

Perceived Influence Of Counselling Techniques In Reducing Post Traumatic Stress Disorder (PTSD) Among Rape Victims

Lilian Ifeoma Akunne

Vera Nkiru Nwadinobi (Ph.D)

Department of Guidance and Counselling, Faculty of Education,
Nnamdi Azikiwe University, Awka, Anambra State, Nigeria

Abstract: This paper examined counsellors perceived influence of counselling techniques for reducing post-traumatic stress disorder (PTSD) among rape victims. This study adopted the descriptive survey research design. Two research questions and two corresponding hypotheses guided the study. The population of the study comprised of 243 school counsellors. The instrument for data collection was a structured questionnaire. Cronbach alpha statistics was used to establish the reliability which stood at 0.863, also direct delivery approach was employed in administering the instrument. On retrieval of the data, descriptive statistics of mean and standard deviation was employed in answering research questions, while inferential statistics of independent sample t-test was employed to test the hypotheses at 0.05 level of significance. The findings of the study revealed that counselling techniques adopted at different counselling sessions influence the client's PTSD level. Also, the mean rating revealed that less-experienced and experienced counsellors varied in their ratings on perceived influence of counselling techniques for reducing PTSD among rape victims. The results from the corresponding hypothesis show that counsellors do not differ significantly in their mean ratings with respect to gender. It further revealed a significant difference in the mean ratings of less-experienced and experienced counsellors on their perceived influence of counselling techniques for reducing PTSD among rape victims. Based on the findings, conclusions were drawn and recommendations made accordingly.

Keywords: counselling, techniques, post-traumatic stress, disorder, rape, counsellor

I. INTRODUCTION

Violence against women (VAW) particularly sexual violence seems to be one of the most pervasive forms of crime in which the assailant uses sex to inflict humiliation on the victim or exert power and control over the victim. The Declaration on the Elimination of Violence Against Women (DEVAW) adopted by the United Nations General Assembly in 1993, defines VAW as any act of gender based violence that results in, or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life (Onyejekwu, 2008).

According to Regehr, Alaggia, Dennis, Pitts and Saini (2016), estimates of the incidence and prevalence of rape and other forms of sexual assault vary depending on how these

terms are defined, what type of sexual assaults are included, the time frame during which the data relating to the incidence is collected, sampling methods used, age and gender of the population studied, and the location of the sample. Furthermore, literature existing in most countries reveals studies carried out that comprehensively document the prevalence of rape and sexual assault, but however, the worldwide incidence of rape has been difficult to determine (British Council, 2006). Nevertheless, substantial data reveals that sexual violence and rape are experienced by majority of women all over the world (Regehr, et al. 2016).

Based on this, the UN declaration specifies that rape, marital rape and sexual abuse are forms of VAW. Physical, sexual and psychological acts of violence perpetrated or condoned by the environment/community wherever it occurs also fall within the definition of VAW and such environment

must refrain from engaging in violence against women and exercise due diligence to prevent, investigate and in accordance with national legislation punish acts of violence against women, whether those acts are perpetrated by the state or by private persons. More so, testimonies gathered by the Amnesty International (2000) lead to one uncompromising conclusion that women and girls particularly in Nigeria continue to face discrimination against the law and practice. According to Thornbull and Palmer (2000) the motives of rapist are primarily sexual and that the exercise of power is said to be mostly a means to an end. Furthermore, Odu, Falana and Olotu (2014) described the act of rape as the act in which some men may come to associate sex with violence, and this implies that they don't view women as human beings. They see women as object of prey or domination and view sex as an act of power control and triumph.

The unusual process of constantly penalizing the rape victims instead of the perpetrator has led to unending violence against women. Hence it becomes obvious that there is no effective, independent mechanism for complaints against the police. This situation causes reoccurring episodes of victimization and exhibits different forms of shame, humiliation, anxiety, depression and traumatic stress. Such traumatic stress causes symptoms such as vivid memories of the trauma even years later, leading to post-traumatic-stress disorder, a debilitating malady characterized by recurring and intrusive recollections or dreams of the traumatic event. In addition, Manson and Lodrick (2013) buttressed that undoubtedly, rape appears to be more likely than other traumatic events to result in post-traumatic stress disorder (PTSD) symptoms which is characterized by symptoms like flashbacks or re-experiencing the assault, avoiding things associated with the assault, numbness, and increased anxiety and an increased startle response. Such symptoms could be devastating and as such the incidence of rape leads to tremendous stress to its victim (Peter & Omori, 2019).

Literature reviewed revealed that individuals who experience interpersonal trauma such as rape or child-abuse are more likely to develop post-traumatic stress disorder, as compared to people who experience non-assault-based trauma like accidents and natural disasters (Bisson, Cosgrove, Lewis & Robert, 2015). Similarly, Walsh, Koenen, Aiello, Uddin, and Galea (2014) stated that sexual violence such as rape is associated with increased risk for lifetime post-traumatic stress disorder (PTSD) and exposure to other traumas. Post-traumatic stress disorder have been found to be characterized by intrusive symptoms (flashbacks of the events), avoidance behaviours: avoiding people or situations that remind the survivors of their rape, negative alterations in cognitions or affect, for example, cognition that the world is unsafe place, and hyper-arousal, that is being easily startled (Snipes, Calton, Green, Perrin & Benotsch, 2017).

Furthermore, studies conducted in Nigeria confirm the existence of PTSD among the student population (Busari, 2014; Nwoga, Audu, & Obembe, 2016; Onyenko, Omeiza, & Wakil, 2014; Tagurum, Chirdan, Obindo, Bello, Aforlaranmi, Hassan & Yilgwan, 2014). In a study carried out in Nigeria by Busari (2014), the findings revealed that the lifetime occurrence of assaultive violence was 62.5% in males and 33.6% in females. Busari's findings further revealed that

females had a higher risk of PTSD than males. More so, Nwoga, Audu and Obembe (2016) carried out a study and revealed the prevalence of PTSD among students, particularly university students was 23.5%. Using a sample of 351 undergraduate students, Onyenko, Omeiza, Wakil (2014) found a prevalence of 17.8% for PTSD. This prevalence of PTSD among rape victims is unacceptable and calls for measures to reduce the level of PTSD experienced by rape victims.

Nevertheless, the incidence of rape and rising level of PTSD among rape victims has increased like a plague despite efforts made to reduce this plague. The reduction of PTSD experience among rape victims can be done through the use of counselling techniques. According to Ghani, Wahab and Aziz (2016), counselling is viewed as an assisting relationship between a person who is trained and skilled in the verbal techniques of assistance and has knowledge of human behaviour with someone seeking assistance, whether voluntary or coerced. Furthermore, counselling is a process which assists a normal or psychologically healthy individual in solving problems pertaining to developmental task and life solutions (Gladding, 2000). Buttressing further, Akinade, Sokan and Osarenren (2005) summed up the definitions of counselling as provided by several experts as a number of procedures used in assisting an individual in solving problems which arise in various aspects of their life or in assisting them to maximize their overall personal development so that they could be more effective, satisfied and more useful to the society in which they live.

The concept of counselling encompasses the use of counselling techniques during counselling sessions. The use of counselling techniques are processes which involve the modification of human behaviour through environmental manipulation (Ayinde n.d). The use of counselling techniques also means the treatment of behaviour disorder by behaviour modifications. In view of the relevance of counselling techniques in the counselling process, the following techniques among others can be used by counselling psychologist to handle traumatic symptoms of rape victims, they are rational emotive behavioural therapy, systematic desensitization technique, client/person-centered technique and time-out technique. The rational emotive behavioural technique proposes that it is what people believe about situations they face not the situation itself that causes their emotional disturbance. According to Ayinde (n.d), the rational emotive behavioural therapy is efficacious in alleviating emotional symptoms and cognitive symptoms that rape victims are experiencing. This process further helps in rebutting some irrational belief that rape victim have about sex.

The systematic desensitization technique can be viewed as the de-conditioning or counter conditioning process. This procedure is highly effective in eliminating fears or phobias of rape victims. According to Karfe, and Ntasin (2018), systematic desensitization is a therapy procedure based on social learning principles for the treatment of maladaptive fears. In systematic desensitization technique, the client is taught to relax and then imagine a graded sequence of scenes that are progressively more fear-provoking. By experiencing the stimuli during a relaxed state that is incompatible with

fear, the emotional reaction to the stimuli is gradually weakened. Systematic desensitization technique is effective when dealing with anxiety and other fear-related problems such as rape. The individual is given small doses of what is feared until a relaxed response is built up (Mayange, 2014). Similarly, the client/person-centered technique could often times offer useful ways of working with clients who have experienced trauma and who are actively engaged in struggles to find new meaning in their lives, and who feel that they have learnt important lessons from their experiences (Williams & Joseph in Joseph 2004). Certainly, there can be little doubt that a client-centered approach could be very helpful to some people who are relatively well adjusted and are working through the meaning of their trauma (Joseph, 2004). Joseph further stated that it might be seen as more controversial to suggest that client-centered therapy might also be appropriate for those people with more severe and chronic post-traumatic stress disorder (PTSD).

On the other hand, time-out is a behaviour change technique used to decrease the frequency of a target behaviour, and is most effective for behaviours that are maintained either by attention or tangible reinforcers and if there is high discriminability between the time-out environment and the reinforcing environment, often referred to as time-in (Wolf, McLaughlin & Williams, 2006). The time-out technique involves placing a child in an environment limited in sensory stimulation contingent upon the emission of deviant behaviour. Time-out has been effective in reducing such behaviours as tantrums, inappropriate social behaviours, yelling, aggression, time spent out-of-seat, and inappropriate verbalizations (Alberto, Heflin, & Andrews, 2002).

According to Ask Mike the Counsellor (2019), effective counselling techniques are discreet skills which when practiced effectively by a knowledgeable person (certified counsellor) makes possible a trusting environment where a client can share certain occurrence. Counselling techniques such as those discussed above are employed to reduce the rate of different post-traumatic disorder experienced by incidence victim. Particularly, PTSD experienced by rape victims have been on the increase despite several efforts made by government agencies, parents, private agencies, the society and counsellors to reduce this, PTSD in turn leads to increase in depression, low self-esteem and suicide committed by victims in Nigeria. This is however an unsatisfactory state of affairs observed within and outside the school setting. It is therefore based on this back-drop, this paper examined the perceived influence of counselling techniques for reducing post-traumatic stress disorder (PTSD) among rape victims. In view of the above stated, the study examined:

- ✓ counsellors perceived influence of counselling techniques for reducing PTSD among rape victims with respect to gender.
- ✓ counsellors perceived influence of counselling techniques for reducing PTSD among rape victims with respect to level of experience.

A. RESEARCH QUESTIONS

- ✓ What is mean ratings of male and female counsellors on perceived influence of counselling techniques for reducing PTSD among rape victims?
- ✓ What is the mean rating of less-experienced and experience counsellors on perceived influence of counselling techniques for reducing PTSD among rape victims?

B. HYPOTHESES

- ✓ The mean rating of male and female counsellors on perceived influence of counselling techniques for reducing PTSD among rape victims is no statistically significant.
- ✓ The mean ratings of less-experienced and experienced counsellors on perceived influence of counselling techniques for reducing PTSD among rape victims is not statistically significant.

II. METHOD

This study adopted the descriptive survey research design. The population for the study comprised of 243 guidance counsellors in government owned schools in Anambra state. Through this population, no sampling will be carried out due to the manageable size of the population, hence the population was included in the study. The instrument for data collection was a structured questionnaire drawn through the review of related literatures, the questionnaire was validated and its reliability coefficient checked using Cronbach alpha statistics. 0.863 was the reliability coefficient of the instrument, hence the instrument was deemed reliable.

The instrument was structured on a 5-point Likert scale of strongly agreed (4.50 – 5.00), agreed (3.50 - 4.49), disagreed (2.50 – 3.49), strongly disagreed (1.50 – 2.49), undecided (1.00 – 1.49). The method adopted for data collection was the direct delivery approach, by this the researcher will approach the respondents in their respective offices to administer the research instrument. Descriptive statistics mean and standard deviation was employed in answering research questions, while inferential statistics independent sample t-test was employed to test the hypotheses at 0.05 level of significance. The decision rule for judging the hypotheses was; reject null hypothesis if the significant value is lesser than the alpha value, do not reject the null hypothesis if the significant value is greater than the alpha value.

III. RESULTS & DISCUSSION

- ✓ *RESEARCH QUESTION 1:* What is the mean rating of male and female counsellors on perceived influence of counselling techniques for reducing PTSD among rape victims?

Results on table 1 reports mean and standard deviation on counsellors perceived influence of counselling techniques for reducing PTSD among rape victims. The results revealed that

counsellors strongly agreed to most items posed, particularly items under the rational emotive therapy technique. Male counsellor's mean rating of the items varied from female counsellor's ratings. Under the systematic desensitization technique, male counsellors rated five items strongly agree, although female counsellors also strongly agreed to five items, their opinion still varies. The standard deviation reported in table 1 ranges from 0.65 – 1.50, this shows homogeneity of the scores.

✓ **HYPOTHESIS 1:** The mean rating of male and female counsellors on perceived influence of counselling techniques for reducing PTSD among rape victims is not statistically significant.

Results presented in table 3 shows the t-test summary table on male and female counsellor's perceived influence of counselling techniques for reducing PTSD among rape victims. From the results shown, the significant value (0.067) is greater than the alpha value (0.05), based on this, using the decision rule the null hypothesis is not rejected. This further implies that the mean ratings of male and female counsellors on the perceived influence of counselling techniques for reducing PTSD among rape victims is not statistically significant. The standard deviation also revealed that the scores are spread around the mean, i.e homogeneous in nature.

The results from the analysis carried out in this study revealed that male and female counsellors rated rational emotive therapy technique, systematic desensitization technique, client-centered technique and time-out technique. On the whole, the rating revealed that male and female counsellors varied in their ratings on perceived influence of counselling techniques for reducing PTSD among rape victims. This implies that counselling techniques adopted at different counselling sessions influence the clients PTSD level. This corroborates with Ayinde (n.d) who asserted that counselling encompasses the use of counselling techniques during counselling sessions. Ayinde further buttressed that the use of counselling techniques are processes which involve the modification of human behaviour through environmental manipulation. Similarly, the results on table 3 revealed that counsellors do not differ significantly in their mean ratings with respect to gender.

✓ **RESEARCH QUESTION 2:** What is the mean rating of experience and less-experienced counsellors on perceived influence of counselling techniques for reducing PTSD among rape victims?

Results presented in table 2 shows the item by item mean ratings of less-experienced and experienced counsellor's perceived influence of counselling techniques for reducing PTSD among rape victims. The rational emotive therapy technique was rated agreed to five items, disagreed to item 8 and strongly disagreed to item 3. Both less experienced and experienced counsellors varied in terms of their ratings. The section for systematic desensitization showed similar views in the respondents' response. This was also evident as well in other sections. The standard deviation ranges from 0.60 – 1.20, this show heterogeneity of the scores roundabout the mean.

✓ **HYPOTHESIS 2:** The mean ratings of less-experienced and experienced counsellors on perceived influence of

counselling techniques for reducing PTSD among rape victims is not statistically significant.

Results presented in table 4 shows the t-test summary table on less-experienced and experienced counsellor's perceived influence of counselling techniques for reducing PTSD among rape victims. From the results shown, the significant value (0.00) is lesser than the alpha value (0.05), based on this, using the decision rule the null hypothesis is rejected. This further implies that the mean ratings of less experienced and experienced counsellors on the perceived influence of counselling techniques for reducing PTSD among rape victims is statistically significant. The standard deviation also revealed that the scores are spread far from the mean, i.e heterogeneous in nature.

On the other hand, the results from the analysis carried out in this study revealed that less-experienced and experienced counsellors rated was based on rational emotive therapy technique, systematic desensitization technique, client-centred technique and time-out technique. On the whole, the rating revealed that less-experienced and experienced counsellors varied in their ratings on perceived influence of counselling techniques for reducing PTSD among rape victims. This goes to mean that counselling techniques adopted at different counselling sessions influence the clients PTSD level. The resultant result from the hypothesis tested revealed a significant difference in the mean ratings of less-experienced and experienced counsellors on their perceived influence of counselling techniques for reducing PTSD among rape victims. This difference is evident through the counsellors' level of exposure to the counselling process. This is supported by Snipes, Calton, Green, Perrin and Benotsch's (2017) study which revealed that post-traumatic stress disorder have been found to be characterized by intrusive symptoms (flashbacks of the events), avoidance behaviours: avoiding people or situations that remind the survivors of their rape, negative alterations in cognitions or affect, for instance: cognition that the world is unsafe place, and hyper-arousal, that is being easily startled. These symptoms can only be resolved through the use of counselling techniques.

IV. TABLES AND FIGURES

| S/N | Rational Emotive Therapy Technique | Male | | Female | |
|-----|---|------|------|--------|------|
| | | Mean | SD | Mean | SD |
| 1 | Builds trustworthiness among rape clients | 4.06 | 1.05 | 4.23 | .72 |
| 2 | Promotes the level of psychological health among rape victims | 3.70 | 1.11 | 3.79 | 1.10 |
| 3 | Proves the level of psychological health among counsellors | 1.42 | .93 | 2.30 | .65 |
| 4 | Promotes self-awareness among rape victims | 1.05 | .65 | 1.87 | 1.05 |
| 5 | Proves the counsellors level of professional competency | 3.94 | 1.05 | 3.70 | .65 |
| 6 | Enables interpersonal attractiveness to the | 4.02 | .94 | 3.76 | 1.04 |

| | clients | | | | |
|----|--|-------------|-----------|-------------|-----------|
| 7 | Enables the clients see some level of professional development in the counsellor | 3.91 | .89 | 3.43 | 1.04 |
| 8 | Serves as a mirror to the clients expectations | 2.64 | .78 | 1.58 | .97 |
| 9 | Creates a safe atmosphere for the client | 4.06 | .93 | 3.43 | 1.00 |
| | Systematic Desensitization Technique | Mean | SD | Mean | SD |
| 10 | Builds trustworthiness among rape clients | 3.87 | .96 | 3.83 | .94 |
| 11 | Promotes the level of psychological health among rape victims | 4.22 | .91 | 4.00 | 1.01 |
| 12 | Proves the level of psychological health among counsellors | 3.78 | 1.04 | 3.63 | .85 |
| 13 | Promotes self-awareness among rape victims | 3.96 | .81 | 2.10 | .83 |
| 14 | Proves the counsellors level of professional competency | 2.73 | 1.11 | 1.21 | .76 |
| 15 | Enables interpersonal attractiveness to the clients | 3.76 | .99 | 3.73 | 1.03 |
| 16 | Enables the clients see some level of professional development in the counsellor | 1.42 | .51 | 1.83 | .94 |
| 17 | Serves as a mirror to the clients expectations | 2.32 | .64 | 2.00 | .95 |
| 18 | Creates a safe atmosphere for the client | 3.96 | .81 | 3.86 | .93 |
| | Client-Centered Therapy Technique | Mean | SD | Mean | SD |
| 19 | Builds trustworthiness among rape clients | 2.11 | .98 | 1.98 | .96 |
| 20 | Promotes the level of psychological health among rape victims | 3.91 | 1.15 | 3.11 | .99 |
| 21 | Proves the level of psychological health among counsellors | 1.54 | .97 | 1.62 | .83 |
| 22 | Promotes self-awareness among rape victims | 3.71 | .99 | 3.76 | 1.00 |
| 23 | Proves the counsellors level of professional competency | 3.91 | 1.01 | 3.86 | .77 |
| 24 | Enables interpersonal attractiveness to the clients | 4.10 | .90 | 3.60 | 1.03 |
| 25 | Enables the clients see some level of professional development in the counsellor | 2.32 | .78 | 3.21 | .96 |
| 26 | Serves as a mirror to the clients expectations | 3.80 | 1.06 | 3.80 | 1.06 |
| 27 | Creates a safe atmosphere for the client | 3.92 | 1.01 | 4.00 | .93 |

| | Time-out Technique | Mean | SD | Mean | SD |
|----|--|-------------|-----------|-------------|-----------|
| 28 | Builds trustworthiness among rape clients | 2.10 | .98 | 3.70 | 1.11 |
| 29 | Promotes the level of psychological health among rape victims | 4.01 | .93 | 3.88 | .98 |
| 30 | Proves the level of psychological health among counsellors | 3.93 | .98 | 3.43 | 1.00 |
| 31 | Promotes self-awareness among rape victims | 3.86 | 1.04 | 2.44 | .98 |
| 32 | Proves the counsellors level of professional competency | 3.76 | .86 | 3.43 | 1.10 |
| 33 | Enables interpersonal attractiveness to the clients | 4.23 | .72 | 3.70 | .94 |
| 34 | Enables the clients see some level of professional development in the counsellor | 2.41 | .76 | 1.56 | .87 |
| 35 | Serves as a mirror to the clients expectations | 3.00 | .99 | 2.56 | .96 |
| 36 | Creates a safe atmosphere for the client | 2.19 | 1.01 | 1.48 | .66 |

Table 1: Mean and standard deviation response of male and female counsellors on perceived influence of counselling techniques for reducing PTSD among rape victims (N = 243)

| S/N | | Less-experienced | | Experienced | |
|-----|--|------------------|-----------|-------------|-----------|
| | | Mean | SD | Mean | SD |
| | Rational Emotive Therapy Technique | | | | |
| 1 | Builds trustworthiness among rape clients | 4.31 | .77 | 3.94 | 1.11 |
| 2 | Promotes the level of psychological health among rape victims | 3.59 | 1.14 | 3.75 | 1.08 |
| 3 | Proves the level of psychological health among counsellors | 2.07 | .84 | 1.94 | 1.00 |
| 4 | Promotes self-awareness among rape victims | 1.87 | .77 | 2.87 | 1.11 |
| 5 | Proves the counsellors level of professional competency | 4.01 | .68 | 3.88 | 1.13 |
| 6 | Enables interpersonal attractiveness to the clients | 3.96 | .86 | 3.72 | .96 |
| 7 | Enables the clients see some level of professional development in the counsellor | 1.02 | .66 | 2.96 | .86 |
| 8 | Serves as a mirror to the clients expectations | 2.72 | .96 | 2.11 | .66 |
| 9 | Creates a safe atmosphere for the client | 3.88 | .81 | 3.80 | 1.18 |
| | Systematic Desensitization Technique | Mean | SD | Mean | SD |
| 10 | Builds trustworthiness among rape clients | 4.01 | .71 | 3.71 | 1.09 |

| | | | | | |
|----|--|-------------|-----------|-------------|-----------|
| 11 | Promotes the level of psychological health among rape victims | 4.27 | .85 | 4.07 | .99 |
| 12 | Proves the level of psychological health among counsellors | 2.79 | .99 | 2.70 | 1.02 |
| 13 | Promotes self-awareness among rape victims | 2.03 | .67 | 3.87 | .96 |
| 14 | Proves the counsellors level of professional competency | 2.18 | .70 | 1.85 | 1.03 |
| 15 | Enables interpersonal attractiveness to the clients | 4.92 | .95 | 3.38 | 1.29 |
| 16 | Enables the clients see some level of professional development in the counsellor | 3.66 | .80 | 3.60 | 1.17 |
| 17 | Serves as a mirror to the clients expectations | 1.87 | .70 | 1.41 | 1.16 |
| 18 | Creates a safe atmosphere for the client | 3.88 | .88 | 3.84 | 1.23 |
| | Client-Centered Therapy Technique | Mean | SD | Mean | SD |
| 18 | Builds trustworthiness among rape clients | 4.18 | .72 | 3.42 | 1.29 |
| 20 | Promotes the level of psychological health among rape victims | 2.74 | .87 | 3.68 | 1.07 |
| 21 | Proves the level of psychological health among counsellors | 1.32 | .98 | 2.54 | .87 |
| 22 | Promotes self-awareness among rape victims | 4.18 | .72 | 3.42 | 1.29 |
| 23 | Proves the counsellors level of professional competency | 2.74 | .87 | 2.68 | 1.07 |
| 24 | Enables interpersonal attractiveness to the clients | 3.64 | 1.16 | 4.07 | .87 |
| 25 | Enables the clients see some level of professional development in the counsellor | 1.09 | .95 | 1.22 | .83 |
| 26 | Serves as a mirror to the clients expectations | 4.09 | .95 | 4.22 | .85 |
| 27 | Creates a safe atmosphere for the client | 2.66 | 1.09 | 2.76 | .98 |
| | Time-out Technique | Mean | SD | Mean | SD |
| 28 | Builds trustworthiness among rape clients | 4.11 | .83 | 3.51 | 1.04 |
| 29 | Promotes the level of psychological health among rape victims | 4.03 | 1.04 | 3.51 | 1.40 |
| 30 | Proves the level of psychological health among counsellors | 2.88 | .92 | 1.85 | 1.14 |
| 31 | Promotes self-awareness among rape victims | 4.18 | .72 | 3.81 | .90 |
| 32 | Proves the counsellors | 2.96 | .97 | 2.87 | 1.06 |

| | | | | | |
|----|--|------|------|------|------|
| | level of professional competency | | | | |
| 33 | Enables interpersonal attractiveness to the clients | 3.83 | 1.19 | 3.64 | 1.16 |
| 34 | Enables the clients see some level of professional development in the counsellor | 2.12 | .68 | 3.18 | .89 |
| 35 | Serves as a mirror to the clients expectations | 4.35 | .61 | 3.88 | .94 |
| 36 | Creates a safe atmosphere for the client | 4.12 | .58 | 3.95 | .99 |

Table 2: Mean and standard deviation response of experienced and less-experienced counsellors on perceived influence of counselling techniques for reducing PTSD among rape victims (N=243)

| Variable | Mean | SD | df | sig. value | α | Remark |
|----------|-------|------|-----|------------|----------|-----------------|
| Male | 39.60 | 5.55 | | | | |
| | | | 241 | 0.067 | 0.05 | Not significant |
| Female | 37.53 | 4.66 | | | | |

Table 3: T-test summary table on male and female counsellors' perceived influence of counselling techniques for reducing PTSD among rape victims (N=243)

| Variable | Mean | SD | df | sig. value | A | Remark |
|------------------|-------|-------|-----|------------|------|-------------|
| Less-experienced | 41.57 | 11.18 | | | | |
| | | | 241 | 0.00 | 0.05 | Significant |
| Experienced | 36.85 | 7.73 | | | | |

Table 4: T-test summary table on less-experienced and experienced counsellors' perceived influence of counselling techniques for reducing PTSD among rape victims (N=243)

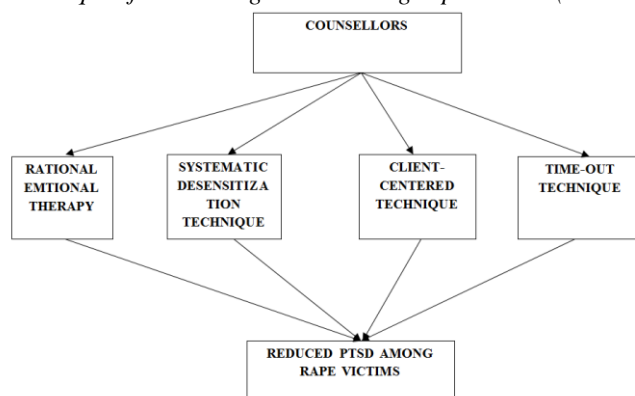


Figure 1: Conceptual Framework on Perceived Influence of Counselling Techniques in Reducing Post Traumatic Stress Disorder (PTSD) Among Rape Victims (Akunne & Nwadinobi, 2019)

V. CONCLUSION

Violence against women (VAW) is not only an exclusive problem for the police or criminal justice system of any country, it is also related to the outcome of a particular

mindset of some erring individuals who develop, stigmatize and have a wrong perception towards women folks especially during the course of their socialization. However, strict legal measures with strong enforcement and rule will also and definitely be useful in controlling such behaviours in the society. Meanwhile, the prevailing cases of sexual violence such as rape has demonstrated that Nigeria as a nation urgently need a combination of legal reforms, policies, and prevention projects on ground that target the underlying causes of rape. The society, public officials, police, people working in the legal system and social workers need to be educated on the root causes and the dynamics of rape and sexual violence, in order to increase reporting and secure legal justice for victims. To this end, the federal, state and local governments need to work out and establish the importance of sexual education projects and awareness campaigns that would put a focus on the menace of stigmatization, sexual rights, remove the negative perception of female sexuality and work towards a deconstruction of male stereotypes which are causes of rape and sexual violence.

VI. ACKNOWLEDGEMENT

Author L I A and Author V N N appreciates the support from the Department of Guidance and Counselling for their encouragements. Also, the Counselling Association of Nigeria (CASSON) for the platform provided to Author L I A and Author V N N to showcase this empirical study on perceived influence of counselling techniques in reducing post-traumatic stress disorder (PTSD) among rape victims.

REFERENCES

- [1] Akinade, E. A., Sokan, B. O. & Osarenren, N. (2005). An introduction to guidance and counselling: A basic text for colleges and universities. Yaba-Lagos: Derate Nigeria Limited.
- [2] Alberto, P., Heflin, L.J., & Andrews, D. (2002) Use of the timeout ribbon procedure during community-based instruction. *Behaviour Modification*, 26, 297-11.
- [3] Amnesty International (2000). Amnesty International, Nigeria: Fear of ill-treatment/legal and medical concern. AI Index: AFR 44/011/2000, 27 September 2000.
- [4] Ask Mike the Counsellor. (2019) Group counselling techniques. Available at: <http://www.askmikethecounsellor2.com>, 2019. Retrieved on: 17th June 2019.
- [5] Ayinde, O. A. Psychological techniques in helping rape victims. *Journal of International Relations*, 2, (3), 128 – 136.
- [6] Bisson, J. I., Cosgrove, S., Lewis, C. & Robert, N. P. (2019). Post-traumatic stress disorder. PubMed, Available at: <http://www.Ncbi.nlm.nih.gov/m/pubmed/26611143/>. Retrieved on: 17th July 2019
- [7] British Council, (2019). Violence against women a briefing document on international issues and responses. Retrieved on: 20th July 2019, Available at: <http://www.britishcouncil.org/waw.pdf>, 2006.
- [8] Busari, A. O. (2014). Assessing prevalence of trauma and the risk of post-traumatic stress disorder among youths within the school community. *African Journal for the Psychological Study of Social Issues*, 17(1), 42-54.
- [9] Ghani, F. B. A., Wahab, R. A., & Aziz, A. A. (2016). Appropriacy of counselling approaches in assisting rape victims: A case study. *The Social Sciences*, 11(13), 3283 – 3244.
- [10] Gladding S. T. (2000) *Counselling: A comprehensive profession* (4th ed). United States: Merrill publishers, New Jersey.
- [11] Karfe, A. S. & Ntasin, A. A. (2018). Effects of systematic desensitization and study skills counselling therapies on test-anxiety in Physics among senior secondary school students in Jalingo, Taraba State. *Global Journal of Human-Social Science: A Art and Humanities-Psychology*, 18(5), 5-12.
- [12] Mason, F. & Lodrick, Z. Psychological consequences of sexual assault (2013, February). *Best Practice & Research Clinical Obstetrics & Gynaecology*, 27 (1), 27 -37.
- [13] Mayange, L. T. (2014). *Principles of behaviour and family adjustment*. Suleja-Abuja Jehoshaphat Printers.
- [14] Nwoga, C. N., Audu, M. D., & Obembe, A. (2016). Prevalence and correlates of posttraumatic stress disorder among medical students in the University of Jos, Nigeria. *Nigerian Journal of Clinical Practice*, 2016, 19(5), 595-599. <https://doi.org/10.4103/1119-3077.188704>
- [15] Odu, B., Falana, B. A., & Olotu, O. (2014). Prevalence of violent sexual assault on south west Nigeria girls. *European Scientific Journal*, 10 (7), 471-481.
- [16] Onyejekwu, C. J. (2008). Nigeria: The dominance of rape. *International Journal of Women's Studies*, 2008, 10 (1), 48-63.
- [17] Onyencho, V. C., Omeiza, B., & Wakil, M. A. (2014). Post-traumatic stress disorder and psychological well-being among university of Maiduguri students. *Ife Psychologia*, 22(1), 195-201.
- [18] Peter, U. B., & Omori, A. E. (2019). Rape Post – Traumatic Stress Disorder Symptoms and Perception of Female Young Adults. *International Journal of Research and Innovation in Social Science (IJRISS)*, 3, (2), 157-162
- [19] Regehr, C., Alaggia, R., Dennis, J., Pitts, A., & Saini, M. Interventions to reduce Distress in adult victims of rape and sexual violence: A systematic review. *Research on Social Work Practice*, 10 (2) 1-9.
- [20] Snipes, J. D., Galton, J. M., Green, B. A., Perrin, P. B. & Benotsch, E. G. (2017). Rape and posttraumatic stress disorder (PTSD): Examining the mediating role of explicit sex-power beliefs for men versus women. *Journal of Interpersonal Violence*, 32(16), 2453 -2470.
- [21] Tagurum, Y. O., Chirdan, O. O., Obindo, T., Bello, D. A., Afolaranmi, O. T., Hassan Z. I., & Yilgwan, C. (2014). Prevalence of violence and symptoms of post-traumatic stress disorder among victims of ethno-religious conflict in Jos, Nigeria. *Journal of Psychiatry*, 18(1), 178. <https://doi.org/10.4172/Psychiatry.1000178>
- [22] Thornbull and Palmer (2000). *Thorn hill, R & Palmer C.T. A natural history of Biological bases of sexual coercion*. Cambridge, MA: MIT Press.

[23] Walsh, K., Koenen, K. C., Aiello, A. E., Uddin, M. & Galea, S. (2014) Prevalence of sexual violence and posttraumatic stress disorder in an Urban African-American population. *Journal of Immigrant and Minority Health*, 16 (6), 1307–1310.

[24] Wolf, T. L., McLaughlin, T. F. & Williams, R. L. (2006). Time-out interventions and strategies: A brief review and recommendations. *International Journal of Special Education*, 21(3), 22-29.

IJIRAS