural and family pressures to protect honor or reputation may further silence survivors, reinforcing stigma, inequality, and ongoing cycles of abuse.

Prevention Strategies: Comprehensive sex education covers essential topics like consent, boundaries, and gender equality. This type of education helps young people learn how to build respectful relationships. By promoting healthy behaviors and questioning harmful beliefs early on, it can help reduce instances of coercion. Empowerment programs play a crucial role in uplifting women by enhancing their education, skills, and financial independence. When women gain these tools, they feel more capable of escaping abusive situations and seeking justice, which is essential for fostering gender equality. Engaging men and boys are also important. Programs that promote positive masculinity encourage empathy and accountability among men. By involving them in efforts to challenge harmful attitudes towards violence, one can foster a community focused on equality. Media campaigns are another powerful way to raise awareness. They work to challenge victim-blaming and promote the idea of consent. By shaping public attitudes through relatable and sensitive messaging, these campaigns can help reduce stigma and support survivors effectively.

Conclusion

Sexual violence is still a major problem that shows the ongoing issues of gender inequality and cultural attitudes. Survivors usually deal with a lot of stigmas and find it hard to get the justice they deserve. To tackle this, we need various strategies, like changing laws, educating people, and raising awareness. It's really important to start prevention efforts early and make support systems focused on the survivor's needs. By working together, we can build safer and fairer communities for everyone.

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Chapter 25

Soulful Acceptance of An Untouchable Body: A Phenomenological Exploration of the Journey of a Sexual Assault Victim to a Sexual Assault Survivor

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In light of the recent rise in sensationalized sexual assault cases that contemporary India is witnessing, there is an urgent need to foreground the narratives of survivors as they reclaim their power. Classic existential perspectives such as Rollo May's (1969) conceptualization of "sex" as an act interwoven with Eros (erotic love), Philia (intimate friendship), and Agape (altruistic care) fall short in capturing the dynamics of sexual violence. The survivors' reality rather reflects Gavey's (2005) feminist critique which reframes sexuality as a site of power, where sex is treated as a commodity in patriarchal societies, and rape constitutes the theft of that commodity.

Sexual assault is a pervasive global crisis, it refers to any sexual act imposed on an individual without their freely given and explicit consent (APA Dictionary of Psychology,2023). According to UNICEF (2024) estimates, 1 in 8 women and girls worldwide (approximately 370 million) have experienced rape or sexual assault before the age of 18. In India alone, up to 31,677 rape cases were officially reported in 2021, signifying a 13% increase from the year before (CHRI, 2024). However, the majority of sexual violence cases remain unreported due to the shame-driven narratives stigmatizing female survivors in our society. Such narratives are perpetuated by the socio-culturally entrenched

patriarchal, heterosexual script reinforcing passivity in women and dominance in males.

Despite the rising prevalence of sexual assault and extensive global research on survivors, a significant gap remains in qualitative inquiry into their evolving lived experiences, especially in India. The present study utilizes Interpretative Phenomenological Analysis (IPA) to fill that gap, intending to explore the lived experiences of three survivors, aiming to empower their voices by moving beyond a pathological lens and instead offering an insight into the embodied, relational, and discursive dimensions of sexual trauma contributing to trauma-informed, culturally responsive frameworks.

Method

Aims And Objectives

The present study aims to explore the phenomenological journey of sexual assault survivors from identifying as a 'victim' to becoming a 'survivor'. Adopting a qualitative approach for data collection and analysis, the study utilizes in-depth interviews to understand the unique experience of each participant through an idiographic lens, to capture their journeys in the domains of identification of rape as a form of abuse, relationship dynamics with the perpetrator, oscillation between power and control and self-concept and self-identity post rape.

Operational Definition of Key Construct

For the purpose of this study, sexual assault has been construed as including:

a) rape- nonconsensual sexual penetration of the individual's mouth, anus, or vagina by the assailant
b) sexual molestation, incidents including any form of nonconsensual sexual contact

Sampling And Selection of Participants

Using purposive sampling 3 participants were selected. After an initial screening to understand individuals' experiences, emerging adults aged

18 to 27 years with a past experience of sexual abuse at least 6 months prior to the study, excluding those diagnosed with any psychological or medical disorder were selected purposively.

- Participant 1 (24 years, female)
- Participant 2 (18 years, female)
- Participant 3 (23 years, female)

Procedure

The interview schedule was developed keeping in mind a trauma-informed lens, to ensure sensitivity to the psychological wellbeing of participants. Following an initial screening, informed consent was obtained, participants filled in a socio-demographic form. Subsequently, rapport was established to facilitate a safe and comfortable environment conducive to sharing sensitive and vulnerable experiences. Data was collected through a semi-structured interview conducted individually for each participant. The interviews were audio recorded, then transcribed and analyzed using Interpretative Phenomenological Analysis. This approach was undertaken due to its capacity for "double hermeneutics" i.e. to capture both the participants' lived experiences, their phenomenological world as well as the researchers' interpretation. Analysis followed the following stages- open coding, focus coding, axial coding, subordinate themes and superordinate themes. Only those codes and themes which were corroborated by all researchers were sustained. Emergent themes were further interpreted and elaborated in the discussion section.

Results And Analysis

The transcribed data was initially coded at the individual level, retrieving open codes of the relevant excerpts from each transcript. Similar open codes were then clustered into focus codes capturing participants' meaning-making. Subsequently, focus codes were grouped and organized under axial codes reflecting the researchers' meaning-making. 4 Superordinate themes and 8 subordinate themes were derived from clustering conceptually similar axial codes across all 3 data sets:

Superordinate theme 1- Somatic Shadows Beyond Words

- **Subordinate Theme 1. Embodied Trauma Beyond Narratives**
  Participants' trauma lives in them not only as explicit autobiographical memories but also as implicit and procedural memories - manifesting as feelings, intuitions, impulses and sensations whereby participants experience symptoms such as flashbacks, shortness of breath, trembling.

  Participant 2: "…..now when I think about it sometimes and very suddenly few scenes from the abuse flashes back."

- **Subordinate Theme 2. Trauma-Induced Hypervigilance**
  The traumatic event led to hypervigilance in the participants as they described heightened threat perception of danger cues in their surroundings, continually appraising their environment for cues threatening their survival.

  Participant 1: "I was just seeing that a bike was passing me by, with something like a long rod in their hand, okay? So, I was like.. I started crying you know like …….. I was convinced that it was a big gun with which they would shoot me, that the accused's family has come and that are going to hit me I was convinced …… then I saw that no that is a tripod someone is carrying."

Superordinate theme 2- Fractured Sanctuaries: Systemic Failures in Supposedly Safe Places

- **Subordinate Theme 3. Unsafe Institutional Systems as Secondary Trauma**
  Most participants, especially participant 1 experienced secondary re-traumatization via societal structures such as the family, friends, legal system, police and hospitals which acted more re-traumatizing than safe when she went to seek help.

  Participant 1: "The cross that happened in court, as in the defence lawyer, one can slut shame in court I didn't know……. Police had leaked my address and information to the media so media coming

to my house they started asking, 'What was she like?', 'What is she like?', so I had to completely disappear."

- **Subordinate Theme 4. Betrayal In Familiar Places**
  All participants experienced betrayal from familiar places although the sources and timings are varied across different phases of their trauma. Experiences include, familial abandonment and avoidance by friends upon disclosure, a friend fleeing during the assault and violation by familiar perpetrators (own relatives, tuition teacher).

  Participant 2: "assault from uncle continued for a long time."

  Participant 1: "It's like a different dimension only… um..when you are safe and secure in your own home and then you are suddenly disowned kind of, you kind of are the disgrace."

Superordinate theme 3- Navigating Self in the Aftermath of Trauma: Polarization and Relational Identity

- **Subordinate Theme 5. Polarized Parts: Protect Vs Inner Critic**
  Across all participants' narratives exists contradictions in their view of "self", revealing the internal polarization amongst parts, although the goal of all the parts is to aid their survival. Both participants 1 and 2 explained how they externally portray themselves to be resilient while internally feeling weak.

  Participant 3: "I show people that I am strong but my core self is weak"

- **Subordinate Theme 6. Relational Identity Without Internal Anchor**
  When asked about their self-identity, participants often described themselves in terms of societal expectations or giving vague answers such as "normal", indicating a limited connection to their internally anchored sense of self.

  Participant 1: "So, what I've learnt over the time that our, view of ourselves of also like shaped by how other people see us and how we see ourselves."

"I truthfully see myself in a very negative light and the things that I told you, 'resilient', 'focused', I actually think that I'm damaged, broken, what else can I say …uh….kind of untouchable, unacceptable, unworthy, unlovable and all that"

Superordinate theme 4- Symbolic Healing Pathways of Post-Traumatic Agency

- **Subordinate Theme 7. Rewriting trauma through symbolic correction:**
  Participants 1 and 2 tried to help others to prevent similar experiences and supported others in ways they were denied; this acts as a symbolic way for them to rewrite how their experience unfolded.

  Participant 3: "I used to warn my sister to be careful since such things have happened to me"

- **Subordinate Theme 8. From powerlessness to post-traumatic agency:**
  From feeling powerless during the experience where their assertive resistance was disregarded by the perpetrators, the participants gradually developed post-traumatic agency, reflected in their reports of increased empathy, survival related intuition and a drive to protect women from similar threats. Resources such as social support, therapy and journalling facilitated this journey.

  Participant 1: "I left modelling and focused back on only law, started my organization in 2024, then started connecting with other survivors a lot and the experience I see in people from absolute grassroot level, how difficult their lives are, that gave me a, even if little, kind of gave me a purpose."

Discussion

Grounded in phenomenological insights, this study has uniquely conceptualized the "lived journey" of sexual assault survivors, including their embodied experiences, evolving self-concept, and pathways to healing. By interpreting their narratives through a trauma lens, we hold

a safe space for them, seeking to empower their voices and facilitate the emergence of self-compassion.

A. Somatic Shadows Beyond Words

Participants often recalled their trauma through sensations and automatic responses rather than language, describing delays in understanding or even acknowledging the gravity of what had happened to them. Such findings highlight the deeply embodied and often non-verbal nature of traumatic memory among sexual assault survivors, reinforcing van der Kolk's (2014) assertion that trauma lives in embodied memories via feelings, impulses and sensations rather than in coherent autobiographical narratives. Traumatic events are stored somatically, they often overwhelm the nervous system, impair integration and disrupt connectivity among the prefrontal cortex, hippocampus, and amygdala which houses the core of fear learning and memory network (Giotakos O., 2020; Leech et al., 2024). This leads to a failure to integrate sensory and fear-related memories with explicit autobiographical memories (Ehlers & Clark, 2000; Brewin,2010). These embodied responses included an intrusive sensation similar to that of traumatic events and helplessness evoked by perceiving ambiguous stimuli as threatening. Such experiences are consistent with what Fisher (2015; 2021) refers to as "implicit trauma memory" means those memories encoded in the limbic system without verbal access, often activated by sensory or emotional triggers, including somatic sensations, attachment symptoms, thoughts that predict failure or threat, impulses and disproportionate intrusive emotions.

Such somatic encoding of trauma can lead to a survival-driven state of persistent hypervigilance. Participants described a constant state of physiological alertness, heightened readiness to defend themselves from perceived danger. Aligning with Fayaz's (2023) findings, one participant shared how she currently instantly "senses" predatory intent, even in the absence of overt cues. Another shared how she interprets ambiguous or neutral situations as imminent threats, causing panic and physiological dysregulation, reflecting the nervous system's attempt to protect a body that once felt powerless. Leech et al. (2024) note that trauma survivors often have

altered interoceptive processing, leading them to over-interpret bodily cues related to signs of threat. This heightened or distorted sensitivity can make everyday life feel threatening, even in the absence of immediate danger. According to Somatic Experiencing (SE), the body's natural stress response is overwhelmed and left incomplete during trauma which gives rise to symptoms such as getting stuck in a prolonged freeze instead of fight or flight (Levine, 1997; 2010).

B. Navigating Self in the Aftermath of Trauma: Polarization and Relational Identity

This study offers a nuanced view into the phenomenological "self" among sexual violence survivors. A critical theme that emerged is the formation of a relational identity in the absence of a stable internal anchor. When asked about their understanding of "self", participants' narratives reveal a diffuse and externally defined self-concept, largely shaped by their evaluation of how others view them. As Chan et al. (2024) found, trauma can lead to disruptions in the default mode network including reductions in self-referential effect. Such diminished self-referencing acts as a defence mechanism since processing those aspects would be extremely psychologically taxing. As Janet (1925) said, one has a limited reservoir of psychological energy, hence this is the protector's attempt to conserve the magnanimous energy required to process the trauma.

Participants reported that they began processing the assault long after the event took place, once relative safety was established. As Woodcock (2022) argues, trauma processing is often postponed until survivors gain access to basic stability and support. Until then, the nervous system prioritizes survival through disconnection, which can obscure access to coherent recall and reflective processing.

An internal polarization has been observed amongst their conflicting part, certain protector parts drive self-affirmative narratives of resilience and strength, while simultaneously battling a critical and shaming part which tries to help the participants by forming

narratives such as “I am weak”, “I am unlovable”, I am broken”, etc. as their core. Such parts coexist in their internal ecosystem, 2 participants shared how they portray and view themselves as strong through an external lens although internally they believe they are “broken, unlovable”. This reflects the internal dynamics between parts as outlined in Internal Family Systems theory (Schwartz, 2020), which views this as a survival adaptation in the aftermath of trauma. These parts operate with the shared goal of protecting the participants but they do so through conflicting mechanisms. Their fragmented selves may be experiencing self-alienation, which leads to increased self-loathing and a “false self” as reflected through their relational identity (Fisher, 2017).

Participants battle with moral injury incurred through survival-driven actions such as their freeze response or selling of personal photos to provide for their livelihood during abandonment by family. These actions were often followed by intense shame, this may be the critic’s attempt to preserve core values, autonomy and moral coherence. Trauma brings involuntary transformation, forcing survivors to adapt their identity, values, and body autonomy. Societal narratives of the ‘shoulds’ and ‘should nots’ for a survivor amplifies their inner critic which continues to facilitate their survival in the society harmoniously, incidentally impeding self-compassion. As one participant put it, “I know I wouldn’t judge someone else like this, but I judge myself.”, reflecting the core paradox of trauma-related shame, the dissonance between cognitive awareness of misplaced blame along with persistent emotional self-condemnation. Modelling or selling personal images, though financially essential, intensified shame (echoing societal stigma) in a participant, paradoxically, the same act also allowed for agency and economic survival. This ambivalence illustrates her polarized parts, while a part expresses compassion and validates the act as survival, another part experiences a moral injury due to the misalignment between such actions and their core values. Naomi et al. (2023) found that trauma-related dysregulation impairs the connectivity between prefrontal cortex and subcortical emotion-processing regions (amygdala) contributing to heightened shame,

guilt, and negative self-evaluation even in the absence of external judgment. Survivors are not only recovering from the assault, but also the collapse of self-trust, social betrayal, and systems that failed to protect them. As Herman (1992) asserts, trauma disintegrates the social and linguistic fabric that allows individuals to make sense of their lives.

C. Fractured Sanctuaries: Systemic Failures in Supposedly Safe Places

The multi-layered nature of trauma is reflected in participants' definition of abuse and abuse as not only the primary trauma incident but also the subsequent re-traumatization. Such secondary trauma includes challenges of societal reintegration, threats from the accused or their families and wounds of perceived maternal protection failure. This illustrates how the ecosystems expected to safeguard survivors often instead perpetuate further trauma, especially when reinforced by the patriarchal, heterosexual script prevalent in Indian society (Mehta, 2019; Dhawan & Bhasin, 2024; Dutt, 2018). Participant 1's retraumatizing encounters with hospitals, police, and courts reflects the institutional betrayal (Smith & Freyd, 2014) she faced, similar barriers have also been reported in Indian settings previously by Chattopadhyay & Dutt (2018). Police protection, though meant as support, became a source of shame due to its visibility in her neighborhood, hindering her social reintegrative process. Hence, well-intentioned institutional actions can isolate survivors if not sensitively implemented, as Smith & Freyd (2013) found, institutional betrayal can exacerbate sexual trauma.

Participant 1 recounted how disclosure of rape led to familial abandonment, homelessness and being forced into premature financial independence, destabilizing her safety and further fueling her shame and self-doubt. This exile from family, alongside social withdrawal from friends and community members, creates a social vacuum intensifying the trauma. Similarly, findings by Lateef et al. (2023) and Catton et al. (2023) suggest that in response to such invalidation survivors often resort to a shame response. In addition to institutional failures, personal relationships formed the core of

emotional injury for survivors. The most enduring wounds often emerged from those who were expected to protect, not harm. Participant 1 was abandoned by a trusted friend during the incident whereas participant 3 reported being assaulted by two male family members in separate incidents across their adolescence, such betrayals create ruptures in their foundational trust (Potter, 2020). Although participant 3's family had supported her after disclosing abuse by a family member, she feared rejection by them when similar abuse occurred again, this time by another relative, she chose not to disclose it. This avoidance reflects the action of managerial parts' attempts to shield their internal system from further harm. Their brain continues to operate as though the violation is ongoing, especially when the survivor remains embedded in unsafe or unsupportive environments.

D. Symbolic Healing Pathways of Post-Traumatic Agency

Findings reveal that healing is a multidimensional process intricately interwoven with one's social identity. It is facilitated by resources such as therapy and journaling providing a psychological scaffolding to reframe the trauma. Alongside the cessation of external threats, the gradual development of supportive internal and external environments fosters a space for safety and meaning-making. This enables survivors to reclaim ownership over their narratives. Thus, healing spans from "personal reflection" to "social action", aligning with Tedeschi et. al.'s (2018;1995) notion of post-traumatic growth - "positive psychological changes experienced as a result of the struggle with trauma or highly challenging situations". Participants reported experiencing increased empathy, resilience and even heightened threat perception as positive outcomes of the post traumatic event. They also described a strong drive to protect other women from similar harm, advocating for survivors and providing them with aid that they themselves were deprived of. Such collective post traumatic growth and altruism have also been found in a previous study by Muldoon et. al. (2023). This functions as a symbolic correction by the protector parts striving to heal the wounded part, enabling them to construct an alternative legacy for their trauma by re-scripting its aftermath.

Participants went on to initiate their academic pursuits in disciplines such as law or psychology, reflecting their transformative drive towards meaning-making and advocacy. Notably, participant 1 established her own organization dedicated to supporting rape survivors by raising awareness about sexual violence, promoting access to trauma-informed therapy, and providing free legal aid. These actions are not just external services but deeply personal ways of transforming helplessness into agency. Trauma often damages moral identity, and healing may involve a moral reintegration, re-establishing "self" as someone capable of doing good, despite what was done to them. Survivors reclaim moral agency not only to heal themselves, but to interrupt cycles of silence, injustice, and abandonment.

Resonating with Anwar et. al. 's findings (2022), current findings indicate that social support from friends, a romantic partner, and lawyers fosters resilience post-trauma. For Participant 1, It helps buffer the impact of systemic interpersonal betrayal. Notably, being reaccepted by her family marked the initiation of processing trauma. Calling home, her "safe haven" even after a year of familial rejection and abandonment underscores the importance of this secure base, as van der Kolk (2014) observed traumatized beings return home regardless of whether home is safe or frightening. This study contributes to the growing recognition that post-traumatic agency is not a singular endpoint but a dynamic process.

Despite limitations such as a small sample size and lack of a diverse sample, we can summarize that the arc from sexual traumatic rupture to healing is a multiphasic one. This journey has been conceptualized in Fig. 1 below.

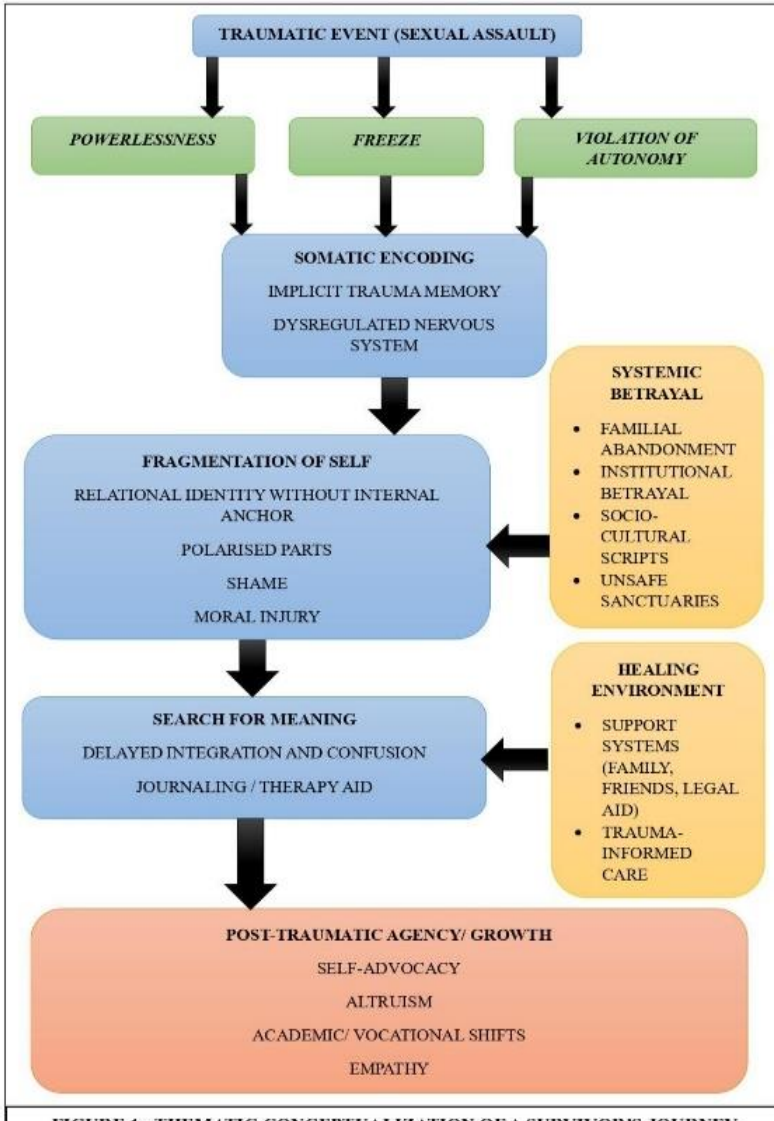

FIGURE 1 : THEMATIC CONCEPTUALIZATION OF A SURVIVOR'S JOURNEY

Implications

This study calls attention to the urgent need for institutional reform in India, one that fosters institutional courage rather than perpetuating institutional betrayal. It further highlights the need for an eclectic trauma-informed therapeutic approach to cultivate self-compassion amongst survivors, one incorporating parts work and somatic approaches. Based on our analysis, we propose a tentative intervention model in Fig 2.

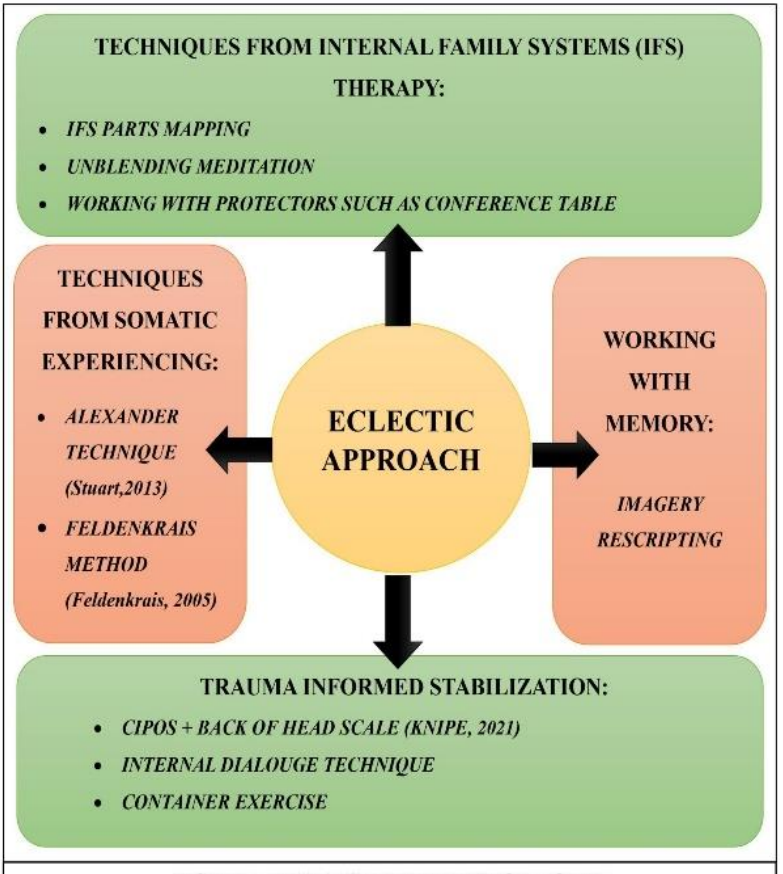

FIGURE 2: TENTATIVE INTERVENTION MODEL

Conclusion

The present study gives voice to the fragmented and often silenced dimensions of survival. It concludes that healing after sexual trauma is multi-layered rather than linear. In reclaiming narrative authority, survivors do not simply "heal" but reshape the aftermath of trauma into a transformed embodiment of self, marked by a renewed purpose, deepened connection, and a drive to protect others from similar harm.

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Chapter 26

Significance of Therapeutic Interventions for Rape Trauma Syndrome: Why it Matters

Dr. Wahengbam Rebecca Devi

Violence against women and girls is a severe and widespread problem that affects women and girls worldwide and may be considered a human rights and public health concern. According to the World Health Organization, one in ten girls have engaged in forced sexual relations or other forms of sexual abuse, and at least one in three women globally have faced physical or sexual assault at some point in their lives (WHO, 2021). The fourth most frequent crime against women in India is rape (Kumar, 2003; NCBR, 2014). The National Crime Records Bureau's (NCRB) 2021 annual report states that 31,677 rape crimes were reported nationwide, or an average of 86 incidents each day. Numerous variables, such as an increase in real crimes, better reporting systems, and women's increased willingness to speak up about their experiences of violence, could be to reason for this rise in number. Injuries, substance abuse, eating disorders, post-traumatic stress disorder (PTSD), anxiety, depression, self-harm, and suicidality are just a few of the severe immediate and long-term physical and mental health issues that survivors face, regardless of the underlying causes. In the future, it will be crucial to address the problems and put solutions in place that make society safer and more equal for women.

Rape Trauma Syndrome: In the mid-1970s, the psychiatric community began to pay attention to Rape Trauma Syndrome (RTS), and in the early 1980s, the legal community followed suit. In 1974, sociologist Lynda Lytle Holmstrom and psychiatrist Ann Wolbert Burgess initially defined RTS as a series of behavioral, physical, and psychological symptoms

that follow an attempt at or actual occurrence of forced rape (Burgess & Holmstrom, 1974). Numerous researches on rape survivors have discovered comparable psychological effects of rape since Burgess and Holmstrom, first used the term "rape trauma syndrome" (Ellis, 1983). As its name implies, RTS is today understood to be psychological trauma that a survivor of rape experiences, with disturbances to their typical physical, emotional, cognitive, and interpersonal behavior (Burgess & Holmstrom, 1974). These disruptions may last for months or years after the incident (Sandoval, 2002). RTS is unquestionably a common component in the aftermath of rape, even though its application in legal processes is not entirely acknowledged. Although the cluster of negative mental, emotional, and physical symptoms that rape victims frequently experience has been recognized as acute stress reaction (RTS), the DSM-IV-TR does not include RTS, and clinicians do not agree on the type, quantity, and severity of RTS symptoms (Clegg, McCoy & Fremouw, 2009). Nonetheless, it is commonly regarded and categorized as a type of posttraumatic stress disorder (PTSD) since it satisfies similar criteria but is more specific to sexual assault or rape. Expert testimony regarding RTS is commonly used in court, despite differing opinions regarding its admissibility (Block, 1990). PTSD is typically preferred in court because it is a recognized diagnosis that does not necessarily suggest that a rape occurred. Post-traumatic stress disorder and RTS share similar symptoms.

Stages: Rape Trauma Syndrome is defined by phases and is based only on reports of typical experiences of victims of sexual assault or rape (Rape Abuse and Incest National Network, 2008):

I. **Acute or Impact Phase:** This stage, which often lasts a few days to many weeks, starts right after the assault. Although people may experience a wide range of reactions during this phase, they usually fall into one of three categories:
   a. **Expressive:** The survivor is emotional; they may exhibit signs of agitation or hysteria, or they may experience anxiety attacks or fits of tears.
   b. **Controlled:** The survivor seems emotionless and presents an image of "nothing happened" and "everything is fine." This serenity could be shock.

c. **Shocked Disbelief:** The survivor reacts with a profound sense of confusion, may struggle to focus, make decisions, or carry out daily tasks, and may also have trouble remembering the attack.

Once the initial shock of an assault has subsided, victims typically begin to exhibit symptoms of the acute stage. Numbness, dulled sensory, affective, and memory functions, disorganized thought content, nausea and vomiting, paralyzing anxiety, an obsession with washing or cleaning oneself, confusion about daily life, acute sensitivity to other people's reactions and thinking, and increased risk of suicide are some of the symptoms (Rape Abuse and Incest National Network, 2008).

II. **The Outward Adjustment Phase:** After the acute period is over, outward adjustment starts and, if left unchecked, can continue for a few months to many years. Although the victim may seem to have "moved on" from the assault at this point, they are actually experiencing significant internal conflict. The person returns to what seems to be "normal" life at this period, although they typically experienced significant upheaval. There are five main ways to cope (Burgess & Holmstrom, 1976):

a. **Minimization:** It is the act of acting as though "everything is fine" or "it could have been worse."
b. **Dramatization:** They are unable to stop discussing the assault, which has taken over their lives and identities.
c. **Suppression:** Acts as though it never happened and won't talk about it.
d. **Explanation:** Examines what transpired, including the person's actions and the rapist's thoughts and emotions.
e. **Flight:** Moving, changing employment, changing appearance, changing relationships, etc.—is an attempt to get away from the agony.

III. **Reorganization Stage:** A survivor may enter the Reorganization Stage in response to an external trigger that pulls them out of the acute or outward adjustment stage, a life transition, or other

circumstances that may not be obvious to them or their loved ones. Emotional upheaval, both internal and external, is a hallmark of reorganization. When the victim exhibits emotions and behaviors that friends and relatives believed had been handled, they may become perplexed. Fears and phobias that victims may have be more generic in nature. Fear of crowds, fear of being alone, fear of men or women, fear of leaving the house, fear of being touched, and specific fears associated with the attacker's features (e.g., sideburns, straight hair, the smell of cigarettes or alcohol, the type of clothing or car), as well as general suspicions or paranoid feelings about strangers, are common examples of these phobias. During this period, survivors may also have violent fantasies of retaliation, nightmares and other sleep disorders, disordered eating patterns, and an increased risk of suicidal thoughts and actions.

Assessment: Before starting treatment, a comprehensive evaluation is required. Clinical interview, behavioral observations and using of standardized psychological tools such as Child and Adolescent Trauma Screen (Sachser et al., 2017), Post-Traumatic Stress Disorder Checklist (Bovin, 2016), Trauma Symptom Inventory (Briere,1995) for broader trauma impacts, Impact of Event Scale-Revised (Weiss & Marmer, 1996), Sexual Experiences Survey Version (Koss et al., 2024) for detailed assault history. Finding mental comorbidities, such as mood, anxiety, and personality problems, is crucial since they may need different care and can also help the therapist modify the therapy plan. Planning therapy is aided by the behavioral analysis of symptoms which helps to understand the symptoms from a behavioral perspective.

Behavioral Analysis for RTS:

1. **Antecedents/ Triggers:** The effects of trauma can be brought on by "triggers". Triggers can be both internal (thoughts, images) and external (a certain sound or smell) things that remind the victim or survivor of their trauma. A trigger might cause someone to experience a trauma response, such as a flashback or panic attack. Such trigger doesn't have to be a scary or stressful situation. Lots of everyday things can be triggers. For example, a particular place, a piece of music or a certain day of the year. What will trigger a victim or survivor is not always easy to predict and might not even

	always seem to 'make sense' but, how it affects them is involuntary – they cannot control what will or won't trigger a trauma response. Not everyone responds to trauma in same patterns. So, it is important to elaborate on the specific nature of the cues to plan for exposure-based therapy. Build a hierarchy of the triggers based on the subjective units of distress scale (0-100).
2.	**Specific Cognitions:** Unwanted, repetitive memories or mental images of the assault can happen suddenly without warning or be triggered by specific cues resulting in overwhelming waves of fear, panic, helplessness, or disgust. Survivor may "feel" the same powerlessness as during the original trauma. As a result, they externalize feelings of shame and blame themselves as if they are responsible for the act (e.g., "I am weak / dirty / damaged, it was my fault.") Subsequently, they perceive themselves as worthless and incapable, developing negative self- perception leading to social withdrawal and difficulty engaging in activities they once enjoyed potentially contributing to depression, anxiety, anger outburst, emotional detachment etc. They may have difficulty in trusting people and struggling to connect with their emotions or with others. The persistent negative beliefs of self, others, the world and the future affect their mood and they often utter certain statements like "Others will blame me", "People can't be trusted" "Others will see me as damaged", "Bad things will always happen", "Nowhere is safe", "I will never get over this", "I will always feel like this." Avoidance of physical intimacy or sexual activity due to fear, disgust, or negative self-perception is very common.
3.	**Behaviors:** Avoidant behavior is the feature of RTS or PTSD. Certain coping mechanisms are being utilized such as minimization (pretending 'everything is fine'), dramatization (cannot stop talking about the assault), suppression (refuses to discuss the rape), explanation (analyses what happened) and flight (moves to a new home or city, alters appearance) to protect themselves from reminders of the trauma, but over time, it reinforces fear, isolation, and emotional numbness. Avoiding specific places, people, or situations that remind the survivor of the assault (e.g., parks, certain roads, crowds, night-time outings), withdrawal from social activities (friends, family events, work or school), refusal to seek medical or psychological help due to fear of re-traumatization or stigma, avoiding sexual activity or romantic relationships and substance use as a way to dull or avoid overwhelming emotions are certain ways most of the survivors exhibited. Re-experiencing the trauma may lead to depression, dissociative behaviors, hyper vigilance and safety seeking behaviors like checking locks repeatedly, scanning environment, constant calls to family, excessive checking for safety may disturbed the daily functioning.

4. **Consequences:** Many of the survivors have trouble forming or maintaining healthy relationships due to trust issues and emotional withdrawal resulting to withdrawal from social activities. They may experience heightened anxiety and fear in social settings, particularly those that trigger reminders of the assault. Family members may struggle to understand the survivor's experience, leading to communication breakdowns and strained relationships. Survivors may experience difficulty concentrating, focusing on tasks, and remembering information, impacting their ability to perform at work or school. The emotional toll can affect job performance, leading to errors, missed deadlines, or difficulty interacting with colleagues. Some survivors may change careers or leave their jobs due to the emotional distress and functional impairment. By addressing the social and occupational challenges associated with RTS through appropriate interventions, survivors can reclaim their lives, rebuild their social networks, and achieve their personal and professional goals.

Formulating a treatment plan: A personalized therapeutic strategy must be created based on the patient's symptoms, recognized cognitive distortions or beliefs, coping strategies, and functioning level. Before beginning interventions, a collaborative understanding of the formulation with the client is essential before starting interventions.

Choice of treatment: Survivors of rape and sexual assault typically require a combination of interventions. CBT based techniques such as cognitive re-structuring, which focuses on internal underlying beliefs and thoughts with the goal of challenging maladaptive thought patterns; coping skills therapy, which aims to identify and alter cognitions and behaviors that may increase the impact of negative external events; and problem-solving therapies, which combine cognitive re-structuring and coping skills therapy to change internal thought patterns and optimize responses to external negative events, are the recommended first line of treatment (Dobson 2009). Each of these three classes demonstrates the variety of psychological interventions based on cognitive-behavioral principles. Evidence-based therapy that fall within the formal CBT umbrella includes Cognitive Processing Therapy, Prolonged Exposure Therapy, and Trauma Focused CBT. According to Hayes (2006) and Decker and Naugle (2008), third wave cognitive behavioral therapies like Acceptance and Commitment therapy, Dialectic Behavioral Therapy, Mindfulness-based Cognitive Therapy, and Behavioral

Activation work to change how psychological events affect relationships by encouraging people to be present and take committed action that is in line with their values, enhancing interpersonal relationships, and learning to tolerate distress. Developing greater psychological flexibility and enhancing general functioning are two benefits of practicing mindfulness. Additional study is required to determine their effectiveness on RTS/PTSD, although third wave therapies show promising result (Bender, Spitzer & Bardeen, 2021).

Components of Cognitive Behavioral Interventions for RTS/PTSD:

Psychoeducation	Providing a framework for the client to understand and normalize their symptoms. Educating client regarding factors contributing to anxiety, role of safety behaviors, avoidance, and attentional biases in RTS/ PTSD, sharing the CBT model using information from assessment. Educate the family members and facilitate support.
Self-monitoring of anxiety & depression	Self-monitoring of social and performance situations that trigger anxiety and depression, cognitions and emotions associated with them and safety behaviors adopted. Build a hierarchy of triggers based on subjective units of distress scale (0-100).
Cognitive Restructuring (for self-processing biases, cognitive errors and beliefs)	Identifying automatic thoughts, cognitive errors, such as overgeneralization, catastrophizing, all or none thinking, personalization, emotional reasoning, mind reading, magnification of responsibility, selective abstraction, modifying dysfunctional assumptions and fear of negative evaluation using Socratic dialogue, verbal challenging strategies (e.g., keeping a positive data log, maintain a social balance sheet to gather evidence for and against assumptions). Using behavioral experiments to challenge specific predictions in social situations. Challenges unhelpful thinking such as overestimation of likelihood of harm/ something bad happening, intolerance of uncertainty, beliefs on benefits of worry and worry about worrying (beliefs about negative effects of worry). Help shift attention away from worry.

Behavioral Strategies	Behavioral avoidance is addressed through exposure to activities and situations and minimizing reassurance seeking or over preparing/ planning (worry exposure). Specific assumptions regarding safety behaviors, self-focused attention are tested using video and audio exercises, tasks for shifting of attention to external cues such as objects, sounds (to reduce self-focused attention). In session (controlled exposures) and between exposure tasks to reduce avoidance, provide opportunities to experience and face anxiety, while dropping safety behaviors. Teach problem solving skills for solvable practical problems and social skill training. Self-monitoring would help in keeping track of the worry across the situations.
Arousal Reduction and mindfulness strategies (optional)	Physical symptoms of anxiety are addressed through progressive muscular relaxation and breathing retraining. Mindfulness meditation and acceptance exercises are also used to lessen attention on symptoms, assist in letting go of their thoughts, feelings and bodily sensations, and experiential avoidance.
Addressing anticipatory and post event processing (rumination)	Using self –monitoring, post-event processing is identified and avoiding rumination is recommended.
Relapse Prevention	Continued exposure in real life situations. Making a blue print for plans after end of active treatment. Anticipating and dealing with high- risk situations are discussed.

Behavior Therapies: Relaxation Techniques and Eye movement desensitization and reprocessing therapy (EMDR) by Shapiro, (1995) involves exposure elements and cognitive techniques, is the second line treatment. In EMDR, the complete trauma of rape is represented as a scenario. The therapist moves their fingers in front of the survivor while the survivor imagines the scene and recites words associated with it. This allows the survivor to perform rhythmic, multi-saccadic eye movements, which are rapid, simultaneous movements of both eyes in the same direction between two or more phases of fixation, by observing the therapist's fingers. The simultaneous attention needed to focus on the

trauma scene (an internal stimulus) and the therapist's finger movement (an outward stimulus) makes this movement easier to process trauma memories. Once the survivor's fear of the scene has subsided, they practice a new adaptive belief until it becomes real (Rothbaum 1997). The behavioral approaches of flooding and systematic desensitization are comparable to EMDR (Boudewyns 1996a). Research comparing EMDR with and without eye movements reveals that the results of EMDR without eye movements are similar to those of EDMR with eye movements (Boudewyns 1996b; Pitman 1996). Patients who have experienced trauma are believed to benefit from EMDR because, in some cases, eye movements might lessen the severity of upsetting thoughts (Bisson 2013).

Psychosocial interventions: Numerous interventions that focus on environmental, social, and interpersonal aspects of healing from the trauma of sexual assault and rape, either in addition to or instead of the individual aspects that psychological therapy emphasize. The factors being targeted will determine how the therapies may function. In addition to survivors, psycho-education components aim to educate, model, and train caregivers and survivors' families (Sikkema 2018). The stigma and shame surrounding rape and sexual assault can be lessened by offering social and emotional support together with practical help through group programs and the availability of advisors or mentors (Home Office, 2017).

Conclusion

Many have questioned the scientific validity of RTS, despite the fact that survivors are recognizing and experiencing its signs and symptoms. There is no list of typical symptoms that they should display, but it is crucial to give them immediate attention regardless of whether they have PTSD or RTS. This is because survivors need immediate support and assistance from professionals in the field who can offer therapies that target emotional and psychological reliefs help them regain their identity and autonomy, promote long-term wellbeing and resilience, and change the affected neural pathways, which will improve their quality of life and daily functioning.

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Chapter 27

Beyond Survival and Recovery in The Neuropsychology of Rape

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While psychological trauma following rape is well-documented, its effects on the human brain remain an evolving area of research, especially in South Asian contexts. Survivors of rape not only grapple with feelings of fear, shame, and helplessness but also endure biological changes that impair memory, emotional regulation, decision-making, and overall cognitive functioning. For Indian survivors, these neuropsychological disruptions unfold within a sociocultural framework characterized by patriarchal values, stigma, and significant gaps in mental health infrastructure.

Studies increasingly show that sexual trauma alters brain structures such as the hippocampus, amygdala, and prefrontal cortex. These changes contribute to symptoms like intrusive memories, hypervigilance, dissociation, impaired reasoning, and emotional instability. Yet, discussions on the neurobiological impact of rape remain limited within the Indian discourse, where attention is often diverted toward legal reforms and social activism. While these are critical, healing from rape requires an integrated understanding of how the trauma reshapes the mind and body.

This chapter presents recent evidence on the neuropsychology of rape, shares real-world narratives of Indian survivors, both rural and urban, educated and uneducated. It offers practical insights into interventions that promote neurobiological and emotional recovery.

Neuropsychological Impact of Rape

Trauma from rape initiates a cascade of neurological and physiological responses designed to help individuals survive immediate danger. However, in cases of extreme, prolonged, or socially silenced trauma, these responses can become maladaptive, leading to long-term cognitive and emotional difficulties.

Emerging research shows that the impact of rape reaches far beyond the immediate psychological shock—it can leave deep, long-lasting effects on the body as well. When survivors live with prolonged fear, shame, or unresolved trauma, their bodies continue to release high levels of stress hormones like cortisol. Over time, this constant state of alert can physically reshape the brain, especially areas like the hippocampus that are responsible for memory and emotional balance (Bremner et al., 1995; McEwen, 1998). But the effects do not stop at the brain. Persistent trauma exposure has been linked to metabolic problems, a weakened immune system, and even a higher risk of heart disease, making it clear that trauma is not just "in the mind" but also in the body's long-term health patterns (Danese & McEwen, 2012; Yehuda, 2002). These findings highlight an important truth: healing from sexual violence means caring for both the emotional wounds and the physical burden that trauma leaves behind. Furthermore, neurobiological responses differ based on the survivor's developmental stage. Adolescents and young adults exhibit more pronounced hippocampal shrinkage and amygdala hyperactivity due to ongoing brain maturation. This neurological vulnerability highlights the need for early intervention among young rape survivors in India, where underage survivors face compounded challenges of stigma, legal hurdles, and lack of age-appropriate mental health care.

Emerging evidence in trauma research shows that the neurobiological impact of rape reaches far beyond immediate emotional shock. When survivors remain in a state of prolonged fear, the body's stress system stays overactivated, disrupting brain regions responsible for memory, emotional balance, and decision-making. Studies show that chronic trauma exposure alters the structure of the hippocampus, heightens amygdala reactivity, and weakens prefrontal regulation—changes that

contribute to intrusive memories, hypervigilance, and difficulties with concentration (Teicher & Samson, 2016; Sherin & Nemeroff, 2011). These findings demonstrate how deeply trauma reshapes the brain and why survivors often experience long-term neuropsychological distress.

These findings reveal the deeply interconnected relationship between trauma, brain health, and overall physical well-being. Furthermore, the developmental stage significantly affects neurobiological vulnerability. Adolescent and young adult survivors exhibit more pronounced hippocampal shrinkage and amygdala hyperactivity due to ongoing brain maturation. This highlights the critical need for early, age-appropriate interventions for young rape survivors in India, particularly given the unique challenges faced by minors within the legal and healthcare systems. Additionally, long-term trauma exposure impairs neurogenesis, reducing the brain's capacity for learning, memory formation, and adaptation—effects that can last years if untreated.

Key Brain Regions Affected

The hippocampus, which helps store and organize memories, is highly sensitive to trauma. When cortisol stays elevated after rape, this region can shrink, leading to fragmented memories and dissociation (Bremner, 2006; McEwen, 2012). At the same time, the amygdala often becomes overactive, creating heightened fear, hypervigilance, and strong emotional reactions (Rauch, Shin, & Phelps, 2006). The prefrontal cortex, responsible for reasoning and emotional control, may become less active, making it harder for survivors to focus, think clearly, or regulate emotions (Arnsten, 2009). Recent neuroimaging studies (Sharma et al., 2022; Stevens et al., 2023) have corroborated these structural and functional alterations, linking them to symptoms commonly reported by survivors, such as intrusive memories, emotional instability, cognitive fog, and dissociative episodes.

Indian Cultural Context and the Lived Experience

In India, the neuropsychological impact of rape is intensified by deep-rooted cultural norms. Survivors not only struggle with the biological effects of trauma but also with the emotional burden of shame, silence,

and social judgment. In many families, discussions about sexual violence are taboo, and victims are often blamed or pressured to stay silent to "protect" family honor. This cultural silencing exacerbates chronic stress, which in turn heightens amygdala reactivity, disrupts memory processing, and impairs emotional regulation (Chakraborty & Thakur, 2020; Kalra & Bhugra, 2013). For many women especially those navigating caste-based discrimination or restrictive gender roles, the constant fear of blame or social exclusion leads to hypervigilance, dissociation, and long-term cognitive disturbances (Human Rights Watch, 2017; Pandey & Mehrotra, 2020). These cultural pressures act like chronic stressors, amplifying the neurobiological effects of trauma and delaying recovery. Deep-seated beliefs regarding purity, family honor, and gender roles often silence survivors, preventing them from seeking psychological care and social support.

Rural-Urban Divide

In rural India, survivors—particularly women from marginalized castes or economically disadvantaged backgrounds—face intense stigma and limited access to medical or psychological care. The fear of retaliation, pressure to marry the perpetrator, and the risk of social ostracism often prevent them from disclosing the assault. This forced silence makes many survivors internalize shame, which can intensify neuropsychological symptoms such as hypervigilance, dissociation, and emotional instability (Pandey & Mehrotra, 2020; Human Rights Watch, 2017). In contrast, urban survivors may have better access to healthcare, legal systems, and supportive networks, yet they still frequently encounter victim-blaming attitudes, dismissive institutional responses, and fragmented mental health services. These barriers, though different in form, similarly worsen trauma-related cognitive and emotional difficulties (Choudhury & Raj, 2022; Malhotra & Singh, 2023).

Case Example 1: Rural, Illiterate Survivor

A 19-year-old woman from rural Uttar Pradesh experienced severe memory gaps, intrusive flashbacks, and emotional detachment following sexual assault by a known community member. Cultural pressures forced her family into silence, and limited local mental health resources

prevented her from receiving trauma-informed care. Over time, her dissociative symptoms worsened, and she exhibited cognitive decline, consistent with hippocampal dysfunction (Kalra & Bhugra, 2013; Human Rights Watch, 2017).

Case Example 2: Urban, Educated Survivor

A 26-year-old IT professional in Bangalore accessed private counseling after surviving a sexual assault by a colleague. Despite education and resource availability, she struggled with persistent hypervigilance, emotional dysregulation, and concentration difficulties, reflecting neurobiological disruptions documented in global research. These examples illustrate that neuropsychological trauma manifests across educational and geographic divides, though cultural and systemic factors heavily influence the survivor's access to care (Bremner, 2006).

Cultural expectations in India play a profound role in shaping the survivor experience, often silencing individuals and exacerbating psychological harm. In rural communities, rape is frequently framed not as a crime against the individual but as a stain on family honor. Survivors are pressured into silence to avoid social ostracization, retaliation, or being forced into marriage with the perpetrator to restore familial reputation. The intersection of caste, gender, and economic status further amplifies vulnerability, Dalit women in India face a disproportionately higher risk of sexual violence due to the combined effects of caste and gender discrimination. National data indicate that approximately 7.3% of Scheduled Caste (Dalit) women reported experiencing sexual violence, compared to about 4.5% among women from non-marginalized communities, highlighting deep structural vulnerability and barriers to justice (Government of India, NFHS-4, 2015–16). Even in urban settings, where survivors may have greater legal protections and healthcare access, they face victim-blaming, public scrutiny, and reputational harm, especially on social media platforms. Thus, enforced silence around rape transcends geographic and educational boundaries, underscoring the pervasive influence of patriarchal norms and societal stigma.

Neuropsychological Consequences in the Indian Context

Research from Indian psychiatric settings reveals common neuropsychological complaints among rape survivors, including:

- Difficulty concentrating or making decisions
- Memory fragmentation or blackouts
- Emotional instability and mood swings
- Dissociation or feelings of detachment
- Increased anxiety, hypervigilance, and fear responses
- Executive dysfunction, impairing academic or occupational performance

Such symptoms severely undermine survivors' quality of life, yet they are often overlooked by healthcare providers, legal authorities, and even mental health professionals unfamiliar with the biological underpinnings of trauma. (Kalra & Bhugra, 2013).

Evidence-Based Interventions for Healing

Advances in neuropsychology have led to the development of trauma-focused therapies that not only address psychological symptoms but also promote neurobiological healing.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is one of the most evidence-based interventions for survivors of sexual violence. It helps survivors process traumatic memories, challenge self-blame and distorted beliefs, and develop coping skills that restore emotional regulation and cognitive control. Research shows that TF-CBT significantly reduces post-traumatic stress symptoms while improving attention, emotional stability, and executive functioning disrupted by trauma (Cohen, Mannarino, & Deblinger, 2017).

Complementary approaches such as mindfulness-based stress reduction (MBSR) also support recovery by reducing physiological stress responses and improving emotional regulation and concentration through mindfulness and body-based practices. Studies with trauma survivors indicate improvements in mood stability and anxiety reduction

when MBSR is used alongside trauma-focused therapy (Polusny et al., 2015). Pharmacological treatments, particularly SSRIs, may help manage comorbid anxiety and depression but are most effective when integrated with psychotherapy. Community-based group interventions further aid recovery by reducing isolation and promoting shared healing, especially in low-resource settings (Kalra & Bhugra, 2013).

Eye Movement Desensitization and Reprocessing (EMDR)

Eye Movement Desensitization and Reprocessing (EMDR) is a trauma-focused psychotherapy that helps survivors process distressing memories that remain emotionally unintegrated following sexual violence. During EMDR sessions, survivors recall traumatic experiences while engaging in bilateral stimulation, such as guided eye movements or alternating auditory cues. This process facilitates adaptive memory processing and reduces the emotional intensity attached to traumatic memories (Shapiro, 2018).

Neurobiologically, EMDR has been associated with reduced amygdala hyperactivity and improved prefrontal cortical regulation, leading to fewer intrusive memories, decreased hyperarousal, and enhanced emotional stability. In survivors of sexual trauma, EMDR has demonstrated effectiveness in reducing post-traumatic stress symptoms, dissociation, and trauma-related anxiety (World Health Organization, 2013). In the Indian context, NGOs and urban mental health centers providing EMDR have reported positive clinical outcomes, particularly among survivors with access to trained trauma therapists, although access remains limited in rural settings.

Neurofeedback Training

Neurofeedback helps survivors learn how to calm and regulate brain activity disrupted by trauma. By providing real-time feedback on brainwave patterns, it trains the brain to reduce hyperarousal and improve focus, emotional stability, and cognitive clarity. For survivors of sexual violence, this process helps correct distorted trauma-driven thinking, such as constant fear, mental fog, and emotional overwhelm,

by restoring balance between emotional and regulatory brain systems (Hammond, 2011).

Research on trauma populations shows that neurofeedback can significantly reduce anxiety, dissociation, and cognitive dysregulation by directly targeting neural circuits affected by chronic stress (van der Kolk et al., 2016). In India, neurofeedback is emerging as a complementary intervention in select urban mental health settings for survivors who do not respond adequately to conventional psychotherapy. While these interventions offer hope, access remains highly unequal, especially among India's rural populations and economically disadvantaged groups.

Barriers to Accessing Neuropsychological Care

Survivors of rape in India often confront multiple, overlapping barriers that severely limit their access to recovery and justice. Deeply entrenched patriarchal norms continue to silence survivors through fear of social rejection, honor-based violence, and marital consequences, particularly for women and girls. In many families and communities, preserving reputation is prioritized over survivor well-being, forcing silence as a coping mechanism rather than offering protection. These cultural pressures are compounded in rural regions, where there is an acute shortage of trained trauma therapists, psychiatric services, and structured mental health outreach programs. Even when survivors wish to seek help, economic constraints frequently make therapy inaccessible, as private mental health care remains expensive and public services are underfunded and overburdened. Survivors who attempt to pursue justice often experience secondary trauma within the legal system itself, including insensitive questioning, delays, and forensic practices that lack trauma-informed understanding. Adding to this burden is the fragmented nature of survivor services in India, where legal, medical, and psychological care operate in isolation rather than through coordinated, survivor-centered pathways. Together, these systemic gaps reinforce trauma, delay healing, and contribute to long-term psychological distress among survivors (Kalra & Bhugra, 2013; Human Rights Watch, 2017; Singh & Dandona, 2023).

These systemic challenges exacerbate the neurological and psychological effects of rape, prolonging survivor suffering and reducing recovery chances. A significant yet often overlooked challenge is the lack of culturally adapted neuropsychological assessment tools for Indian survivors. Most existing evaluations are based on Western diagnostic models, which may not adequately capture the nuanced expressions of trauma within India's diverse linguistic and cultural landscape. This gap in culturally sensitive tools contributes to underdiagnosis or misinterpretation of trauma symptoms, leaving survivors without appropriate support. Moreover, law enforcement agencies, forensic medical professionals, and legal authorities frequently lack training to recognize trauma responses such as dissociation or fragmented memory recall. Survivors exhibiting these neuropsychological symptoms are often dismissed as unreliable witnesses, discouraging legal reporting and deepening psychological wounds. These systemic deficiencies, combined with logistical barriers such as illiteracy, lack of transportation, and healthcare affordability, particularly for economically marginalized survivors, further reduce access to trauma-informed care.

Policy Recommendations and Future Directions

To promote neuropsychological recovery among Indian rape survivors, coordinated, culturally sensitive policy actions are essential:

1. Expand Trauma-Informed Healthcare: Integrate trauma awareness into primary care, especially in rural regions.
2. Train Community Health Workers: Equip frontline workers with skills to recognize trauma symptoms and provide psychological first aid.
3. Subsidize Mental Health Interventions: Increase public funding for TF-CBT, EMDR, and neurofeedback programs accessible to marginalized survivors.
4. Enhance Legal Support: Mandate trauma-informed training for law enforcement, forensic teams, and judicial officers.
5. Community Awareness Campaigns: Reduce stigma through culturally adapted education emphasizing survivor dignity and rights.

6. Strengthen Multi-sector Collaboration: Foster coordination between medical, legal, and psychological services for comprehensive survivor support.

India's "Sakhi" One-Stop Centers and NGO-led survivor networks offer promising models but require wider coverage, sustainable funding, and rural outreach to ensure equitable care.

To address these persistent gaps, India's policy landscape must prioritize expanding trauma-informed services nationwide, with a focus on rural and marginalized communities. Existing One-Stop Centers, such as Sakhi centers, require significant scale-up, ensuring every district has accessible, well-staffed facilities with trauma-trained psychologists, legal advisors, and medical professionals. Investment in tele-mental health platforms is essential to bridge the urban-rural divide, leveraging mobile technology to deliver counseling and mental health resources to survivors in remote regions. Parallel to infrastructure expansion, culturally adapted awareness campaigns must actively dismantle rape myths, promote consent education, and foster societal support for survivors seeking care. Finally, coordinated collaboration among healthcare providers, legal authorities, mental health professionals, and community organizations is critical to building a unified, survivor-centered response system capable of supporting neuropsychological recovery and long-term empowerment.

Conclusion

Rape leaves not only emotional and psychological scars but also profound neurobiological disruptions that alter memory, cognition, and emotional well-being. In India's complex sociocultural landscape, these effects are intensified by stigma, resource inequities, and fragmented services. Addressing the neuropsychology of rape requires integrating scientific understanding with culturally relevant, evidence-based care pathways. By investing in trauma-focused therapies, expanding mental health infrastructure, training community responders, and challenging societal stigma, India can support survivors in reclaiming cognitive clarity, emotional stability, and autonomy. Bridging neuroscience with

social justice is crucial to ensuring that survivors transition from mere survival to holistic recovery and empowerment.

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Chapter 28

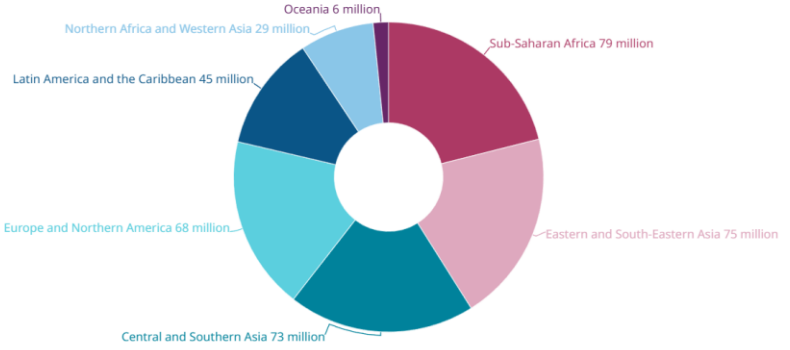
New narratives of change: Advocacy and Public Education in Preventing Rape and Sexual Assault

Kavya Nadig

The post-pandemic era we are living in is witnessing other insidious issues such as rape and sexual assault which are serious threats to the humanity. These issues are prevalent across the globe, traversed through class, culture, economic backgrounds and communities. Such acts have deeply inflicted the core of human kind by prioritizing the attitudes that are fostered by power, patriarchy and misogyny over, consciousness, empathy and harmony. The collective impact of any form of sexual violence extends beyond the immediate physical harm affecting the survivor's sense of self, interpersonal relationships and overall wellbeing, leaving them wounded psychologically.

The global data indicates that more than 370 million girls and women alive today or 1 in 8 experienced rape or sexual assault before the age of 18, while 240 to 310 million boys and men alive today (or around 1 in 11) have experienced rape or sexual assault during childhood according to new UNICEF estimates released on 10th October 2024.

Number of girls and women of all ages who experienced contact sexual violence before age 18, by region



Note: The total does not add up to the figure above due to rounding.

Source: United Nations Children's Fund, When Numbers Demand Action: Confronting the global scale of sexual violence against children, UNICEF, New York, 2024.

The 2022 NCRB data suggests that as per IPC crimes the number of rape cases across the country are 31516 of which 30512 were women above 18 years of age and 1004 were girls below 18 years of age. The report also revealed that Rajasthan and Uttar Pradesh are the two states with high number of rape incidences/cases which corresponds to 5399 and 3690 respectively. Meanwhile, Nagaland and Sikkim are the two states with low number of rape incidences/cases which corresponds to 7 and 13 respectively. Amongst the Union Territories the number of rape incidences/cases are reported high (n=1212) in Delhi while Lakshadweep being the reported with least number of rape incidences/cases (n=4).

The acts of penalizing the delinquent and prevention of rape and sexual assault are detrimental to reduce the rate of incidences. Although many efforts have been made in terms of amending the laws by increasing the years of imprisonment and punishment related to rape of minor girls, more amends are awaited to strengthen the law in general, towards other forms of rape. The psychological and rehabilitation services for the survivors and victims of sexual assault and rape, as part of reactive measures have also been improving in recent times. Alongside these legal reformations and support services for the survivors, the concerned stakeholders of the society are to be in forefront to promote awareness

and education regarding the rights, roles and responsibilities of all the gender. This is the kind of proactive measure that is required to prevent sexual violence of any form.

In conclusion, advocacy and public education are very promising in destigmatizing the society as well as uniting the diverse stakeholders including psychologists, human rights activists, health care professionals, advocates and policy makers to ensure systemic change to eradicate rape culture.

Understanding the perpetuator's mindset and psychology behind the rape culture

According to scientific realism, we know the world in terms of our theories. Human beings construct representations of the mechanisms and structures that lie beneath the surface of life and create phenomena. In turn, we act upon the basis of these representations and change the world in accordance with our interests and needs (Kitcher, 2001). The psychology behind the act of sexual violence has to be understood first, in order to address the causal factors that is enabling the rape culture to prevail. As per Bharatiya Nyaya Sanhita (BNS), 2023**,** rape occurs when a man has sexual intercourse with a woman without her consent, against her will, through coercion, deception, or when the woman is under 18 or unable to consent. Rape culture, being very pervasive, is a social environment in which sexual violence is normalized and justified through the language we use in our everyday interactions; media portrayal that is mostly distorted and misogynistic; and inequitable attitudes towards various gender and their norms, roles and responsibilities. These expressions could range from slight sexist comment or jokes to sexually assaulting a person, where in coercion and aggression is manifested and celebrated as it's assumed to be the sign of power and patriarchy.

The perpetuators engage in such criminal acts not because they were unable to control their sexual needs rather, it would be a channel for them to express their aggression and establish their dominance. This would also uphold the fact that women and children are perceived as submissive and could be objectified to an extent where they are

exploited for the sake of sexual gratification and malicious pleasure. The patriarchal culture favoring men over women across generations has nurtured all the unhealthy attitudes and behavior that is exhibited by men thus, giving them the power to control and be in-charge for other's lives. Such imbalanced power attributions and oppression have seized women and vulnerable children of their basic right to live with dignity.

The existing theoretical frameworks delineates the reason behind the pervert mentality through various models and concepts. These frameworks reflect on different causal factors- the formative stage of human development and cultural aspects of the society that shapes the individual's attitude and behavior towards gender and sexuality; physiological changes during puberty, that would bring about the shift in basic needs from food, shelter, and safety needs to identity, infatuation and intimacy due to the surge in hormones; and underlying unhealthy mechanisms of handling one's own emotional and biological needs. Marshall and Barbaree propose that sexual crimes such as rape and child molestation are the result of multiple, interacting factors that converge at a particular point in time, in a given context, to result in offending. In the integrated theory, the salient causal factors are developmental experiences, biological processes (e.g. influx of male hormones at puberty), cultural norms and attitudes about sex and gender roles, and the psychological vulnerabilities resulting from these causes (Ward, et al., 2006).

In social context the deep-rooted cultural narratives and misrepresentation of women through media reinforces unacceptable attitudes and faulty behavior instead of advocating for the rights of the victims. The messages propagated by the society and media would eventually become the collective beliefs and the harmful stereotypes. Some contextual factors like the appearance, way of dressing, the time chosen to step out of the house, lifestyle choices and in fact the position or hierarchy that they hold in a particular system are assumed to be responsible for the act of rape. Considering the recent rape incidences where the rape victims are young girls which implies that the perpetrators don't go by dressing, appearance or sexually appealing factors. Rather, their target would be a helpless or submissive individual to channel their power and aggression proving that the above- mentioned

contextual factors are mere defensive mechanism to trivialize the victims. Such notions and attitude would simply shift the accountability and responsibility from the perpetrator to the victim, leaving them to endure acts of violence while the former continue to oppress using their powers. It is clearly a form of victim blaming and clear manifestation of cognitive distortion.

Understanding all these psychological and social foundations that defines the mindset of the perpetrator clearly indicates the need for advocacy and prevention programs which are not just specific to legal charges. The awareness and education programs must focus on shedding light on the deep-rooted stereotypes around gender and sexuality to challenge the harmful practices and replace it with the society that considers consent, respect and accountability as important parameters.

System reformation and public engagement through Advocacy and Awareness programs

The preventive measures are multilayered and interacts with many factors of the society that needs to be addressed individually and through the lens of intersectionality. To bring about the systemic and structural changes, the prevention must be emphasized enough in the mainstream awareness discourse programs and be implemented effectively to bring about the attitudinal change. The advocacy and public engagement programs are two different phenomena with different agendas that would effectively address the aspects of sexual violence.

Advocacy until recent years was all about providing justice to the victims by punishing the perpetuator within the legal frame of the country's judicial system. In the past decade the advocacy has shifted its paradigm from just offering the justice to reshape the system through progressive law and order, strengthen the law and enforce the important institutions to adopt the policies that are in favor of the survivors, ensure the law enforcement by amplifying the voices of the survivors and increasing the accountability of the culprits towards the heinous act that they have committed.

The Protection of Children from Sexual Offences (POCSO) Act (2012) and the Sexual Harassment of Women at Workplace (Prevention,

Prohibition and Redressal) Act (2013) – commonly known as POSH – exemplify how legal reforms have codified prevention measures. These Acts have been periodically strengthened by advocacy-driven amendments. For example, the 2019 POCSO amendment raised minimum sentences (from 7 to 10 years for penetrative assault) and authorized life imprisonment or the death penalty in aggravated cases (such as when the victim is under 16). Similarly, the 2013 Criminal Law (Amendment) Act often called the "Nirbhaya Act" has criminalized forms of gender violence previously outside the rape definition (such as acid attacks, stalking, and voyeurism) and introduced victim-friendly procedures in court. These changes reflect the impact of public advocacy: nationwide outrage and protest after the 2012 Delhi "Nirbhaya" gang-rape case prompted a judicial committee review, leading to far-reaching law revisions.

The POSH Act specifically mandates that any organization with at least ten employees establish an Internal Complaints Committee to handle harassment claims. Employers must not only investigate complaints but also conduct regular awareness and prevention training for staff. In effect, POSH institutionalizes prevention by placing legal obligations on institutions. Thus, legislative reforms – spurred by advocacy – have shifted the focus from reactive punishment to proactive prevention. By broadening offense definitions and forcing organizations to adopt preventive policies, these laws aim to reshape social and institutional norms in favor of survivors.

Examples of Advocacy Campaigns in India and Globally

Over the past decade, several advocacy campaigns have captured public imagination and changed the conversation around sexual violence. In India, the "Nirbhaya" movement epitomized a turning point. After the December 2012 Delhi gang-rape of a 23-year-old woman (popularly known as Nirbhaya) and her subsequent death, citizens all over nation took to the streets in outrage. These unprecedented protests were not merely to express rage against such crime rather to unite men and women of all age group in demanding justice and stricter laws. The government responded quickly by forming the Justice Verma Committee and passing the 2013 amendments mentioned above. In effect, the

Nirbhaya protests, a grassroots public uprising forced a legal and policy overhaul. The campaign also kept public attention on survivors' rights: it led to the creation of a "Nirbhaya Fund" to finance women's safety projects, and it inspired numerous NGOs and activists to intensify their work on gender justice.

Other movements have leveraged social media and celebrity influence. The "#MeToo" campaign began in the United States in 2017 and soon reverberated globally. In India, the hashtag gained major traction in late 2018. The revelations from celebrities and influencers encouraged many other women in film, journalism, academia, politics and general public to share their stories. The surfacing of such topics and discussions around them brought the taboo topic of sexual harassment in the workplace to the forefront of national conversation, effectively sparking India's own #MeToo movement. The impact was concrete: women's organizations reported surges in helpline calls and counselling requests, and many companies reviewed their internal harassment policies.

A particularly creative Indian campaign is Bell Bajao ("Ring the Bell!"), launched by the NGO Breakthrough in 2008. Bell Bajao focuses on bystander intervention against domestic violence. Its memorable TV and radio ads show neighbors (often men or boys) responding to domestic abuse by simply ringing the doorbell to interrupt it. The core message – that any individual can act to stop violence – is reinforced by involving pop culture and media to shift social norms. This campaign promoted community intervention through the power of media to achieve changes in attitude among public. The campaign achieved visibility through celebrity support and grassroots outreach through its mobile video vans in cities. By normalizing intervention, Bell Bajao has empowered ordinary citizens to see prevention as their responsibility.

"One Billion Rising" campaign launched in 2012, is a similar initiative that had broken new ground, used art and dance events in over 160 countries to call attention to rape and sexual violence. Even without a specific country focus, it showed that over one billion women and girls (and their allies) were affected by gender violence. In many countries, including India, this helped internationalize the demand for change.

These examples illustrate diverse strategies: mass street protests (Nirbhaya), social-media storytelling (#MeToo), community-driven norm-change (Bell Bajao), and cultural mobilization (One Billion Rising). Together they show that advocacy can reframe rape and sexual assault from private shame to public concern, keep pressure on institutions, and inspire new policies or practices. Each campaign also highlights that successful change relies on amplifying survivor's voices and engaging various audiences of all gender and age be it professionals or citizens, to question destructive norms. On the whole, campaigns like these share a lesson: changing narratives about violence making it visible and condemnable. This increased visibility and awareness can mobilize support for prevention.

Public Education: The strong pillar of prevention strategies

While legal advocacy addresses the systemic side of prevention, public education targets attitudes and behaviors at the individual and community level. Education initiatives span across formal and informal settings, targeting specific cohort or general public. School-based programs, for example, teach children and adolescents about gender equality, consent, and personal safety. A recent Indian study conducted by NIMHANS showed how such programs can have tangible effects. Through this study's intervention a curriculum on gender, boundaries, and help-seeking was implemented in 162 schools, reaching over 21,000 students. During the rollout, 44 children disclosed experiences of sexual abuse to teachers and counselors, a number that suggests the program empowered many to speak up. The study's authors noted that without this education children might not report abuse at all. However, they also found that schools often lacked coordinated response policies, emphasizing that education must be paired with clear reporting mechanisms

In practical terms, school interventions typically include age-appropriate lessons on body autonomy, gender roles, bystander intervention, and respectful relationships. International guidelines concur that effective sexuality and safety education must be "high-quality, age-appropriate, and evidence-based", so that, young children learn how to talk to a

trusted adult about discomfort, while teenagers learn about consent and healthy dating. (UNESCO, 2023)

Community-based interventions complement schools by reaching broader audiences. These often involve workshops or campaigns led by NGOs, Institutions or Organizations in villages and urban neighborhoods. A promising model, to prevent violence against women and girls in informal settlements, the SNEHA–TARA project combines group education with volunteer networks. In this approach, women's groups, men's gatherings, and mixed-audience sessions are used to raise awareness of violence, legal rights, and bystander strategies. At the same time, a cadre of local volunteers called "sanginis" vigilantly identify women at risk or survivors in need. They then help those women access counseling, legal aid, or police support. In effect, sanginis act as community-first-responders for violence prevention. As the program framework explains, this dual strategy – group mobilization plus individual outreach – is intended to reduce community tolerance of violence and increase bystander action (Daruwalla et al., 2019).

In recent years, digital interventions have emerged as another frontier. Technology facilitates scalable awareness and reporting tools. For instance, many NGOs and government bodies now use social media campaigns and smartphone apps to educate the public. Awareness-raising hashtags like #IWillGoOut or local versions of #MeToo allow survivors and allies to share their stories and coping modalities online. Authorities of the Delhi Police have launched safety app named "Himmat" that allows women to send emergency alerts with GPS coordinates to law enforcement. E-learning modules on consent, privacy and safe relationships can reach rural areas digitally through various platforms, where trained teachers are scarce. Even SMS-based helplines and chatbots can provide anonymous counselling intake or disseminate information on gender based legal rights. While rigorous evaluations are still sparse, these digital tools underscore a broader point: interventions must meet people where they are responsibly and sensibly, and in modern India that increasingly means, meeting them online.

Culturally Relevant and Age-Appropriate Education

Key to the success of any awareness campaign is cultural resonance. Education programs must be context-sensitive and culturally appropriate. They should use local languages and norms to connect with participants. A sexuality education workshop in a conservative rural village, for instance, would differ in tone and content from an urban college seminar. In all cases, however, the content and the dissemination of it should be developmentally appropriate. International guidelines stress that even young children can learn basic concepts of privacy, bodily autonomy, and identifying safe adults. For example, children aged 5–8 might be taught that they can say no to unwanted touches and should always tell a parent or teacher if they feel scared or abused. Older adolescents (15+) can handle discussions of consent, healthy relationships, and legal rights in more detail (UNESCO, 2018). By tailoring the evidence-based message to the audience's comprehension level, programs avoid confusion or backlash.

Cultural adaptation also means respecting local values while challenging harmful belief systems, values and gender norms. Campaigns that frame messages in terms of community honor or protection can sometimes be more effective than those perceived as "foreign" critiques of tradition. For example, some village-level programs engage respected elders or religious leaders to endorse the idea that gender-based violence leaves off the family and community tainted. Others use folk theatre and storytelling to communicate the shame of assault, leveraging familiar art forms rather than blunt lectures. Importantly, programs must avoid victim-blaming tropes and instead promote empathy. Teachers and counselors are trained to respond supportively to disclosures – the NIMHANS school study noted, however, that some educators still struggle with disbelief or discomfort when students speak up (Ramakrishna et al., 2025). This underscores that education is not just about facts, but about transforming attitudes: when children learn that all forms of gender-based violence are wrong and violate human rights, they begin to question stereotypes that excuse it.

Age and culture overlap in shaping content for gender sensitization and sexuality education programs. For very young children, "education"

might take the form of games about personal space or stories about heroism without aggression. For teenagers, it might involve participatory modules on consent, gender stereotypes, and the law, for instance, teaching that groping or voyeurism are crimes under Indian law. Some schools in India have introduced modules on digital safety, explaining how harassment via phones or social media can have serious consequences and how to remain cyber safe by understanding both prevention and reporting mechanisms. This is an act of recognition that new technology brings new forms of gender or sexual exploitation and it has undeniable responsibility on the shoulders of concerned stakeholders to educate across age groups about the threats and vulnerabilities. By grounding lessons in everyday realities like discussing scenes from popular movies that depict harassment, educators can make abstract concepts concrete.

Across ages and various settings, the aim is similar: empower individuals with knowledge that would transform into favorable attitude and skills. Not only do people learn that rape and assault are wrong at the level of exploiting another human, they also learn what to do – how to intervene safely, how to support someone who comes forward, and how to hold institutions accountable.

Sustained Multi-Sectoral Collaboration

Preventing rape and sexual assault is inherently a multi-pronged task. No single actor – government, school, NGO, or media – can create change alone. Successful programs recognize this by forging partnerships across varied sectors of the society. For example, government health or education departments may roll out mandatory school curricula related to sexuality education, NGOs contribute to the training and monitoring, and the expert stakeholders or researchers could measure the effectiveness and impact of such programs. Media organizations can amplify campaigns through public service announcements or news coverage, while community groups provide grassroots credibility. Indeed, global experience shows that multisector collaboration maximizes impact: combining the strengths of public health, justice, education, and civil society creates a “whole that is greater than the sum of its parts”. In practical terms, one might see a city

government partnering with a university to evaluate a pilot program, or with tech companies to develop safety apps. International guidance committee of WHO stresses that addressing complex social problems like violence requires exactly this: "involving multiple sectors yields better outcomes than if any sector works alone" (Violence Prevention Alliance et al., 2020).

Ultimately, sustainability depends on keeping our outreach programs and awareness campaigns in momentum. Advocacy organizations often form coalitions (e.g., Women's rights networks, police-women associations) so that campaigns outlive any one government or funding cycle. Scheduled events to raise awareness ensure repeated messaging, through annual events like the 16 Days of Activism against Gender Violence or gender sensitization workshops conducted bi-annually to address the new challenges and ensure gender sensitivity at workplace. In short, a sustained assault on rape culture requires coordinated action: legislators pass better laws, educators teach children, NGOs mobilize communities, and media keep the issue in public discourse. Each sector reinforces the others, creating an environment where prevention messages are omnipresent.

Conclusion: A Forward-Looking Synthesis

In a rapidly changing India, advocacy and education have opened new narratives of change in rape prevention. The synergy between legal reforms and grassroots mobilization is gradually reshaping public attitudes. Importantly, propagating a survivor-centered approach ensures that progress is measured not just by statistics, but by the dignity and safety of individuals. Together, these efforts aim to deconstruct the deep-rooted norms that enable sexual violence also the idea that women should be ashamed of reporting, or that silence protects family honor.

Looking ahead, the path is challenging but hopeful. Sustained, multi-sectoral collaboration means that every day – in classrooms, in newsrooms, in courthouses, and on social media – the public hears a consistent message: rape is not an unavoidable reality, but a crime that can be prevented. If advocacy and education continue to advance in tandem, India could see a new equilibrium where gender equity is taught

from childhood and enforced in law. In such a landscape, sexual violence would have far less room to thrive. With commitment from government, civil society, and communities, India's "new narrative of change" can translate into a reality where every person regardless of gender lives free from the fear of sexual violence.

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