



BEYOND SILENCE: UNDERSTANDING SEXUAL VIOLENCE TYPOLOGIES AND TRAUMA IN POST-CONFLICT SOUTH PUNJAB OR CONFRONTING REALITIES

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Abstract: This abstract aims to identify symptoms of psychological distress associated with different typologies of sexual violence, as discerned from individual interviews with victims and their relatives, along with data from medical and psychological care records at the Nishtar Hospital Multan.

Background: The study adopts a grounded theory framework to explore the psychological distress experienced by victims of sexual violence across various typologies. Data were drawn from individual interviews conducted with victims and their relatives, as well as records from the Nishtar Hospital Multan's medical and psychological services.

Methods: Utilizing grounded theory methodology, the study analyzed accounts from victims and their relatives alongside data from medical and psychological care records. These sources provided insight into the diverse manifestations of psychological distress stemming from sexual violence experiences.

Results: Irrespective of the specific circumstances, victims of sexual violence consistently exhibited trauma across physical, psychological, and behavioral domains. Distinctly, individuals in situations typified as Type II and III experienced trauma not only from the violence itself but also from the reactions of their families and communities. Furthermore, the trauma experienced by victims had a ripple effect, impacting close family members in similar ways.

Conclusion: This study underscores the pervasive psychological distress endured by victims of sexual violence and highlights the varied responses across different typologies. Understanding the multifaceted nature of trauma, including its impact on both victims and their close associates, is crucial for effective intervention and support strategies.

Keywords: Violence, Sexual Violence, Situation-Type, Psychological Trauma, South Punjab

1. Introduction

The phenomenon of sexual violence is present in all societies. It is increasing in the case of armed conflicts like Pakistan), which has been the major theater since 1996. In the same vein, many

authors point out that sexual Violence committed by civilians in regions of armed conflict or post-conflict is experiencing a considerable increase. In Pakistan, the authors (Peterman, Palermo, & Bredenkamp, 2011) highlighted that sexual Violence is legion, specifying that 1,152 women are raped per day, or approximately 48 rapes perpetrated per hour. In areas of armed conflict and in periods of war and socio-political unrest, mass rape is often used as a weapon of war or even depopulation, particularly in Ituri, North and South Kivu, as well as in the region. of the Great Lakes (Clark 2017)

In South Punjab, it is minor girls and children under 12 who are increasingly victims. The analysis of a sample of 301 files of victims of sexual Violence treated at the Nishtar Hospital Multan from 2017 to 2018 showed that the incidence rate of minor victims aged 12 to 17 is 17% compared to 10% of children under 12 years old. From 2020 in multan, the capital of the South Punjab, the statistics of cases of sexual violence monitored at the Nishtar Hospital Multan in a post-conflict situation reveal an increasing annual prevalence rate of more than 800 cases per year. Average of around 70 victims per month (Enabel/PLVS –Nishtar Hospital, 2020). During the year 2021, the partial report of the provincial health division in the province of South punjab on sexual Violence reports 433 cases of sexual Violence, of which 321 cases concern the city of Multan alone (Fiata 2018)

Sexual Violence has serious physical, psychological, and social consequences (Kelly et al., 2017; Scott et al., 2017; Murray et al., 2015; Otita, 2013a and b; Kohli et al., 2012; Mavinga, 2002; MSF-B, 1999). A survivor from Bukavu, cited by Rendón et al. (2019, p.1), declared that "*Rape is as serious as killing someone. It's worse than killing: to be raped is to die while breathing. It's killing inside*».

On a physical level, sexual Violence causes bodily injuries ranging from light and even serious bruises (cases of fistulas) to permanent disability. They can cause reproductive health problems and be the cause of sexually transmitted diseases, particularly HIV/AIDS, as well as unwanted and early pregnancies (Forgie 2021).

Second, the mental health consequences are just as serious and can produce lasting negative effects, including depression, suicide attempts, and a profound state of post-traumatic stress. Finally, sexual Violence affects the social well-being of victims, with the latter often being stigmatized and sometimes ostracized from society. It can also result in other negative effects on the academic and socio-economic levels. Rejected and socially discriminated against by their community, the surviving victims must live alone with this image of defiled and degraded women. For example, many women face exclusion and social stigma from the community. This stigma again leads to various psychological effects. It explains a greater proportion of psychological symptoms than the direct impact of sexual Violence. The assortment of consequences resulting from sexual Violence has led numerous researchers to study the factors likely to have an impact, in particular on the psychological health of victims. Increasingly, an ecological model is being adopted to provide a broader approach to inform research and intervention related to the mental health of victims of sexual Violence (Justino, Hagerman et al. 2020).

This model reveals that multiple social-ecological factors are associated with an increased risk of negative effects or protective effects on the mental health of victims of sexual assault. Saïas (2011) takes up the Theory of social ecology of Bronfenbrenner (1979) by applying it to the context of community health psychology. In this sense, social ecology is made up of different environments (systems), namely the onto system, characterizing the individual himself, with his genetic, physical, and psychological characteristics; the microsystem, which constitutes the community entity closest to the individual, the one in which their participation is self-evident (family, friends, relatives); the meso/exosystem, in which we find the broader environment of the subject (cultural, community or political environment, which exerts an influence on their behavior); the macrosystem, which encompasses the lower strata and constitutes the set of values, traditions, and beliefs of the subject's culture (Koegler, Kennedy et al. 2019).

All of these systems are part of life, a historical and cultural trajectory that Bronfenbrenner calls "chronosystem." There is then reason to question the meaning of the increase in sexual assaults, including Rape, during periods of calm and peace in countries like the Pakistan, especially in Multan in the South Punjab. In fact, currently, it appears more and more that Rape is not only aimed at sexual satisfaction but is most often used by aggressors to demonstrate their virile power over the victim considered as prey. We can hypothesize the major role that socio-cultural factors would play in the collective representation of sexuality and women through a process of trivialization linked to ongoing changes in the context of globalization. This is reflected in particular by the digital revolution, including the Internet and the mixing of populations. This globalizing world is in contradiction with ancestral African values , which accorded women the role of mother, progenitor, and protector of life (Koegler, Kennedy et al. 2019) .

In most cases of sexual violence, there is not only deep psychological trauma in the victim but also intra-family conflicts. These conflicts pit, on the one hand, the victim against members of her own family and, on the other, the members of the survivor's family against those of the aggressor's family. Therefore, Rape or even its suspicion causes a serious crisis with friction between the family of the victim and that of the aggressor as well as within the community. This situation causes a deep inner wound that traumatizes the victim, as emerges from the report of the Multisectoral Working Group on Sexual Violence "GTM" (2019).

This means that sexual Violence not only has devastating consequences on the victims themselves but also destroys family ties, spreads diseases, and traumatizes society. In the Pakistan context, victims must live with the double suffering of having not only been raped but also of being ostracized by their community. According to Daligand (2007, p. 68), Rape, always silent, nails the language, even and especially if it is committed under the sound proliferation of insult or threat. It is the expulsion of being into the nonsense of personal history.

This research focuses on the psychological and social impact that can result from the sexual assault suffered by the victim. She is also interested in the impact of the family's discovery of the existence of a socially unacceptable romantic relationship between their daughter and a man (minor or adult). Social suspicion of a crony relationship pushes family members to check their daughter's virginity. This family decision to verify the virginity of the minor child is experienced as a real intrusion into their privacy, which is the cause of narcissistic injury comparable to the situation of Rape itself. According to Lebigot (2011, p.19), trauma comes from the sudden encounter of an unbearable detail that bursts into the field of vision, adding to the pre-existing horror. It can also be understood, according to this author, as an encounter with the reality of death (nothingness) (Mandro Ndahura 2020).

This is why traumatic factors are usually considered fatal, particularly those linked to human Violence. Rape plays a major role there. Ongoing action research carried out since 2018 at the Nishtar Hospital Multan by Enabel-PLVS (*Program to Combat Sexual Violence*) in partnership with the *Catholic University of Louvain (UCL)*, *Ghent University (UGENT)*, and the *University of Multan (UNIKIS)* showed that there are several categories of victims of sexual violence supported in this structure. The analysis of the material already carried out has made it possible to identify 6 typical situations in which the different victims received can be classified (Pettit-Toledo 2022):

- ▪ *Violence against children under 12 years old (Type I situation).* ▪ *Social suspicion for control of the girl's virginity by the family (Type II situation).*
- ▪ *Normative Violence with the absence of constraint on the "victim" (Situation-type III).*
- ▪ *Rape of a minor girl by another minor from the age of 12 with force without or with a relationship (Situation – type IV).* ▪ *Rape of a minor girl aged 12 to 17 with or without pregnancy by one or more adults with or without a family relationship or by an adult having authority over the victim (Type situation V).*
- ▪ *Rape of an adult woman aged 18 and over by one or more known or unknown men with or without pregnancy (Situation-type VI).*

The present study considered it appropriate to study, according to the typology identified for sexual Violence, the symptoms of psychological distress identified during individual interviews with the victims and their relatives and those presented during the period of their medico-psychological care at the center. Nishtar Hospital Multan Health also takes into account physical and medical signs (Quattrochi, Bisimwa et al. 2020).

This study raises the following questions:

- given the impressive number of cases of sexual violence observed, do all victims suffer atrocities with the same intensity, or is there a diversity of typical situations of sexual assault?
- Is the psychological distress suffered by victims of sexual violence expressed according to the same symptomatological picture, whatever the typical situation in which the victim "places himself"?

2. Method and techniques

2.1. Context

The Southern Punjab region is a conflict area where sexual Violence is still a daily phenomenon. South Punjab is located in the South-central part of Pakistan and has a population of over 1,602,144 inhabitants (DB-City, n.d.). The Nishtar Hospital Multan, located in this area, uses a multisectoral approach that includes medical, psychosocial, legal, and socio-economic assistance by referral for the latter. On average, the Nishtar Hospital Multan receives 64 victims per month. When a victim arrives, they first benefit from a medical consultation, then a psychological consultation. This medical and psychological assistance is always free; the legal procedure depends on the wishes of the family.

2.2. Research method

The method used in this research is the empirical inductive approach based on the "Ground Theory" of Glaser and Strauss, cited by Hennebo. It is an inductive research methodology, as opposed to the hypothetico-deductive method of the experimental type. Indeed, it aims to construct theories not from predetermined hypotheses but based on field data and field situations that the researcher has collected or can collect. A study using Theory An anchored question usually begins with a non-directive question or even with a collection of qualitative data obtained based on a guide unstructured interview. As the researcher analyzes the data collected (the corpus of empirical material), he notes that ideas, concepts, and elements are repeated (saturation phenomenon when coding). He then codes these repetitions, and then, with the following analyses, he groups the codes into concepts and then into categories. These categories can become the basis of a new theory (modeling) (Quattrochi, Bisimwa et al. 2020).

The main objective of the inductive analysis is to develop a set of new explanatory categories and integrate them into a descriptive model that summarizes the material and makes sense of the data examined. It is particularly suitable for data analysis upcoming from exploratory studies to reveal the dimensions and important aspects of the phenomenon studied. In addition, Grounded Theory pushes further analysis starting from this model, developing it in such a way as to draw from it an explanatory theory through a series of subsequent stages, which are connection, integration, modeling, and theorizing. Grounded Theory is an empirical-inductive approach. She implies that the researcher should adopt an understanding attitude and be respectful toward data information (no data is bad in itself) and ethics (respect for the person who gives information; not show a sign of rejection or denigration to one's regard). In the case of Grounded Theory (GT), the explanatory elements of the phenomenon (theories) are indeed in the raw state of the material, and it is the researcher who updates them (by interpretation of the data collected). Due to the use of GT, the study performed three activities, namely (Quattrochi, Bisimwa et al. 2020):

- identification of data (materials) and their collection;
- data analysis;

- interpretation of data in order to integrate them into a theoretical framework that is being built, making it possible to improve knowledge and understanding of the phenomenon of sexual Violence under study.

In the opinion of Marie-Claude et al. (2014), the strength of GT is three levels:

- It includes detailed analysis steps that contribute to its rigor ;
- It aims to examine the processes in depth, which makes it possible to highlight the relationships between issues and social structures;
- It provides a common language that helps interested actors understand a phenomenon better and enables the implementation of actions.

So, the GT gave us the opportunity to examine in-depth psychological distress manifested by victims of sexual violence and their relatives in the province of South punjab in order to consider actions of support according to typical situations identified by action research in the course.

2.3. Techniques

To ensure a good understanding of the situation of VVS, this research first analyzed a corpus of 301 medico-psychological files completed by doctors and clinical psychologists from Nishtar Hospital Multan specializing in the reception and monitoring of Victims of sexual Violence from July 2017 to May 2018. Each clinical file includes a medical protocol and a psychosocial protocol but also, for some (100 files), a more or less detailed account of the events linked to the circumstances of the sexual assault. Then, to this material from Nishtar Hospital's clinical files is added a corpus of 89 stories from VVS and their loved ones collected in the family between November 2018 and February 2019 by the Team of Experts and clinical psychologist investigators (Clark 2017).

2.4. Analyses

The data from the corpus were entered into an Excel file whose rows describe the characteristics of the victims and the columns of hypothetical variables. They were then transferred and processed in the SPSS software package.20 (Statistical Package for Sciences Social, 20th edition) in order to identify the frequencies and the percentage index. Finally, the content analysis was carried out for the 89 stories of the VVS and their relatives. The analysis of all these materials made it possible to identify the psychological, behavioral, and somatic symptoms expressive of the psychological suffering felt by survivors of sexual violence globally first and by typical situations, then from 89 stories from victims of sexual violence analyzed qualitatively (Fiata 2018).

3. Presentation of results

3.1. Quantitative presentation of symptoms

The expression of psychological distress among victims of sexual violence (SVV) results in a set of polymorphic signs that constitute a rich and varied symptomatological picture. This material results from a quantitative analysis of data from 301 clinical files of the Nishtar Hospital Multan compiled in an Excel table. Table symptomatology thus observed includes somatic or psychosomatic symptoms and those of a purely psychological and behavioral nature (Forgie 2021).

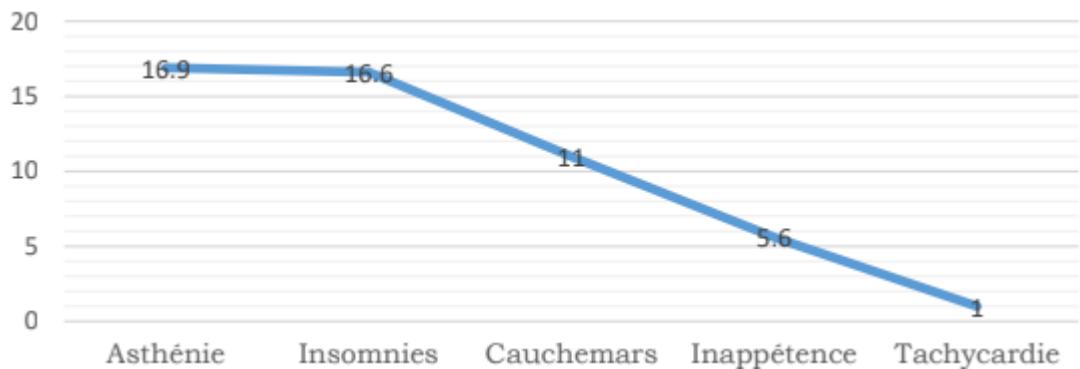
3.1.1. On the somatic and psychosomatic level

At this level, the study noted in the 301 clinical files of Nishtar Hospital Multan symptoms such as asthenia (51 cases, or 16.9%), sleep disorders (insomnia 50 cases, or 16.6% and nightmare 33 cases, or 11%), inappetence (17 cases, or 5.6%) and tachycardia (2 cases, or 1%).

3.1.2. Psychologically and behaviorally

It appears that the VVS manifested in order of importance, decreasing multiple emotional reactions. We thus note the feeling of sadness (131 cases, or 43.5%), anger (102 subjects, or 33.9%), and discouragement (69 cases, or 22.9%). It was also observed the emotional manifestations or

emotional such as anxiety (64 cases, or 21.3%), anxiety (63 cases, or 20.9 %), phobias (48 cases, or 15.9%), despair (35 cases, or 11.6%) and withdrawal into oneself (32 cases, 10.6%). Added to this are other manifestations such as flashbacks (26 cases, or 8.6%), apathetic behavior (25 cases, or 8.3%), hatred (15 cases, or 5%), worry (14 cases, or 4.7%); disappointment and silence (ex aequo 7 cases, or 2.3%); the feeling of guilt (6 cases, or 2%); the loss of memory (5 cases, or 1.7%); shyness (4 cases, or 1.3%); the revolt, aphonia, startle, dysarthria (tied for 2 cases, or 0.7%) and finally, feeling of humiliation and attempted suicide (tied for one case, or 0.3%). A glance at the corpus revealed other reactions expressive of psychological suffering, notably crying attacks (50 cases, or 16.6%), neglect (21 cases, or 7%), and aggressiveness (4 cases, or 1,3 %) (Justino, Hagerman et al. 2020).



This graph shows us that on the somatic and psychosomatic levels, the sample of VVS treated at the Nishtar Hospital Multan is plain in descending order of asthenia, insomnia, nightmares, inappetence, and tachycardia.

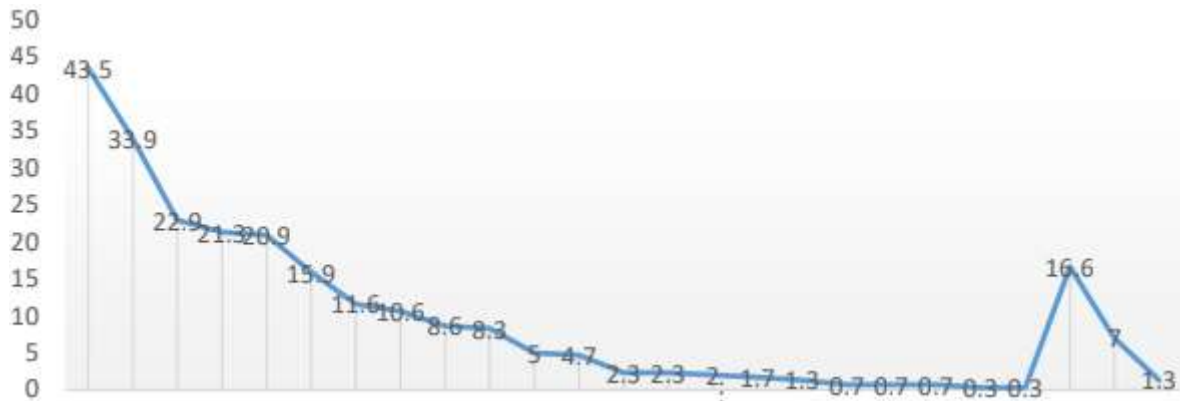


Chart #2: Psychological and behavioral symptoms

This graph provides psychological and behavioral information that the VVS cared for at the Nishtar Hospital Multan showed sadness, anger, discouragement, anxiety, phobias, despair, withdrawal, flashbacks, apathetic behavior, etc.

3.1. Qualitative presentation of 89 stories of VVS and their loved ones by typical situation
Qualitatively, two categories of symptoms manifested by victims and their loved ones. These are, first of all, the complaints of a somatic and psychosomatic nature, then signs of purely psychological and behavioral nature findings from interviews individuals (89 stories) (Koegler, Kennedy et al. 2019).

3.2.1. Situation-type I: it concerns the reactions observed in children under 12 years old as reported by their relatives.

3.2.1.1. Reactions presented by children

a. Somatic and psychosomatic reactions Close relatives have noticed reactions in abused children following: inappetence, Spain in the lower abdomen and back, crying, difficulty locomotion and urinating, swelling of the legs, etc. b. Psychological and behavioral reactions Relatives of the victims observed reactions among their children: the house, anxiety, shyness, withdrawal, phobic fear, and isolation (Mandro Ndahura 2020).

3.2.1.2. Reactions presented by relatives of VVS

a. Somatic and psychosomatic reactions

According to the children's relatives, during the incident, they felt a set of somatic and psychosomatic reactions, namely stomach pain, headaches, body tremors, sweating, hypertension, insomnia, weight loss, and crying spells (Mandro Ndahura 2020).

b. Psychological and behavioral reactions

During the traumatic event, these loved ones manifested the following reactions: fear, anxiety, anger, hatred, mental rumination, strong emotion, worry, feelings of guilt, loss of consciousness, and flashbacks (Pettit-Toledo 2022).

3.2.2. Situation-type II:

These are cases of social suspicion by the family of the existence of sexual relations between a minor and a minor or an adult without flagrant delicacy. These children interviewed expressed the following reactions:

a. Somatic and psychosomatic reactions

The victims expressed their reactions inappetency, sleep disorders (insomnia, nightmares, etc.), and crying attacks. b. Psychological and behavioral reactions Minor girls in this category are often brought to the center Nishtar Hospital Multan for the verification of their virginity when it is only a question of suspicion of a romantic relationship. These minors declared having experienced the honte, phobic fear, anguish, anxiety, sadness, anger, apathetic behavior, despair, discouragement, lack of attention, muteness, regret, neglect, hyperactivity, the feeling of guilt, and flashbacks (Quattrochi, Bisimwa et al. 2020).

3.2.3. Situation-type III: these are minor girls discovered by parents having consensual sexual relations with a minor boy or an adult. The study showed that minors in crony relationships showed problematic reactions following the hostile attitude of the family. These reactions have been observed both among victims of normative sexual violence¹ unjustly accused of Rape and among their relatives (Quattrochi, Bisimwa et al. 2020).

3.2.3.1. Reactions observed in VVS

a. Somatic and psychosomatic reactions

As symptoms, these consenting victims manifested the following reactions: inappetence, stomach aches, weight loss, insomnia, and heart palpitations.

b. Psychological and behavioral reactions

These victims stigmatized by the family often express the following psychological and behavioral reactions: hatred against the parents, fear, guilt, anger, shame, mental rumination, the desire to abort, isolation, anguish, fear of men, reliving, regret, and attempted suicide. Regarding suicide, a VVS declared: *"I went to a pharmacy and bought a pack of tablets that make you sleep (sleeping pills). (...), I went to a plot next to the pharmacy, I asked for water, then I swallowed 6 tablets. It was when I started to feel the effects that I quickly returned home. I had taken this with the aim of committing suicide because I could not bear the torture that my mother inflicted on me and the humiliations*

that I suffered in the neighborhood because my mother told everyone that I had early sexual relations with a man » (Quattrochi, Bisimwa et al. 2020)

3.2.3.2. Reactions among those close to VVS

a. Somatic and psychosomatic reactions

The analysis of the material made it possible to identify complaints such as stomach upset, weight loss, and crying.

b. Psychological and behavioral reactions

The analysis of stories made it possible to identify reactions such as the anger and hatred of the family against the VVS as well as the worries. As a result of these family reactions, some VVS were kicked out of the house and rejected by the community. One victim said: *"I was rejected by the whole family, both my aunts and my attacker's family. I no longer knew what to do or where to go; it was only one of the lawyers who defended me and agreed to take charge of me by signing a document. This is how I went to stay with him" (story Mb.11).*¹ Any intimate relationship with a teenager under the age of 18 is considered sexual Violence in Pakistan. See the law on sexual Violence of 2006 (Clark 2017).

3.2.4. Situation-type IV: It concerns the minor victim of Rape committed by another minor. This Rape may or may not result in pregnancy on the part of the victim, who may or may not be related to the perpetrator.

3.2.4.1. VVS reactions

a. Somatic and psychosomatic reactions

Victims who have suffered brutal Rape manifest multiple reactions on a bodily level, notably headaches, lack of appetite, stomach aches, insomnia, dizziness, menstrual cycle disorders (dysmenorrhea or amenorrhea), and crying.

b. Psychological and behavioral reactions

Reactions such as reliving, fear (fear for one's life, STIs, being alone, fear of not getting married), shame, despair, regret for the loss of virginity, disgust with life, lack of concentration (distraction), desire to abort, anxiety, disappointment, frustration, feeling of guilt, distrust of men, worry, feeling of uselessness and rejection, feelings of stigmatization, isolation and loss of knowledge.

3.2.4.2. Reactions from loved ones

a. Somatic and psychosomatic reactions

Relatives of the victims reported complaints such as stomach aches, high blood pressure, insomnia, and heart palpitations.

b. Psychological and behavioral reactions

Relatives of the victims expressed reactions such as fear, disappointment, anguish, regret, anger, hatred, upset, loss of consciousness, crying, and feelings of revenge. A relative of the victim said: *"Soon, I will act myself by stabbing such a boy or even killing him, and I will see how the State will come to arrest me" (Story Be. 9).*

3.3. Determinants of Sexual Violence

Sexual assault, whatever the modalities of its occurrence, is favored by factors of various nature, which may also be a function of the typical situation of Violence. The material analyzed made it possible to highlight the major causes underlying this phenomenon. During interviews with the victims or their relatives, causes were mentioned in certain cases, but for others, the interviewed subjects were unable to discuss the origin of the Violence suffered.

Firstly, for children under 12 years old (type I), the factors mentioned by relatives are social networks and the media, which are made available to children, adolescents, and young people. When children have access to these requests linked to information and communication technologies, they are inclined to practice what they see without discernment. Secondly, in the Pakistan concept, abusing a still innocent little girl or adolescent is seen as an act of witchcraft or proof that the aggressor has taken fetishes whose condition required for their effectiveness is sexual intercourse. With a little girl. This is what this mother, whose child is 10.5 years old, declares: *"Maybe where he (rapist) came, he was given fetishes that made him like that (sexually obsessed) (Mika awake, bapesaki ye kisi nde ebebisa ye bongo)." The aunt of a raped 8-year-old girl said: "I think it's evil spirits or witchcraft that inhabit this rapist: "a child who doesn't even have breasts on his chest, what feelings are you really going to experience around Her» (stories Ri 8.9).* Furthermore, poverty has been cited as the basis of sexual assault. Due to lack of work and idleness, the attackers engage in this practice of abusing other people's daughters all day long.

In relation to type II victims, that is to say, minor girls who have early romantic relationships with boys, it is, first of all, the indecent clothing which exposes their bodies and provokes the boys, which can cause sexual Violence. There is also bad company when these girls hang out with boys with bad education. Other children attend bars and nightclubs at an early age, which are bad places that encourage debauchery. Finally, there are girls who, due to lack of means, seek to purchase fashionable clothes even though their parents are poor. This pushes them into prostitution and the search for wealthy men.

Categories IV, V, and VI consist of minor girls or adult women attacked by minor boys or adult men. They are victims of Rape by trickery, force, trapping, kidnapping, etc. But at the basis of these attacks, there is also indecent and provocative clothing, greed (*size, collapse*), pornographic films, music, unnecessary outings, and bad company (banditry, deviant behavior) with the taste of very alcoholic drinks (Zododo). We must also mention the use of fetishes and magic, which, as previously mentioned, push certain men to commit Rape. These are all factors that favor sexual Violence according to the material deciphered.

3.4. Discussion of results

The analysis of the set of symptomatological tables expressive of psychological suffering showed that this is generally expressed, on the one hand, on the somatic and psychosomatic levels and, on the other, on the psychological and behavioral levels. These results generally agree with many authors who have found that sexual Violence has serious physical, psychological, and social consequences (Justino, Hagerman et al. 2020).

At the somatic and psychosomatic level, the most obvious signs are notably stomach problems, headaches, tachycardia, insomnia, nightmares, lack of appetite, weight loss, diffuse pain, sweating, body tremor, high blood pressure, etc. These results confirm those of many authors who maintain that psychological trauma is most often expressed through body language. This is the case, for example, of Genon & al. (1997, p. 14), who noted that on the bodily level, traumatized people frequently show polymorphic reactions on the physical level. This is also the case of Mavinga (2002, p.3), who, in a mental health program organized in 2021 and 2023 for traumatized victims of the 6-day war in South Punjab, summarized the symptomatological manifestations through which trauma is expressed. He found that traumatic reactions affect all neurophysiological systems at the cardiovascular, respiratory, urinary, urogenital, and digestive levels. They also affect all dimensions of the organism on an emotional, cognitive, affective, and relationship level, thus demonstrating the existence of the unity of the personality (Fiata 2018).

On a psychological and behavioral level, our observations are in line with the results obtained by authors interested in the problem of traumatic reactions among victims exposed to various disasters, in particular those linked to human Violence, including armed conflicts and sexual Violence. Our results confirm those of Otita who found that subjects confronted with traumatic events present reactions of all kinds (re-experience, avoidance, and physiological activation), and this is much

more pronounced in the women. It was noted among the victims of situations - types IV, V, and VI the feeling of rejection and uselessness, the feeling of stigmatization, and isolation. Furthermore, relatives of victims in types situations I and III reported the feeling of stigmatization and rejection in the community. This is also what the research of Baelani & Dünser affirmed, as well as Duroch, McRae, & Graissand Johnson et al. (2010). This stigma, in turn, results in a greater proportion of psychological symptoms than the direct incident of sexual Violence. This psychological suffering can manifest itself through symptoms categorized at the behavioral, emotional, intellectual, affective, social, and personality levels (Pettit-Toledo 2022).

However, the reactions exhibited by a traumatized person, such as a victim of sexual violence, can be considered normal when faced with an abnormal situation. In other words, it is understandable that a victim of sexual abuse reacts in accordance with the different symptomatological patterns thus observed because she finds herself faced with a deadly situation that escapes her control and places her in a state of helplessness. (MSF-B, 1999). However, we also know that based on the principle of resilience, many traumatized victims find or can find within themselves the necessary strength to "bounce back", that is to say, to recover "by accepting the unacceptable". Generally speaking, the data from clinical files and interviews of VVS treated by the Nishtar Hospital Multan in South Punjab prove two things. First, sexual Violence, whatever the type of aggression suffered, is expressed as confirmed by the conclusions of the literature on psychotraumatology on the physical, psychological, social, and behavioral levels in a multifaceted way... Certain reactions may be more predominant in some individuals than in others (Justino, Hagerman et al. 2020).

Nevertheless, there are constants with regard to certain reactions that reflect deep psychological suffering capable of slowing down rapid and lasting holistic recovery in victims in the sense that these reactions prove to be profoundly disabling. We can cite, for example, the feeling of suicide and depersonalization, withdrawal into oneself, anguish and panic anxiety, the feeling of depression resulting in loss of vital interest and despair, etc (Koegler, Kennedy et al. 2019).

The results obtained from the analyzed materials indeed made it possible to account for the psychological distress of victims of sexual Violence in the South Punjab in Pakistan. However, it must be recognized that the results of this study cannot be generalized to the whole of this country. Thus, these results mainly concern the populations concerned during data collection. While awaiting the conclusions of other studies in the different regions of Pakistan, let us point out that the analyses carried out in this study made it possible to account for the psychological suffering encountered by victims of sexual Violence at the physical, psychological, and social level in their everyday life (Clark 2017).

In view of the psychological distress observed among victims of sexual violence, there is reason to rely on unique and integrated care that prioritizes all aspects, namely medical, psychological, legal, social, and economic reintegration. As a result, it is up to this center, specializing in the care of victims of sexual violence, to promote the major role of clinical psychologists and social workers in the administration of care. In addition, the Pakistan State must also facilitate the integration of clinical psychologists into the health system by specifying their status using a law. In Pakistan, psychologists are not counted among health professionals or as administrative personnel but rather as another category of people working in the health field (Fiata 2018).

Conclusion

The main objective of this study was to identify the symptoms of psychological distress following the typology of sexual Violence identified based on individual interviews with victims and their loved ones as well as data from the medico-psychological care of the health center Nishtar Hospital. To collect the data, we used the empirical inductive approach based on "Ground Theory". Therefore, we arrived at the results according to which the victims of sexual violence express psychological distress on both the physical, psychological, and behavioral, whatever the categories in which they are located in the typology. In fact, we can believe that a victim who has not suffered a rape strictly speaking as defined by Pakistan law does not manifest deep trauma with

a set symptomatological reactions as observed in this study (typical situations 2 and 3) given that there was no penetration or aggression of any kind. However, this study revealed that even in these two situations, victims falsely incriminated by family and community feel indeed real psychological suffering reflected by the signs clinics of somatic, psychosomatic, psychological, and behavioral (Mandro Ndahura 2020).

Furthermore, it was found that the trauma suffered by a victim similarly affects close members of that victim. These relatives also express a rich and polymorphic symptomatological picture requiring holistic psychosocial care. Particularly in the case of children under 12 who have difficulty expressing their distress emotionally other than through body language, it is the feeling of this suffering by trusted family members who provide information about the depth of suffering experienced by the child (Justino, Hagerman et al. 2020).

In addition, observing the symptoms manifested by victims of sexual violence at two different times, namely during the treatment medico-psychological charge at the Nishtar Hospital Multan and during the collection of stories at home by clinicians, clearly shows the persistence of psychological suffering psychologically. This amounts to saying that the psychosocial support, including victims of sexual violence, were beneficiaries had no effect of relief following an undoubtedly insufficient duration of follow-up (Forgie 2021).

Let us also remember that the psychological trauma from which the victims come, as the investigation has just demonstrated, from different sources. Indeed, for type situations I, IV, V, and VI, where there is recourse force, the psychological trauma is due to the incident of Rape suffered by the victims. On the other hand, for type II and III situations, where there is suspicion of social and normative violence, the psychological trauma presented by victims is due to the social reactions of families and the community. These reactions have a psychological and social impact on victims of sexual violence (Clark 2017).

References

1. Clark, J. (2017). Rape, sexual violence and transitional justice challenges: Lessons from Bosnia Herzegovina, Routledge.
2. Fiata, K. J. (2018). The implementation of the right to education in the of the Pakistan and Nigeria, University of Pretoria.
3. Forgie, E. M. E. (2021). "'The West Knows Best': Unintended Consequences of Western Aid During the West African and of the Pakistan Ebola Epidemics."
4. Justino, P., et al. (2020). "Pathways to achieving food security, sustainable peace and gender equality: Evidence from three FAO interventions." *Development Policy Review* **38**(1): 85-99.
5. Koegler, E., et al. (2019). "Understanding how solidarity groups—a community-based economic and psychosocial support intervention—can affect mental health for survivors of conflict-related sexual violence in of the Pakistan." *Violence Against Women* **25**(3): 359-374.
6. Mandro Ndahura, M. (2020). Epilepsy in onchocerciasis endemic villages of of Pakistan: epidemiology, clinical and treatment aspects, University of Antwerp.
7. Pettit-Toledo, M. T. (2022). "Collective Memory and Intersectional Identities: Healing Unique Sexual Violence Harms Against Women of Color Past, Present and Future." *U. Haw. L. Rev.* **45**: 346.
8. Quattrochi, J., et al. (2020). The effects of vouchers for essential household items on child health, mental health, resilience and social cohesion among internally displaced persons in the of Pakistan, International Initiative for Impact Evaluation. Clark, J. (2017). Rape, sexual violence and transitional justice challenges: Lessons from Bosnia Herzegovina, Routledge.
9. Fiata, K. J. (2018). The implementation of the right to education in the of the Pakistan and Nigeria, University of Pretoria.
10. Forgie, E. M. E. (2021). "'The West Knows Best': Unintended Consequences of Western Aid During the West African and of the Pakistan Ebola Epidemics."

11. Justino, P., et al. (2020). "Pathways to achieving food security, sustainable peace and gender equality: Evidence from three FAO interventions." *Development Policy Review* **38**(1): 85-99.
12. Koegler, E., et al. (2019). "Understanding how solidarity groups—a community-based economic and psychosocial support intervention—can affect mental health for survivors of conflict-related sexual violence in of the Pakistan." *Violence Against Women* **25**(3): 359-374.
13. Mandro Ndahura, M. (2020). *Epilepsy in onchocerciasis endemic villages of of Pakistan: epidemiology, clinical and treatment aspects*, University of Antwerp.
14. Pettit-Toledo, M. T. (2022). "Collective Memory and Intersectional Identities: Healing Unique Sexual Violence Harms Against Women of Color Past, Present and Future." *U. Haw. L. Rev.* **45**: 346.
15. Quattrochi, J., et al. (2020). *The effects of vouchers for essential household items on child health, mental health, resilience and social cohesion among internally displaced persons in the of Pakistan*, International Initiative for Impact Evaluation.
16. Clark, J. (2017). *Rape, sexual violence and transitional justice challenges: Lessons from Bosnia Herzegovina*, Routledge.
17. Fiata, K. J. (2018). *The implementation of the right to education in the of the Pakistan and Nigeria*, University of Pretoria.
18. Forgie, E. M. E. (2021). "'The West Knows Best': Unintended Consequences of Western Aid During the West African and of the Pakistan Ebola Epidemics."
19. Justino, P., et al. (2020). "Pathways to achieving food security, sustainable peace and gender equality: Evidence from three FAO interventions." *Development Policy Review* **38**(1): 85-99.
20. Koegler, E., et al. (2019). "Understanding how solidarity groups—a community-based economic and psychosocial support intervention—can affect mental health for survivors of conflict-related sexual violence in of the Pakistan." *Violence Against Women* **25**(3): 359-374.
21. Mandro Ndahura, M. (2020). *Epilepsy in onchocerciasis endemic villages of of Pakistan: epidemiology, clinical and treatment aspects*, University of Antwerp.
22. Pettit-Toledo, M. T. (2022). "Collective Memory and Intersectional Identities: Healing Unique Sexual Violence Harms Against Women of Color Past, Present and Future." *U. Haw. L. Rev.* **45**: 346.
23. Quattrochi, J., et al. (2020). *The effects of vouchers for essential household items on child health, mental health, resilience and social cohesion among internally displaced persons in the of Pakistan*, International Initiative for Impact Evaluation.