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ACCEPTANCE AND COMMITMENT THERAPY (ACT) AS A COUNSELLING STRATEGY FOR REDUCING POST-TRAUMATIC STRESS DISORDER ASSOCIATED WITH RAPE

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Abstract

Rape is an unlawful sexual intercourse between a man and a woman, and the act is becoming very rampant in Nigeria. Most of the time, perpetrators go unpunished, while most rape survivors develop Post-Traumatic Stress Disorder (PTSD), leading to social, psychological, and emotional pains. Rape victims thus require therapeutic intervention to adjust to this situation. This paper therefore highlights the usefulness of Acceptance and Commitment Therapy (ACT) as a counselling strategy for mitigating PTSD among victims of rape. ACT is designed to defuse emotional rigidity and emphasises engaging clients in value-based positive behaviours while experiencing difficult thoughts, emotions, or sensations. It is a therapeutic approach used in helping rape victims overcome emotional and psychological trauma, such as hopelessness, low self-esteem, suicidal ideation, self-blame, and flashbacks. The paper also covers a review of relevant literature on the concepts of rape, theories of rape, rape trauma syndromes, as well as the application of ACT in reducing PTSD among rape victims in Nigeria. Based on the review, it was suggested that counsellors in Nigeria should adopt ACT in assisting rape victims to cope with the challenges associated with PTSD.

Keywords: Acceptance and Commitment Therapy, Post-Traumatic Stress Disorder, Rape, Counselling strategy

Introduction

Rape is an unwanted sexual act which is perpetrated on mostly the female gender and it has distressing mental, emotional, and health consequences on the victims. The victim may be disoriented, and the image she has of herself in relation to her social environment is often times affected. The incidence of rape, regardless of the age of the victim, has witnessed an upsurge in Nigeria and other parts of the world in recent times. The National Human Rights Commission (NHRC) disclosed that a total of 11,200 rape cases, including children, were reported in Nigeria between the years 2015 and 2020 (Adetoyese, 2023). Those that survived the horrific incident often carry the pains and wounds inflicted on them by sexual predators for many years of their lifetime.

The World Health Organisation (2024) reported that in Nigeria, nearly one in four women experience sexual violence. Hayes (2025) reported that up to one third of adolescent girls report their first sexual experience as being forced. Tull (2023) affirmed that rape has a profound impact on physical and mental health of victims. The physical injury such as bruises of their private parts, wound sustained in the course of fighting back has both immediate and long-term effects on the victims. However, Marshall and Moulden (2023) asserted that the effects of rape on mental health can be more serious compared with physical effects and may be long lasting. While rape is considered one of the most dehumanising offences, the experience of an attempted or completed rape can have a shattering effect on a victim's life. A close watch on some victims of rape show changes in their thoughts or behaviours which greatly interfere with their ability to function

effectively in different areas of life (WHO, 2024). Most victims, especially virgin girls, feel that their chastity is gone and their innocence is destroyed (Hayes, Luoma, Bond, Masuda & Lillis, 2023). Most times, the victims are left to bear the stigma alone. Hayes (2025) stressed further that the victim alone knows the extent of what she suffers and the wound inside her.

Hayes, Pistorello, and Levin (2024) asserted that victims of rape are faced with multiple consequences. Rape victims may be stigmatised or ostracised by their families, friends, and acquaintances. A rape survivor might develop nightmares, intrusive thoughts, or even Post-Traumatic Stress Disorder (PTSD). One of the counselling theories used to address PTSD associated with rape is Acceptance and Commitment Therapy (ACT). ACT has been shown to be an effective counselling approach for reducing PTSD among rape survivors. PTSD resulting from rape often leads to intense emotional distress, including flashbacks, anxiety, and avoidance behaviours (Christodoulou, 2024). Unlike traditional therapies that aim to eliminate symptoms, ACT focuses on helping survivors accept painful memories and emotions while fostering a meaningful life. ACT was developed by Steven Hayes and emphasises mindfulness, acceptance, and psychological flexibility to support trauma recovery.

Lowell (2024) stated that Acceptance and Commitment Therapy (ACT) consists of six core processes: cognitive defusion (distancing from harmful thoughts), acceptance (allowing difficult feelings without resistance), mindfulness (being present in the moment), self-as-context (seeing oneself beyond trauma), values clarification (identifying what matters most), and committed action (taking purposeful steps toward those values). These processes guide survivors to reduce the grip

of traumatic memories, build resilience, and make conscious choices aligned with their values. ACT avoids pathologising survivors and instead promotes empowerment, healing, and growth.

ACT offers a trauma-sensitive, culturally adaptable, and empowering framework when applied in counselling settings. It helps survivors shift from avoidance and fear to acceptance and purposeful action. By changing how individuals relate to their inner experiences rather than trying to eliminate those experiences, ACT provides lasting tools for navigating life after trauma. This makes it a valuable approach for helping rape survivors reduce PTSD symptoms and reclaim their sense of identity, meaning, and overall well-being.

Conceptualising Rape

Rape is a form of sexual violence involving non-consensual sexual intercourse or penetration, carried out through force, threats, coercion, or when the victim is unable to give consent. It is a deeply traumatic act that violates a person's bodily autonomy, dignity, and fundamental human rights (Tull, Weiss &McDermoH, 2024). Rape can occur in various contexts, including within intimate relationships, among acquaintances, or by strangers. Victims of rape often suffer from long-term psychological effects such as fear, shame, depression, and post-traumatic stress disorder. Social stigma and victim-blaming frequently prevent survivors from speaking out or seeking help. Legally and ethically, rape is considered a serious crime punishable by law in most countries (National Institute of Mental health, 2020). Preventing rape requires education, strong legal systems, community awareness, and support services for survivors.

Theoretical Framework

One prominent theory on rape is the Power Theory, proposed by Brownmiller (1975) in her influential work *Against Our Will: Men, Women and Rape*. Brownmiller argued that rape is not primarily an act of sexual desire, but rather a form of power and control used by men to dominate and intimidate women. She suggests that rape functions as a tool to maintain gender inequality, reinforcing male dominance in society by instilling fear in women. According to this theory, rape is deeply embedded in cultural and societal structures that normalise male aggression and female subordination. Brownmiller's feminist perspective highlights how societal attitudes, victim-blaming, and legal loopholes often perpetuate rape culture. The theory has significantly influenced feminist discourse and policies aimed at addressing sexual violence. In summary, Brownmiller (1975) presents rape as a socio-political act rooted in power dynamics rather than individual pathology, emphasising the need for societal change to combat sexual violence.

Post-Traumatic Stress Disorder (PTSD) Associated with Rape

Post-Traumatic Stress Disorder (PTSD) is a severe mental health condition that develops after an individual experiences or witnesses a traumatic event, such as rape (Idoko, Nwobodo & Idoko, 2020). Rape is not only a physical violation but also an emotional and psychological trauma that deeply affect a person's mental well-being. For many survivors, the trauma of rape persists long after the incident, disrupting their daily lives, relationships, and ability to function. PTSD associated with rape occurs when the traumatic experience overwhelms the individual's ability to cope, leading to prolonged emotional distress (Ciarrochi, Bilich & Godsel, 2025). This disorder

affects people of all ages and backgrounds, though its severity may vary depending on the survivor's personal history, support system, and coping skills.

The symptoms of PTSD related to rape can be grouped into four main categories: intrusive thoughts, avoidance behaviours, negative changes in mood and cognition, and heightened arousal (Tull, Weiss & McDermoH, 2024). Intrusive symptoms may include recurring nightmares, flashbacks, or distressing thoughts about the rape. Survivors often try to avoid anything that reminds them of the trauma, such as certain people, places, or situations (WHO, 2024). They may also experience emotional numbness, detachment from others, loss of interest in activities, or persistent feelings of shame and guilt. Other signs include insomnia, difficulty concentrating, irritability, exaggerated startle response, and panic attacks (National Institute of Mental health, 2020). These symptoms can last for months or even years if not properly addressed through counselling or therapy.

The impact of PTSD following rape can be devastating, leading to a breakdown in mental, emotional, and even physical health. Survivors may struggle with trust, intimacy, and forming new relationships (Marshall & Moulden, 2023). They are also at higher risk for depression, anxiety disorders, substance abuse, and suicidal ideation. Early intervention is crucial in managing PTSD, and support from trained counsellors, psychologists, and trauma-informed professionals can aid recovery. Therapeutic approaches such as Acceptance and Commitment Therapy (ACT), Cognitive Behavioural Therapy (CBT), and Eye Movement Desensitisation and Reprocessing (EMDR) have proven effective in reducing PTSD symptoms (Neff, 2023). Creating a safe,

empathetic, and supportive environment is essential to helping rape survivors heal and regain control of their lives.

Rape Trauma Syndrome (RTS)

Rape Trauma Syndrome (RTS) is a psychological response pattern experienced by many survivors of rape and sexual assault. First introduced by Burgess and Holmstrom in 1974, RTS outlines the common stages of trauma that survivors may go through following a sexual attack (Melinder-Smith, Robinson, & Segal, 2020). The syndrome is often divided into two main phases: the acute phase and the long-term reorganisation phase. During the acute phase, which occurs immediately after the assault, survivors may experience shock, fear, anxiety, confusion, shame, and physical symptoms such as sleep disturbances or body aches (Harris, 2025). Some may appear calm and detached, while others may be highly emotional. This initial reaction varies widely, as individuals respond differently to trauma.

The reorganisation phase involves the survivor's attempt to resume normal life, which may take weeks, months, or even years. During this period, survivors may face ongoing emotional struggles such as depression, nightmares, sexual dysfunction, and fear of being alone or in public (Thornhill & Palmer, 2024). Flashbacks and intrusive memories may persist, and some may develop Post-Traumatic Stress Disorder (PTSD) if the trauma is not adequately addressed. Survivors often find themselves revisiting the event in an attempt to make sense of it, which can lead to feelings of self-blame or helplessness. Counselling and therapy, especially trauma-informed approaches like Cognitive Behavioural Therapy (CBT) or Acceptance and Commitment

Therapy (ACT), are essential in helping individuals work through the effects of RTS and rebuild a sense of safety, self-worth, and control.

Acceptance and Commitment Therapy (ACT) as a Counselling Strategy for Reducing PTSD Associated with Rape

Acceptance and Commitment Therapy (ACT) is a modern counselling approach that helps individuals cope with psychological distress by promoting acceptance of painful experiences and commitment to personal values (Harris, 2025). ACT was developed in the late 1980s by Steven C. Hayes; ACT is based on the principle that trying to avoid or eliminate difficult emotions often intensifies psychological suffering. Instead of focusing on symptom removal, ACT encourages individuals to live meaningful lives even in the presence of emotional pain (Adetoyese, 2023). For rape survivors experiencing Post-Traumatic Stress Disorder (PTSD), ACT provides a compassionate framework to understand and manage their trauma. The therapy aims to increase psychological flexibility—the ability to remain present and take actions aligned with one's values despite distressing thoughts and feelings. This approach is especially helpful for those who struggle with flashbacks, avoidance behaviours, and feelings of shame or helplessness (Thornhill & Palmer, 2024). By learning to observe their internal experiences without judgment, survivors gain a sense of control over their healing journey.

ACT is structured around six core processes that work together to reduce the impact of trauma. These include cognitive defusion, acceptance, contact with the present moment, self-as-context, values clarification, and committed action (Webster, 2023). Cognitive defusion helps

survivors detach from negative thoughts by viewing them as harmless mental events, rather than truths. Acceptance involves allowing painful memories and feelings to exist without trying to suppress or escape them. Mindfulness or present-moment awareness helps ground the survivor in the here and now, reducing the emotional impact of flashbacks (Gottfredson & Hirschi, 2025). Self-as-context teaches survivors to see themselves as more than their trauma, helping to rebuild identity and self-worth. Through values clarification and committed action, survivors identify what truly matters to them and begin taking steps toward those goals.

In practical counselling sessions, ACT techniques are tailored to each survivor's unique experience and stage of recovery. Therapists guide clients through mindfulness exercises, acceptance practices, and discussions that help them clarify their values (Marshall & Moulden, 2023). Survivors are also supported in setting realistic and meaningful goals that promote healing and empowerment. For example, a survivor who values education but avoids school due to trauma triggers may use ACT to gradually return to learning while managing distress. The therapist does not force the client to relive the trauma but instead helps him or her build a life (Hayes, Strosahl, Bunting, Twohig & Wilson, 2025). This values-based and non-pathologising approach allows survivors to regain a sense of control and purpose. The flexible and client-centered nature of ACT makes it suitable for diverse populations and cultural settings.

Overall, ACT is a powerful counseling strategy for addressing PTSD associated with rape. It shifts the focus from avoiding pain to living meaningfully despite it, which is especially important in trauma recovery (Melinder-Smith, Robinson, & Segal, 2020). By accepting what

cannot be changed and committing to value-driven action, survivors are empowered to rebuild their lives. ACT also reduces the stigma associated with trauma by normalizing painful emotions as part of the human experience. The therapy promotes healing through awareness, compassion, and action rather than avoidance or resistance (Harris, 2025). With continued support, survivors can learn to manage their symptoms, reconnect with their identity, and find hope beyond the trauma. Acceptance and Commitment Therapy ultimately helps rape survivors move forward with strength and resilience.

Application of ACT as a Counselling Strategy for Reducing PTSD Associated with Rape

Stage 1: Establishing Safety and Therapeutic Alliance

The first step guidance counsellors take when applying Acceptance and Commitment Therapy (ACT) is to build a safe and trusting relationship with the rape survivor. Due to the deep emotional wounds associated with rape, survivors often feel vulnerable, fearful, and mistrustful. The counsellor creates a warm, empathetic, and non-judgmental environment where the survivor feels heard and supported (Thornhill & Palmer, 2024). At this stage, the counsellor introduces the nature of ACT and explains that its goal is not to erase trauma but to help the individual relate to it differently. The survivor is educated on trauma and its effects, helping them understand that their emotional responses are normal and valid.Trust-building activities and open dialogue are encouraged, creating a strong foundation for therapeutic work. This stage helps the survivor feel emotionally safe enough to begin addressing their trauma (Wilson, Follette, Hayes & Batten, 2025).

State 2: Introducing Psychological Flexibility

Next stage, the guidance counsellor introduces the central concept of ACT—psychological flexibility—which is the ability to accept difficult thoughts and feelings while still taking action aligned with one's values (Hayes et al., 2025). The counsellor helps the survivor explore how avoidance and emotional suppression may have contributed to the persistence of PTSD symptoms. Through reflective discussions, the survivor becomes aware of how trauma has affected their thoughts, behaviours, and decisions. The counsellor gently introduces the idea that healing is possible not by controlling internal experiences, but by learning new ways to relate to them (Neff, 2023). This stage shifts the survivor's focus from resistance to openness, laying the groundwork for deeper acceptance. Techniques such as storytelling, journaling, or visual metaphors may be used to explain psychological flexibility. This understanding helps prepare the survivor for more advanced ACT strategies (Wilson et al., 2025).

Stage 3: Practicing Acceptance and Cognitive Defusion

In this stage, guidance counsellors support the survivor in developing acceptance of difficult emotions and using cognitive defusion techniques to reduce the impact of trauma-related thoughts. Survivors are taught that fighting or suppressing painful thoughts often increases their intensity (Hayes et al, 2023). Acceptance strategies help them sit with their emotions without judgment, while recognising that these feelings are a natural part of the healing process. Cognitive defusion exercises—such as repeating distressing thoughts aloud or visualising them as passing clouds—enable survivors to observe thoughts without becoming overwhelmed by them. The

counsellor encourages the survivor to notice that they can have painful thoughts without letting those thoughts control their behaviour (Wilson et al., 2025). This helps reduce the hold of thoughts related to shame, guilt, or fear. As a result, the survivor begins to regain emotional balance and control.

Stage 4: Enhancing Mindfulness and Present-Moment Awareness

Guidance counsellors use mindfulness practices to help survivors stay grounded in the present, particularly when dealing with flashbacks or anxiety (Strosahl, et al., 2024). Survivors are taught techniques like mindful breathing, sensory observation, and grounding exercises to redirect their focus from traumatic memories to their current environment. These practices enhance emotional regulation and reduce the intensity of PTSD symptoms (Idoko, et al., 2020). The counsellor encourages regular mindfulness practice to build resilience and inner calm. Survivors learn to respond thoughtfully rather than react impulsively when triggered. The ability to remain in the present moment strengthens their sense of safety and self-control. Over time, mindfulness becomes a key tool in managing intrusive thoughts and emotional distress (Webster, 2023).

Stage 5: Exploring Self-as-Context and Clarifying Values

In this stage, the guidance counsellor helps the survivor separate their identity from the trauma using the ACT process called self-as-context. Survivors learn to see themselves as more than their experiences, restoring a positive sense of self-worth (Lowell, 2024). The counsellor then guides the individual through values clarification exercises, helping them rediscover what truly matters—such as family, education, faith, or personal growth. These values serve as a compass for

future decisions and behaviour (Hayes, et. al., 2021). The survivor is supported in reconnecting with lost goals and dreams that were pushed aside due to trauma. This process gives the survivor direction and purpose beyond the event of rape. It encourages them to shift focus from past pain to future growth (Thornhill & Palmer, 2024).

Stage 6: Taking Committed Action and Sustaining Progress

In the final stage, guidance counsellors assist survivors in taking committed action toward living a life that reflects their values. Survivors are supported in setting realistic goals and breaking them into achievable steps, such as returning to school, forming healthy relationships, or engaging in community work (Lowell, 2024). The counsellor helps maintain motivation by reinforcing the use of acceptance and mindfulness techniques during setbacks. Survivors begin to see progress and gain confidence in their ability to move forward (Strosahl, et al., 2024). Regular follow-up, feedback, and encouragement from the counsellor ensure continued support throughout recovery (Thornhill & Palmer, 2024). Celebrating small victories helps strengthen hope and resilience. Through committed action, survivors begin to reclaim a meaningful and empowered life beyond trauma.

Conclusion

The aftermath of rape is usually distressing to the victims. Their sense of self-esteem is often shattered and their faith in the world as a safe place is destroyed. However, rebuilding some form of trust, is the primary task of guidance counsellors wanting to help a rape survivor. Hence,

Acceptance and Commitment Therapy has been suggested as a therapeutic approach that could assist guidance counsellors in helping traumatised rape victims to overcome their challenges.

Suggestions

Based on the earlier discussions, it was suggested that;

1. Counsellors in Nigeria should adopt ACT to help rape victims cope with PTSD by fostering acceptance, flexibility, and renewed life purpose.

2. Counsellors should collaborate with other mental health professionals to ensure comprehensive care, including medical interventions and community support, for survivors experiencing severe PTSD symptoms.

3. Counsellors should integrate ACT principles, such as mindfulness and acceptance exercises, into individual and group counselling sessions to help survivors process traumatic memories without avoidance.

4. Counsellors should encourage survivors to identify and commit to personal values, empowering them to rebuild a sense of purpose and direction in their lives despite the trauma.

5. Counsellors should create a safe, non-judgmental counselling environment that fosters openness and reduces feelings of shame and self-blame often associated with rape experiences.

6. Counsellors should engage in continuous professional development and training on ACT to effectively support rape survivors and remain updated on evidence-based practices for trauma recovery.

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