

Study of the Rape Victims and their Coping Behavior Pattern

*Rahman MA,¹ Ramazan²

Behavior of rape victims is coping in nature. It can be analyzed in three distinct phases - the threat of attack, the attack itself and the period immediately thereafter. We analyzed the reported coping behavior of 126 women ascertained as rape trauma. Most of the women adopted verbal, physically or psychologically paralyzed. The actual rape prompted coping behavior in all except two. It has been attempted to study the individual style of coping behavior of rape victims and suggestions have been made out about alternatives for future stressful situations.

[Dinajpur Med Col J 2015 Jul; 8 (2):212-215]

Key words: Coping behavior, rape. Saudi Arabia

Introduction

These days behavior of rape victims is receiving increased attention. Coping behavior may be viewed as problem solving attempts which are relevant to the victim safety. Various coping strategies used by rape victims include interruption or prevention of attack by active resistance, fleeing, physically fighting, crying aloud, verbal refusals and outside intervention. These result from victim crisis situation like forcible rape. In interpersonal pre rape situation, verbal or vocal responses have been observed in rape preventions. In this study, thoughts, feelings and actions of rape victims have been analyzed relating to the specific time phase of the attack.¹ In between 2009 to

2012, a period of 4 years, 126 alleged raped victim brought in the department of Forensic medicine and mortuary, King Saud Medical city, Riyadh, KSA. The age group of these victims ranged from 15 to 55 years.

Methods

Study design: This was a cross-sectional study of descriptive type conducted with a view to find out the coping behavior pattern of the alleged raped victim brought at the forensic medicine center of King Saud medical city, Riyadh, KSA.

Study population: The study populations were the alleged raped victims (126) brought in the Forensic medicine center at King Saud medical city, Riyadh, KSA..

1. *Professor Mohd Anisur Rahman, Head, Department of Forensic Medicine & Toxicology, MH Samorita Medical College, 117-Tejgaon, Love Road, Dhaka-1208.
Ex-Forensic Medicine Specialist, Department of Forensic Medicine & Mortuary, King Saud Medical City, Riyadh, KSA. prof.anisrahman@yahoo.com
2. Dr. Mohd Mahdy Ramazan, Forensic Medicine Specialist, Department of Forensic Medicine & Mortuary, King Saud Medical city, Riyadh, KSA.

*For correspondence

Sample size & sampling technique: The sample size was in this study was 126 alleged raped victims brought by the police, On police requisition, rape victims came to the department of Forensic medicine and mortuary of King Saud Medical city, Riyadh, KSA for examination as well as medico-legal opinion. Selected cases between the age group of 15 to 45 years were interviewed (2009 to 2012). The interview included a series of open minded questions like how they felt and reacted to the circumstances prior to the attack, the attack itself and the chain of events following the attack. Follow-up interviews were possible only 94 cases (75%) in total sample of 126 victims and included further recounting of the details of the attack. As per diagnosis all were subjected to rape trauma.

Results

A. Coping behavior before the attack (Table I)

Early awareness of the danger

Appraisal of the degree of danger, threat or harm is a psychological process which intervenes between a stressful event and coping behavior. The early awareness may be cognitive or perceptual. Often the victims describes it as a "sixth sense". The coping task during this phase is to react quickly.

Table I: Coping behavior of 126 cases in response to the attack

Behavior	No of victims	%
Victims with strategy (n= 78)		
Cognitive assessment	16	12.69
Verbal tactics	38	30.15
Physical action	24	19.04
Victims without strategy (n= 48)		
Cognitive assessment	30	23.80
Verbal tactics	18	14.28

Only 24 of 126 women reported some

cognitive or perceptual awareness of the potential danger and they were totally clear of the danger. Victims said, "they saw a strange man, thought he might do harm," "Wondered why the man had been hanging around all evening," "remembered seeing the man before," "heard a noise in the drawing room and went to search for". Twenty victims described a subjective awareness alerting them such as their boy friend or husband was threatened to life when they felt what was happening.

Threat of Attack

When there was a threat to attack, coping task at this stage was to attempt to avoid or escape the situation. This coping behavior was analyzed whether the victims were able to react to confront with the danger. This ability depend upon the time between the threat of attack, the attack, type of attack, the type of force and violence used. A majority of victims used one or more strategies and a minority of victims were unable to use any strategy.

Maximum percentage of victims were 26-35 years of age and second highest were age group of 36 – 45 years (Table II).

Table II: Age wise distribution of the victims

Age Range	No. of victims	%
15-25	19	15.0
26-35	56	44.4
36-45	44	34.9
46-55	07	04.7

B. Basic Strategy (Table III)

Cognitive assessment

Victims coped by mentally assessing the situation to determine possible alternative to get rid of the situation.

Verbal Tactics

The majority of the coping strategies were verbal adopted by victims like, "engaging in

conversation/ inviting for coffee in the stall/giving moral teaching like she is married or virgin/flattering to get rid of trouble/ feigning illness, threatening the assailants /verbal aggression, etc.

Physical Action

Some victims take direct action by fleeing from the situation.

Lack of Strategy

One third of the victims (42) were unable to use any strategy to avoid the attack. Victims were over-powered. Situations were like "assailants suddenly entered the bed room and attacked/ assailants suddenly grabbed the victim on the dagger/assailants used weapons to silence the victims".

Psychologically, the victims also get paralyzed due to alcohol/drugs used by the assailants or threat of death.

Multiple Strategy

They are like screaming and fighting (34) victims, talking softly/consenting/dating and thus avoiding in furtherance of attack (58 cases). These several strategies are not always successful.

Table III: Coping behavior during rape

Behavior	No. of victims
Cognitive strategy	36
Affective response crying	34
Anger	16
Verbal strategy screaming	16
Talking	10
Physical action	66
Psychological defense	54
Psychological reaction	38
No strategy	02
No data	16

C. After the Attack

The stressful situation is not over when the actual rape ends. The coping task immediately followed the rape is to be free or escape from

the assailant.

Alerting others

Victims alert others for help in solving the crisis and problematic situation.

Bargaining

Often, the victims negotiate with the assailants through a bargain. Assailants apologize the victims. Sometimes victims are put under threat not to disclose the act.

Freeing one-self

Cognitive assessment of the situation and keeping calm will be most useful strategy to get free from the assailant. Once free of the assailant, the victim must still cope with the stress of the aftermath of the rape.

Discussion

Study of the coping behavior pattern of the raped victim is an important issue with increasing attention to the researcher now-a-days. All over the world study on this topic is very few as I have gone through the internet study. Adams and Linde formulated coping principles drawn from a study of catatropic disabling injuries by Coeho G Hamburg D. Adama.²

Conclusion

Pattern of coping in crisis situation may be adaptive or maladaptive. Understanding a person's coping behavior is an essential step in crisis intervention. They emphasized identifying the acute crisis and psychological means by which the crisis is to be managed if not mastered. "Rape trauma syndrome" described by Nandy Apurba³ which has initial disorganizing phase which is very depressive state followed by reorganizing stage in which psychologically the victim improves and gradually adjusted or cope with the situation. The assessment of coping behavior and strategies provide therapeutic measures for the victims in two ways. First one is a

supportive measures. The second, use of assessment of coping behavior is to give a reference point for clinical negotiation in crisis service.⁴ It helps the victim in problem solving in future.

We believe the analysis of coping behavior of rape victims will open other research areas.

References

1. Burgess A W Lazase A. Community mental health.Target population. Englewood Cliffs N J. prentice Hall. 1926. 83-88.
2. Coeho G Hamburg D. Adama J (eds) Coping and Adaptation, New York, Basic books, 1979. 126-130.
3. Principles of forensic medicine including toxicology, Nandy Apurba, first ed.1995. 432-435.
4. Text book of forensic medicine. 3rd Egyptian ed. By prof. Ibrahim Abdullaha Al Khatib. 2004. 466-471.