

# Mind Rape - Definition

## Introduction

The forceful violation of a victim which takes place on the physical or mental plane is referred to as rape. This violation has long term effects on the psyche of the victim. The term “Mind Rape” reflects violation which occurs on the mental plane. This violation can result from the conscious or unconscious methods used by members of the legal, medical, religious, judicial or other professions when they try to impose their own preconceptions (or misconceptions) on lay people. The preconceptions/misconceptions can ignore or denigrate the life experiences, perceptions and integrity of the lay person. This can be devastating and it undermines the effectiveness of lay people representing themselves against the establishment.

A person of high political and social standing can impose their opinions on others by virtue of their perceived status; particularly in a context which already places one at a disadvantage e.g. a court or medical consultation.

Mind rape is a term which is not in the New Shorter Oxford English Dictionary (2002) and consists of two words “**mind**” and “**rape**”. In the Dictionary we have:

- A) Mind: This is defined as “The seat of awareness, thought, volition, and feeling”
- B) Rape: This has several definitions. An appropriate definition is “Take (a thing) by force; seize”.

Susceptibility to mind rape is likely to be present when there is a dependency relationship with a person in authority. The following are examples of dependency relationships. Medical professional - patient, Policeman - prisoner, Teacher - pupil, Parent - child, Judge - litigant, Religious leader - laity. A person can be said to have suffered mind rape during interview or examination or treatment by a person in authority when some or all of the following have taken place.

- I) The person’s use of language and intended meaning as used within their peer groups is ignored. What has been said is given a different meaning and interpretation by the professional. The record that is made fits the preferred hypothesis of the professional. (This can involve recording different words from those which have been said.)
- II) The experience, values, and mechanisms of social interaction of a person within their peer groups are denigrated by the professional without proper and complete investigation.
- III) The person’s conclusions regarding their experience are dismissed and replaced with new ones by the professional. These new conclusions ignore and fail to take account of the person’s intellectual ability, education, life experience and social skill training.
- IV) The professional who is assessing the person for referral to other professionals fails to inform the person of the reasons for their conclusions and the reason for the person’s referral. (It is known that some medical professionals say one thing to the patient and then record something different in the medical records).

## Recommended Practice by Treatment Professional

The professional should make allowances for deficiencies in social skills.

To help the person the “treatment professional” should both endeavour to understand and to compensate for deficiencies in social skills. The “treatment professional” should endeavour to help the person to improve their social skills so as to mitigate the effects of their need for referral.

**Presentation:** Full video and audio recording allows the dedicated professional to demonstrate the quality of their care and is inexpensive.