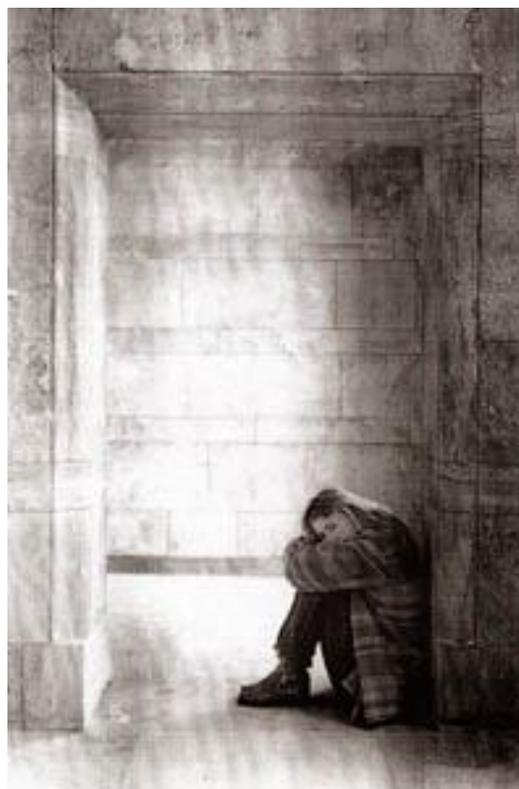


# CONSEQUENCES OF SEXUAL VIOLENCE



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## 1. WHAT IS RAPE?

From a legal point of view, rape is defined as one person forcing another, without this person's consent and using violence or threatening violence, to have intercourse or other forms of sexual activity. The same definition applies if the person is violated while in a vulnerable state such as sleep, unconsciousness, intoxication, physical or mental disability. Any present or previous relationship between the parties is irrelevant.

The majority of victims of sexual assault are women, and the perpetrators are almost always men. Rape can be categorized in different types:

**Stranger rape:** For example, when a woman is assaulted by a stranger outdoors, or by a man who entered her home.

**Acquaintance rape:** The man and the woman may know each other fairly well or only casually. Often happens in connection with or after a party or date.

**Gang rape:** May occur as an attack or during private parties. Gang rapes may be preplanned to varied degrees, but some planning always takes place. May have a motive of revenge, for example to put an independent woman in her place. Also occur in war as a calculated strategy.

**Marital rape:** The husband refers to his "marital right" to sex, threatens with violence or divorce or demand sex after being abusive, when she does not dare say no. He may also simply force himself on her, despite her resistance and protests.

There are also two types of hidden sexual assaults:

- The victim acknowledges to herself and perhaps also to others that she has been raped, but refuses to press charges for different reasons.
- The situation matches the legal definition of rape, but the victim, for different reasons, does not see it as such.

It is difficult to accurately determine how many rapes occur because the number of unreported rapes are presumed to be very high (especially rapes where the perpetrator is an acquaintance). Rape is often associated with strangers, when in fact, research shows that in most cases the victim and the assailant know each other. A considerable number of rapes are presumed to occur within marriages. However, marital rape is still a subject very much taboo and is most likely the least recognized type of sexual assault.

Sexual violence is a devastating event which impacts not just on the individual's physical and psychological health, but also at the family and community levels. The lasting effects for a woman who has suffered this forms of physical abuses, are further reaching. However, for a variety of cultural and psychological reasons, it may be extremely difficult to talk about it.

## 2.Impact and Assesment

### 2.1.Impact

#### 2.1.1 Physical Health:

The nature of rape and sexual violence can cause physical harm to intimate areas of a woman's body (scarring on genital areas caused by cutting or burning; sexually transmitted infections (STI's, including HIV/AIDS); women who are pregnant can miscarry if beaten on the uterus during torture; abdominal pain or pain in a women hips can be also a sign of rape). A women with such problems may be anxious about talking about her health.



#### 2.1.2 Psychological Health:

In the immediate aftermath of a rape or sexual assault, a woman can be in shock. In the long term, a wide variety of different reactions can be observed. Nervousness, headaches, depression, reduced self-esteem and guilt. Memories of the rape or violence can be triggered by everyday events: sexual intercourse, pictures, newspaper articles. Degrading or insulting comments during the rape can lead to the woman feeling disgust for her own body, anxiety about sexual involvement and undermine her sexual identity.

#### 2.1.3 Pregnancy after rape:

Becoming pregnant as a result of rape can be very distressing for women, bringing up confusing, contradictory feelings.

Some women chose not to continue with the pregnancy, but this in itself can be a problematic decision, especially where women have deep rooted religious or cultural views on termination. The termination itself can be a source of further trauma, shame and loss. If the child is born, there can be initial issues around bonding and there is a risk the mother may reject the child and / or develop post-natal depression.

## **2.2. Assessment**

Assessment must be handled sensitively: it is often still difficult for a woman to discuss rape with a stranger even if they are sensitive and empathic. Disclosure will often not happen until a containing helping relationship has been established and until the woman's most immediate needs have been met. The assessment may need to take place over several sessions.

The specialized staff who is giving the necessary assistance should only ask about rape when they have established a trusting relationship. It is very important in adopting a non-judgemental, empathic attitude to the patient.

### **2.2.1 History:**

Many women will disclose histories of traumatic events. It is important to allow to tell her story at her own pace as it can bring up painful memories and emotions.

When the specialist is listening to the story of the victim it is recommended: speak quietly and taking care to move slowly and gently; informing the client about what he is going to do and how long it is likely to take; asking questions so that they can be answered briefly: this is less embarrassing for women; begin with asking about general history first, and then move towards questions about the rape when the client is ready; allow the client to decide when to start and when she needs a break.

### **2.2.2. Rape, trauma & memory:**

When someone goes through a traumatic incident, it can be common for her to be unable to recall aspects of what happened, if at all, because of how the brain copes with traumatic memories.

It is always very important to believe the client and accept what she is saying. Repressed memories can return as nightmares, flashbacks and other distressing symptoms. Not believing your client can further repress memories, leading to distressing symptoms.

### **2.2.3. Daytime activities:**

Exploring what clients are doing during the day can reveal more of how they are affected by their experiences.

Encouraging clients to be more active during the day and exploring what they would like to do (study, volunteer) can foster resilience and recovery by focusing on the well, coping part of the client, on those positive aspects of their personalities which have survived the rape and trauma.

### **3. Therapeutic Casework**

#### **3.1 Casework techniques**

Therapeutic Caseworkers of Pro Refugiu Association use the following techniques in their work

##### **3.1.1 Counselling skills**

Victims are provided with a safe space to explore their feelings. Caseworkers use active listening, empathy, exploring and other skills to build a helping relationship with the client and build up trust. Where possible, sessions take place at the same time each week to provide a sense of structure and safety for clients. We recognise however the need for flexibility and that the nature of clients' existence sometimes makes it difficult to stick too closely to appointments.

##### **3.1.2 Practical orientation**

Practical advice about rights and entitlements, services, where to go for help, can improve the client's standard of living and enhance feeling of safety.

##### **3.1.3. De-freezing:**

Victims are often "frozen" psychologically by their experiences when they present for therapy. De-freezing is a process whereby the trust and empathy built up between client and caseworker gradually warms the client and melts the ice. The victim is thereby assisted to access different layers of ice representing the painful memories, losses and feelings they were previously unable to discuss.

##### **3.1.4. Normalising:**

The combination of trauma, loss and confusion experienced by women victims of sexual violence can be very distressing. They complain of being worried they are "going mad" and that they will be unable to cope. We explain traumatic symptoms such as nightmares, intrusive thoughts and anxiety as adaptive, understandable responses to extraordinary events and focus on clients coping mechanisms, strength and resilience. Traumatic symptoms are viewed as the mind's way of healing its wounds.

#### **3.2. Overview of the process**

##### **3.2.1 Referral to the team**

Victims of sexual abuse are referred to the team of specialists by other departments of the Pro Refugiu Association, or by external agencies, NGO's.

##### **3.2.2 The referral meeting**

Team members meet weekly to discuss recent assessments and consider how best to meet the client's need. If it is felt they might benefit from our support, they will be allocated to a caseworker, to a psychologist.

### **3.2.3. Supervision**

On-going case-management issues such as the process, progress or endings are discussed with the team manager formally in line-management supervisions and informally on a more regular basis according to need.