

Current affairs

Importance of supporting survivors through a mental health and psychosocial support lens to ensure justice: a case study of girls who were raped and abused in a childcare home in Nepal

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This field report from Nepal highlights the importance of mental health and psychosocial support in ensuring justice for survivors of sexual violence and abuse. It solidifies how psychosocial support can help to improve the low rate of reporting of sexual violence and lead to higher rates of convictions of perpetrators. The Centre for Victims of Torture Nepal has supported more than 150 survivors of torture, conflict and rape to receive justice in the courts through a holistic approach with mental health and psychosocial support at its core. The organisation is presently pursuing four new cases of child sexual abuse, occurring after the 25 April 2015 earthquake, with a similar approach. Challenges remain in providing justice to survivors of violence, but supporting the survivors through a mental health and psychosocial support lens helps to mitigate these challenges, as highlighted by this case study.

Keywords: judicial support, Nepal, sexual violence

Introduction

In South Asian countries, the amalgamation of Buddhist, Confucian, Hindu, Islamic and Christian traditions have shaped the personalities of women and determined their social status. Rigid cultures and patriarchal attitudes, which devalue the role of women, result in the widespread occurrence of violence against women. Laws permit discrimination against

women and discourage reporting of violent acts (Niaz, 2003). There is a wide gap between prevalence of gender based violence (GBV, 40%) and GBV disclosure (7%). These figures imply an underestimation of GBV that ranges from 11- to 128-fold, depending on the region and type of reporting (Palermo, Bleck, & Peterman, 2014). In many countries, including Nepal, there are low rates of reporting sexual violence and abuse, especially for young survivors, because they fear the consequences of reporting. In addition, the psychological effects of the abuse makes it difficult for them to go through the reporting process, including giving evidence in court. In this report, a field experience is presented showing that the integration of mental health and psychosocial support (MHPSS) considerations into the reporting process could benefit both survivors (in terms of physical and psychological well-being) and also lead to higher rates of convictions of perpetrators. This case study (outlined below), supported by Centre for Victims of Torture Nepal (CVICT) shows how MHPSS facilitated ensuring justice, so that beneficiaries (rape survivors) were able to live a dignified life with minimal physical and psychological afflictions.

Centre for Victims of Torture Nepal

The CVICT is a nonprofit and nongovernmental organisation (NGO) working in

Nepal in the field of mental health, human rights and peacebuilding for 25 years. The CVICT works under three themes, including peacebuilding, human rights and mental health, and supports survivors of torture and other forms of trauma such as disaster, children affected by violence, refugees and GBV. The organisation subscribes to a holistic, multidisciplinary approach to rehabilitate survivors of violence. Holistic approaches entail providing medical, psychological, social and legal support to ensure that survivors of violence live a life with minimal physical and psychological consequences of violence, have a dignified life within society and receive justice (de Jong, 2006). Along with this, the survivors can stay in CVICT for few weeks, using all the facilities and receiving comprehensive medical, psychological, legal and social support. When they have improved sufficiently, they are rehabilitated back into their homes, with regular follow-up every two months.

Case study

In 2012, the Central Child Welfare Board (CCWB) contacted CVICT to take in four girls who were at risk from family and friends of perpetrators who had sexually abused them in an orphanage. The perpetrators (a man and his wife running the orphanage) were in police detention after accusations of sexual abuse and violence. The four girls, all minors, had been abused for 12 years, 8 years, 7 years and 4 years each. The survivors sought legal recourse with support of a social worker who had approached the CCWB to take legal action. As stated in Nepali law, *sexual activity, under the age of 16 years, is considered rape*. The social worker videotaped the girls' statements and filed the case. Following this, the social worker approached the CCWB, who, in turn, connected them to support from the Forum for Women's Law and Development (FWLD) to help them fight the case in court. The girls were removed from the orphanage

for protection and were housed by Voice of Children (VOC), another local NGO working with children.

The information that the girls being housed in the VOC's shelter was leaked, and the girls were constantly threatened, in person and on the phone, by the families and friends of the perpetrators who had strong links to political parties. They also posted threatening letters, writing *'how long will the shelter support you? Once you get out, we will show you what we will do to you'*. As a result, it became very difficult to keep them in the shelter provided by VOC. CCWB contacted CVICT and the girls were relocated into CVICT's shelter. CVICT provided support to the girls based on the MHPSS module (Figure 1).

A safe shelter was provided, as well as basic services and security, which is the first layer of the MHPSS pyramid. Basic services included: food, clothing, shelter, medical and psychological support. During this time, the media was not informed about the ongoing case, although a few key staff at CVICT, CCWB, FWLD and VOC were informed about the location of the survivors. This decision was taken due to the sensitivity of the situation and to minimise negative psychological impact on the survivors. Furthermore, the survivors and staff working with them were not allowed any telephone contact with outsiders, also to minimise risk and prevent the perpetrators from knowing their location.

A detailed history and physical/ psychological assessment was done by a medical doctor and a psychologist. A few of the key findings from the physical examination, which were common to all, were lower abdominal tenderness, dizziness, headaches and weakness. The gynaecologists examination ruled out genito-urinary infections. Typically, medical treatment of rape will also include (among other things) prevention of sexually transmitted diseases (STDs), HIV and pregnancy. So, pregnancy, STD, and HIV tests were conducted and results were negative. This was followed by a detailed psychological

Intervention pyramid

Examples

Mental healthcare by mental health specialists (psychiatric nurses, psychologists, psychiatrists, etc.)

Basic mental healthcare by primary healthcare doctors
Basic emotional and practical support by community workers

Activating social networks
communal traditional support
supportive age friendly spaces

Advocacy for basic services that are safe, socially appropriate and protect dignity

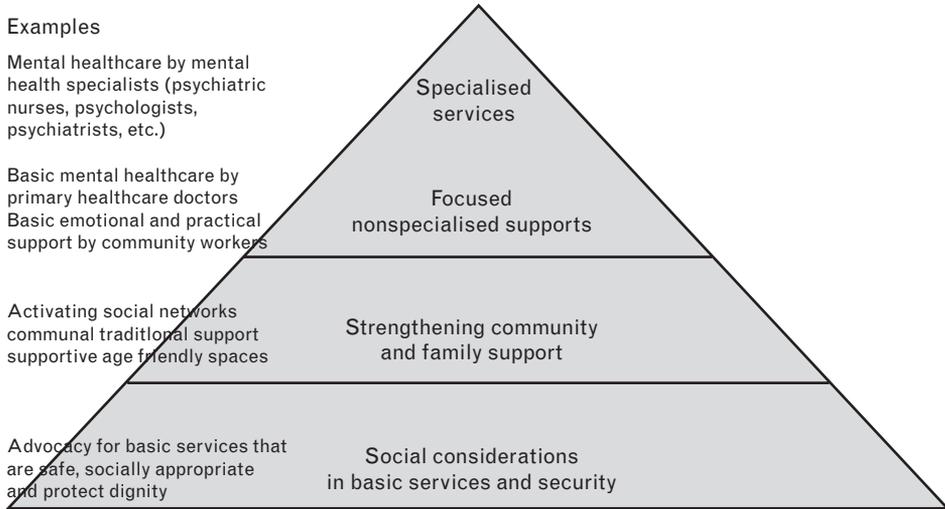


Figure 1: Mental health and psychosocial support in the emergencies intervention pyramid. Source: Inter-Agency Steering Committee Reference Group on Mental Health and Psychosocial Support, 2010.

assessment that was conducted by a counsellor of CVICT. Key common psychological findings were fear in general, fear of re-victimisation, anxiety, low self-esteem and self-blame. One girl showed symptoms of frequent hand washing. Upon asking her the reason, she revealed feeling dirty all the time. Another girl had strong suicidal thoughts.

Five days after coming into contact with the shelter they had to be in court to give their statement, but the survivors were worried. The counsellor provided both individual and group counselling to the survivors before court. Rapport and trust building was done with all four survivors during their stay in the shelter. With rape survivors, they find it difficult to trust other people, especially so when their own caretakers had raped them. During all of these sessions, all four survivors asked to withdraw the case and not to go through the process. They

expressed fear and anxiety that they would lose a place to live and also the family they had been living with.

In the case of the four girls, it was important to provide not only basic services, but also community and family support (second layer of the pyramid). CVICT was supported by VOC and FWLD to find another orphanage where they could live permanently. Meanwhile, the counsellor had a session with the girls regarding their preferences in the kind of orphanage they were looking for as a new home. The girls said that they had strong belief in Christianity and wanted to be in a home with the same religious belief. The team managed to find a Christian children's home. After this, the counsellor arranged a few group sessions with the house manager and the girls, in order to strengthen bonds. Meanwhile, the counsellor also managed to arrange a meeting with donors and the teams to create a favourable

environment for both parties to provide and receive donations for a better future for the girls.

Two psychosocial approaches were started one after the other. Four group counselling (focused, non specialised support or layer 3 of the pyramid) was conducted, which involved creative activities, such as two drawing exercises (one to reveal their feelings regarding what happened and another about their hopes for the future), brain storming to assess inner feelings such as fear, self esteem, and so on. They were all worried about missing school, especially the two girls who were facing 10th grade final examinations. It was observed that they were all very restless, so all were involved in group relaxation exercises. On the first day of group work, two of the survivors cried and expressed their feelings to the counsellor.

On the second day, counsellors went into details about the girls' feelings about providing statements in court (specialised support, layer 4 of the pyramid). They showed ambivalent feelings about the perpetrators and mentioned the help and support provided by the perpetrators in raising them. They also asked to withdraw the case to save their *'Father'*. At the same time, they talked about their hatred for the perpetrators, the emotional and psychological hardship they had to go through, and cried several times. Survivors rarely show this phenomenon called *'Stockholm syndrome'*, where they have both love and hate for their perpetrators (Fabrique, Romano, Vecchi, & van Hasselt, 2007). The perpetrators had asked for their forgiveness, which created further confusion among the survivors. The session was filled with guilt, anger, aggression towards self and the perpetrators.

After five days at the shelter, psychosocial counsellors accompanied all four to court where they gave their statements. The counsellor held a day orientation programme for the government attorney so he was made aware of how to prevent re-victimisation.

Before they entered the court, the four survivors reported being threatened by family members of the perpetrators. One of the survivors had an anxiety attack before going to court. She was provided with anti-anxiety medication (propranolol) to reduce her anxiety, as well as provided with emotional and moral support. Another girl broke down while giving her statement. The psychosocial counsellor supported her by providing emotional support. Even after the statement, they were still fears of possible retaliation. The staff of the perpetrators continue to threaten the girls to attempt to force them to change their statement, *'you have now made the life of other children miserable'*.

The two perpetrators were sent to prison for 15 years and 7 years. The wife of the perpetrator was sentenced for 7 years as she did not take any steps to stop the abuse, even when she knew it was happening. Although CVICT usually tries to support survivors to return to their families, it was not possible in this case as all the girls had originally been placed in the orphanage because their relatives were unwilling to receive them. All four girls are pursuing their education with hope for a better future.

Results

The survivors were provided with both a few individual and group counselling sessions in their new home. All of the girls showed tremendous improvement, as revealed by the clinical observation of both the psychologist and the survivors. The psychologist reported absence of functional impairment or significant psychological symptoms during the group and individual sessions. She noted that the girls were resilient because they experienced the same trauma and were supporting each other to get through the experience. The girl with suicidal ideations did not have such feelings any more. The girl with obsessive compulsive disorder improved, but still showed some of its symptoms. She provided with one more

Emotional Freedom Technique (EFT; a psychological acupressure technique) session. She has improved since then. None of the four girls required any psychiatric medication.

In total, eight group counselling and 10 individual counselling sessions were conducted. After the final session, one of the survivors stated that, *'we found a safe new home to live in and now I feel proud of punishing the man that did all these bad things to us. I am very thankful to the organisation that helped, and our counsellor.'* One survivor, who is about to face the 10th grade examination stated that *'this would not have been possible without the help of . . . sister and . . . counsellor. I repeatedly thought of withdrawing from the case and always felt guilty for the other children. But after being in the session I feel safe, secure and determine to fight now. I was worried as we did not have place to live and fees to pay. But we are very thankful as we have it all now.'*

Discussion

In Nepal, most rape survivors do not report the event to the police, and even if they do so, they withdraw it from the court after they receive threats from the perpetrators and their families. Out of court settlements (monetary compensation or marriage to the perpetrator) occurs in most cases (Aguirre, & Pietropaoli, 2008). Thus, MHPSS can be a vital source to support a survivor of sexual violence.

In the case study presented above, individual counselling helped reduce psychological distress, eliminate suicidal thoughts in one of the girls and strengthened their mental resilience as revealed by reports from the psychologist. Psycho-education and problem solving counselling were key components of individual counselling. Psycho-education was used to help them to better understand that the sexual abuse and the consequent ongoing stressful situation led them to have such psychological symptoms. This education helped them discharge their emotions where they were able to vent their anger,

frustration and guilt. Problem solving counselling helped them explore each of their symptoms and generated ways to deal with them. Fear of re-victimisation was tackled by showing them how they would no longer be afraid once the perpetrators had been sentenced. This helped further cement the importance of making their statement in court. This also helped them to better understand and manage their negative emotions of hate, anger and guilt. One girl with obsessive compulsive symptoms recovered after EFT conducted by a trained psychologist. Therefore, MHPSS not only supported the girls in filing the case in court, but also prevented them from withdrawing the case.

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