Chapter 8 The Crisis of Sexual Assault

Discussion Questions

Take this simple True-False quiz to test your knowledge of sexual assault. Discuss your answers with your classmates before checking them against the correct answers found at the end of the chapter. This 2008 quiz is courtesy of *Men Against Sexual Assault,* University of Rochester:

1. She was asking for it because of the way she was dressed.
2. Use of drugs and alcohol lead to more occurrences of rape.
3. Persons who commit rape are usually psychopaths or stalkers who jump out of the bushes at night.
4. A person can be raped even if they have had sex before.
5. If the victim has had sex with their attacker before, it is not rape.
6. When men are sexually aroused, they have to have sex.
7. If the victim does not actually fight the attacker, then it is not rape.
8. Rape is a crime of aggression and violence, motivated by anger and the desire for power and control.
9. A woman can be raped even if she willingly goes to a man's room.
10. Women rarely lie about being raped.

Introduction

The word "rape" is from the Latin word, "rapere," which means "to seize quickly." Exact definitions of "rape," "sexual abuse," "sexual assault," and other related terms differ by state. Some of the general guidelines from the U.S. Department of Justice, however, describe "rape" as an act of forced sexual intercourse, including vaginal, oral, or anal penetration by a body part or an object, and "sexual assault" as unwanted sexual contact that stops short of rape and which may include sexual touching and fondling.

The National Women's Health Information Center (NWHIC) and the U.S. Department of Justice (2016) report from the Office on Violence Against Women define sexual assault more broadly, however, as any type of sexual activity that an individual does not consent to, including the following:

- Vaginal, anal, or oral penetration
- Inappropriate touching
- Sexual intercourse that a person says "no" to
- Rape (a common form of sexual assault)
- Attempted rape
- Child molestation
- Anything verbal or visual that forces a person to join in unwanted sexual contact or attention, such as voyeurism, exhibitionism, incest, and sexual harassment

In addition to the above forms of sexual assault, the U.S. Department of Justice's Office on Violence Against Women (2016) also defined sexual assault as any type of sexual contact *without the explicit consent of the recipient of the unwanted sexual activity* and added several other definitions:

- Forcing an individual to perform or receive oral sex
- Forcing an individual to masturbate or to masturbate someone else
- Forcing an individual to look at sexually explicit material or forcing an individual to pose for sexually explicit pictures

In general, state law also assumes that individuals cannot give consent to sexual activity if they are forced, threatened, unconscious, drugged, a minor, developmentally disabled, chronically mentally ill, or believe that they are undergoing a medical procedure.

The Federal Bureau of Investigation revised its own definition of rape in 2012 and removed the word "forcible" from it: "the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim."

Statistics

The Federal Bureau of Investigation's Uniform Crime Report issued by the U.S. Department of Justice estimated that 90,185 rapes were reported to law enforcement in 2015, an increase of 6.3% from the year before. The Rape, Abuse & Incest National Network (RAINN) (2016) calculated that there is one sexual assault every 98 seconds.

Considering the fact that a staggering number of rapes and sexual assaults go unreported, any estimation of their occurrence must be viewed as minimal. RAINN puts the number of rapes and sexual assaults reported to the police as only 310 out of every 1,000 assaults. In its report on Estimating the Incidence of Rape and Sexual Assault (2013), **the** National Research Council stated that the "crimes of rape and sexual assault are substantially undercounted through police reports" (p. 36). The report documented an 84% non-reporting of assaults as far back as 1992 and a similar percent (81%) in 2006. Truman, Langton, and the Bureau of Justice Statistics (2014) put the number of unreported cases at 66%, whereas the University of Kentucky's Center for Research on Violence Against Women placed the percent of unreported cases even higher, from 66 to 72%.

The reasons for non-reporting of these crimes are varied. RAINN has found several reasons:

- To prevent retaliation by the perpetrator (20%)
- The belief that law enforcement could not or would not be able to do anything to help (13%); the National Research Council (2013) saw an increase in this percent to 20%
- The belief that the assault was a personal matter only (13%)
- It just wasn't important enough (8%)
- Others: fear of being blamed for the rape; fear of the social cost if the information becomes public

Some cases go unreported, however, due, in part, to the relationship of the assailant to the victim. The National Violence Against Women Survey (NVAWS) (U.S. Department of Justice, 2011) found that many more rapes/sexual assaults committed by strangers were reported to the police (41%) than those committed by intimates (i.e., boyfriend, spouse: 24%). In fact, almost 75% of all rapes and sexual assaults are committed by someone known to the victim (acquaintances, current or former spouses, boyfriends, or girlfriends), thus the wish to keep the attack private and unreported (Dobie, 2016; RAINN, 2016). The two most likely locations where a date rape occurs are in the victim's own residence, followed by the perpetrator's (Gannon, Collie, Ward, & Thakker, 2008).

Reactions of Victims to Sexual Assault

There are a multitude of factors which have a direct impact on the reactions of victims after a sexual assault. The victim's age and developmental level, the relationship to the assailant, the presence of a support system for the victim, the reactions to the assault by family, friends, the police, and medical personnel, and the severity and duration of the attack all contribute significantly to the victim's response to it. The National Center for Victims of Crime (2007) listed the following typical responses to a sexual assault which might apply to many, but not all, victims:

Table 8.1 Rape Trauma Syndrome Phases

Physical Effects	Emotional/Psychological Effects

A combination of any of these signs could also be part of a larger problem known as rape trauma syndrome (RTS), which includes several posttraumatic stress disorder (PTSD) symptoms specific to the experience of rape or sexual assault. RAINN (2016) describes three phases to RTS:

1. **Acute phase:** occurs immediately after the assault and usually lasts a few days to several weeks. Reactions in this phase typically fall into three categories:
    - Expressed—victims are openly emotional, appearing agitated or hysterical, and suffering from crying spells or anxiety attacks;
    - Controlled—victims appear to be without emotion and act as if nothing happened; this calm may be a state of shock; and
    - Shocked disbelief—victims are disoriented, suffering from difficulties in concentrating, making decisions, or doing everyday tasks; poor recall of the assault also may result.
2. **Outward adjustment phase:** victims resume what appears to be their normal lives while suffering from considerable inner turmoil. Many of the emotional and physiological symptoms listed above appear during this phase. Victims tend to use any of five coping techniques:
    - Minimization—pretending that "everything is fine" or that "it could have been worse"
    - Dramatization—inability to stop talking about the assault; it dominates their lives
    - Suppression—refusal to discuss it, acting as if it never happened
    - Explanation—overly analyzing what happened
    - Flight—attempts to avoid the pain (moving, changing jobs, relationships, or appearance)
3. **Resolution phase:** the assault is no longer the central focus of the victims' lives. The rape is accepted as part of their lives, yet they move on and the pain lessens over time.

    Courtney, a rape survivor herself (see below), summarized those similarities among the reactions of rape victims whom she currently helps to counsel:
    - Feeling terribly alone
    - Not being sure of who you are any more
    - Being terrified, experiencing nightmares

- Having flashbacks brought on by colors, smells, or other reminders of the assault
- Feeling angry—those who can't express their anger go into deep depression
- Feeling unable to relate to other people

Who are the Perpetrators of Rape and Sexual Assault?

Those who rape do so for a variety of reasons, but most motives involve anger, power, eroticized cruelty, and opportunistic mating (Miller, 2014). Rape is committed largely by young males: 46% of them are under the age of 25 (Gannon et. al., 2008). RAINN (2016) also places 15% of rapists at 17 years of age and younger.

Miller (2014) reviewed some typologies of rapists:

- Anger/retaliatory rapists—those who wish to use force to degrade and humiliate women as their way of expressing contempt for them
- Power/assertive rapist—those who wish to dominate women; control is the primary objective
- Sadistic/hedonistic rapist—those who enjoy hurting women; these acts may involve bondage and torture

Neuropsychological theories about rape point to brain dysfunction in the perpetrators in areas associated with verbal skills, attentional control, and behavioral inhibition. Some psychological theories, more psychodynamic than others, suggest that deviant sexual behavior has its roots in unresolved infantile sexual urges and feelings of sexual and personal inadequacies. More behaviorally oriented theories make the connection between sexual arousal and aggression cues or between such behavior and pleasure as reinforcement. Still others view rape as an instrument of male dominance and superiority, fueled by demeaning media portrayals of women.

What to do When Sexual Assault is Reported

Although a victim is not required to report a sexual assault, the local prosecutor's office may decide to pursue prosecution with or without the victim's participation in the process. However, it also is unlikely that they would proceed with the case without the victim's cooperation. Reasons for reporting range from the importance of prosecuting sexual offenders and "keeping them off the streets" to helping the victims regain a sense of control, an important component in their recovery.

Making a report requires a call to 911 by the victim herself or by a friend or family member whom she may have called first. However, if ever there is a question of any kind regarding the process of reporting a sexual assault, victims themselves or their friends and family members can call the National Sexual Assault Hotline for free, confidential advice about anything related to the process. The 24 hour a day, seven days a week hotline number is:

1-800-656-HOPE

Most prosecutors' offices have an established Sexual Assault Response Team (SART), which is activated whenever a sexual assault is reported. The SART is a multidisciplinary team composed of professionals involved in the immediate response to a report. Although SART components vary by community, members typically include:

- Rape care advocates: they will be involved in initial contact with the victim via hotlines or in face-to-face meetings. Called as soon as the report is made, they may accompany the victim to the local police station or to the hospital for treatment and for the collection of evidence, or simply provide any other supportive assistance requested by the victim. In most communities, the local women's shelter or rape crisis center provides these advocates.
- Forensic medical providers: a Sexual Assault Nurse Examiner (SANE) is a medical professional trained in the treatment of victims and in the collection of key physical evidence, such as hairs, fluids, and fibers from the victim after the assault. They typically coordinate with rape care advocates to ensure that victims receive crisis intervention and support during and after the examination process. Other health care personnel may also include emergency medical technicians, gynecologists, surgeons, or other private physicians. The purpose of this forensic examination is to provide any evidence necessary to establish that a crime occurred and to help identify the assailant.
- Law enforcement representatives: police officers or detectives assigned to investigate the report, interview the victims, and coordinate the collection of evidence to assist with the prosecution of the case. The officers assigned typically have specialized training and experience in sexual assault investigations. They also perform other tasks like providing transportation to the local medical facility.
- Prosecutors: their role is to decide whether there is sufficient evidence to prosecute the case. Some communities involve them more actively, but the Office of Violence Against Women (OVAW) in the Department of Justice suggests their full participation in SART.

The OVAW in the U.S. Department of Justice developed *A National Protocol for Sexual Assault Medical Forensic Examinations* (2004) and emphasized the importance of a timely, appropriate, sensitive, and respectful response to the disclosure of a sexual assault. The protocol calls for all involved to put the needs of the victim first throughout the exam process and afterward, particularly being mindful of the victims' needs for privacy, for advocacy, and for information regarding each step of the examination and of subsequent legal steps in the possible prosecution of the case.

The purpose of SART is to help the victim make informed choices and decisions about how to proceed. The SANE leads the interview with the victims and explains the services available to them as well as the various options they have in accepting them as offered. That is, they can choose whether or not they want to proceed with the forensic medical examination, the services of a rape care advocate, and law enforcement (i.e., filing a report and agreeing to an interview with a police officer). Providing victims with these choices throughout the process is intended to empower victims to do what's in their own best interests at the moment. Thus, they have the right to accept or reject any one or all of the services offered to them.

Caution: The following four cases provide accounts of sexual assault which are relatively graphic and descriptive. Please be advised.

Case Presentation: Anita, A Case of Sexual Assault

Anita was an 18-year-old high school senior in a school of approximately 1,200 students in a suburban setting in one of the southern states. She was an average student who had plans to attend the local community college the following year, with the intention of eventually completing a four-year program for a bachelor's degree. Her longer-term professional plans, she told her school counselor, were unclear; all she knew, she claimed, was that she wanted to work with children in some capacity. Anita's academic record was without any significant blemish; aside from one or two "Cs" on her high school transcript in some of her college prep classes, she did well. Her discipline record also was unremarkable. Except for leaving school with a host of other students on the annual "cut day" for which she received the penalty of a detention, there were no other offenses worthy of note.

It was just after the semester break that the vice-principal assigned to the senior class noticed a slight change in her performance, however. Anita started a pattern of lateness to school in the morning, causing her to miss close to 20 minutes of her first period English class. A failure in this class since it was a requirement for graduation, would result in her inability to graduate unless she took the class in the district's summer school program. The vice-principal grew concerned about this possibility and spoke with Anita several times about this pattern, only to have her reassure him that she would desist with her lateness and do her best to be timelier in her arrival to school. The reasons she gave for being late were varied: oversleeping, car trouble, and having to babysit her younger stepbrother whenever her mother worked overtime at her night shift job.

Always alert to the goings-on among the seniors for whom he was responsible, the vice-principal regularly consulted with the school psychologist about those students who concerned him, particularly his seniors who hoped to graduate in June of that year. If he saw something in their academic or behavioral record that concerned him, he sought out the psychologist for some problem-solving feedback. So, because Anita's lateness pattern began to mount, the vice-principal

asked the psychologist if there was anything in the presentation of her case which might suggest the need for psychological intervention. The psychologist, seeing nothing in her record to indicate any long-term pattern of difficulties that would threaten graduation, except for this recent tardiness, suggested that the vice-principal speak with Anita again about the risks that this pattern posed to graduation. Because the vice-principal had a well-earned reputation as a fair, even-tempered school administrator whose sage advice many students valued, the psychologist was comfortable in knowing that he would address this problem with Anita in a professional and benevolent manner. The psychologist was a virtual stranger to her, whereas the vice-principal had known Anita for several years, making him the logical person to speak with her.

It was later in the week after this last conversation when the vice-principal left an urgent message for the psychologist to see him right away. He told the psychologist that only a few minutes earlier Anita had disclosed to him the reason for her lateness; the explanation was nothing that either of these school professionals anticipated. According to Anita, her stepfather who had moved into her home after marrying her mother about a year ago, had begun fondling her, rubbing her breasts, and placing his hands on her buttocks, usually when her mother was not around. He would laugh when she recoiled and pushed him away, claiming that she was making a "big deal" over nothing. Rather than tell her mother about what was happening, she kept quiet about it, lest she upset her mother who seemed to be in love with her husband after having been on her own as a single parent for several years. Anita felt that she would be able to survive as long as she avoided being alone in the house with him; she also planned to be out of the house and on her own after graduation just a few months later.

Anita went on to explain to the vice-principal that her stepfather's job change several months ago also resulted in a change in his work hours. Instead of having to leave the house to make the 6:20 a.m. train, he now could sleep later and catch the 7:15 train, keeping him in the home while Anita went through her morning ritual of preparing herself for the start of her school day at 7:40. Part of this ritual was her morning shower. What she realized at one point was that her stepfather had unlocked the locked bathroom door and stared at her in the shower. Although she suspected that it may have been happening for several weeks, she doubted her suspicions, lacking any real evidence to confirm this awful truth. Finally, she saw him one morning looking at her through a small opening in the door; when she screamed, he offered the excuse that he was unaware that she was in the bathroom and only wanted to retrieve his razor from the medicine chest.

So, Anita told the vice-principal, her lateness coincided with the realization of her stepfather's voyeurism. She had to wait until he left the house for work each day until she dared undress for the shower, thus her late arrival at school each day.

Intervention

The response of the psychologist and the vice-principal was to call the local Child Protective Services (CPS) office to report the abuse, but Anita's age (18 years) placed her beyond the reach of CPS. The psychologist explained to her, therefore, that she had the right to contact the police, since what her stepfather had done to her constituted sexual assault.

Psychologist: If you would like, Anita, you can call the police and report to them what your stepfather did to

you.

Anita: But, why would I do that? I mean, what can they do? It's not like I have any proof or anything. What if it's just my word against his?

P: You're not convinced that the police will believe you?

A: That's right. My stepfather has lived in this town all his life. I just moved here with my mother when they got married last year. They'll probably just believe him. I just know that he'll deny doing anything.

P: Have you considered talking to your mother about it?

A: No way! She's really stuck on him; she thinks he's the greatest! Besides, my mother caught me making out with my boyfriend a few weeks ago, and she went crazy, calling me all kinds of names and things. I wouldn't be surprised if she even blamed me for what happened.

P: It seems that there are so many things that you are thinking about. Would you like to talk to someone who works with young women like you who have had similar experiences? This person may have some advice for you that you might find helpful.

A: Who are you talking about?

P: There is an agency nearby that provides not only shelter for victims of domestic violence and sexual assault, but also counseling and advice and other support services. There is a hotline number you can call if you wish to talk to someone there. The advantage in calling them is for you to ask them any questions at all about this problem.

A: Do they keep a record of the call?

P: You can call anonymously if you want; they don't need to have your name to be able to talk to you.

A: O.K., then, I'll call them.

Case Conceptualization/Crisis Resolution

Anita spent a considerable amount of time with the advocate exploring the options available to her. However, she eventually decided not to pursue the matter with the police. Although she clearly had not decided how to address the issue with her mother, Anita told the psychologist that she planned to call the advocate again to discuss with her how to talk to her mother about it.

Case Presentation: Nicole, A Case of Date Rape

Nicole, a 16-year-old high school sophomore, had it all figured out. Assuming that her parents would never let her attend the end-of-season football party at the home of the team captain due to the preponderance of seniors who would be in attendance, she concocted a plan along with her friend, Cherise, to make it all happen. Nicole told her parents that she planned to attend a "sleepover" at Cherise's home with a few other classmates; Cherise's parents, she assured

them, would be home to supervise the gathering.

Instead, both girls went to the party. Not only were the captain's parents not at home at the time, but in attendance among the dozens of familiar faces were many other outsiders, including older-looking "young" people who seemed to be the ones who provided the underage partygoers with a large supply of alcohol. Nicole had one beer, then another, and as her inhibitions loosened, she began to take her turn atop the dining room table and dance to the loud rock music resounding through the room. After several minutes of entertaining the crowd, she stepped down from the table, woozy and unsteady on her feet, and went upstairs to use the only available bathroom.

Following her upstairs, however, was one of the partygoers, Kevin, a 17-year-old senior who also was in Nicole's biology class. As she exited the bathroom, Kevin greeted her in the hallway, pulled her into the bedroom, and fell with her onto the bed covered with the coats of the party attendees. Some kissing and "making out" followed. When he told her that he wanted to "do it," she pushed him away, telling him that what they had just done was "enough" and that she wanted him to leave her alone so that she could get back to the party. Kevin, however, was able to overpower her easily, and he restrained her and penetrated her. It was at the time when he rolled over in exhaustion that someone opened the door to the room looking for a coat that allowed Nicole to leave the room and rejoin Cherise downstairs.

Nicole said nothing of the assault until the next morning when she told Cherise. The response she received was not what she expected. Cherise pleaded with her not to do anything about it, because the report to the authorities might get both of them into trouble for lying to their parents about their whereabouts the night before. Nicole agreed at that time, but a lingering dread about the incident lead her to tell her aunt later the next day; her aunt convinced her of the importance of reporting the assault to the police.

Nicole's next step was to tell her parents who then accompanied her to the hospital for a forensic examination. The Sexual Assault Nurse Examiner (SANE) collected the forensic evidence, and a rape care advocate interviewed Nicole, telling her also of the options available to her. One of these options, the choice not to proceed with law enforcement, was the one which Nicole chose out of her concerns over publicity for herself and for her family. She also expressed some fear that the prosecution of the case would have an adverse impact on her social standing in the high school; Kevin was a popular student, Nicole thought, and pursuing charges against him legally might result in her social ostracism. Discussion with her family over this course of action confirmed her decision not to proceed with the case.

Case Conceptualization/Crisis Resolution

A SANE sees Nicole's case as not uncommon. "Most of the cases I've seen are victims between the ages of 15 and 25 and are date or acquaintance rapes," she explained. "Many are alcohol-related and involve house parties where there is a lot of drinking" (personal communication, 2010). Since the purpose of the collaborative efforts of SART members is to empower the victims of sexual assault to make informed decisions in the aftermath of the attack, individuals have the right to stop the process at any time.

A trained SANE staff member averages between 120 to 140 hospital visits each year to conduct forensic examinations; however, only 100 to120 exams are completed. Those calls to the hospital which do not result in exams, she explained, are due either to the fact that the victims "are too drunk and can't give accurate information" or that they "just opt out." And she also learned that the primary reasons for victims opting out

of the process fall into the following categories:

- Fear of the medical process
- Fear of involvement with law enforcement
- Fear of social repercussions, especially for teens
- Encouragement by parents to pursue the process, despite the victim's reluctance to do so. In these cases, the victim eventually opts out.

A registered nurse and coordinator of a rape care program in an agency devoted to providing services and advocacy for women, men, and children affected by domestic violence and sexual assault, described the same reasons why young women decide to forego the exam process (personal communication, 2009). She added that, as was true in Nicole's case, "Sometimes they're doing something they're not supposed to be doing, like drinking, so they fail to report to avoid trouble at home." Still others, she claimed, don't see themselves as victims, particularly if the assailant was a former or current boyfriend.

Any one of the agency's 62 trained rape care advocates are available at all hours, seven days a week, to respond to a reported sexual assault. Their role, and the role of the entire SART team, is to explain to the victim what to expect throughout the process of making the report, consenting to the forensic medical examination, and following up with law enforcement. However, she explained, "Our role is to empower them to be able to say 'no' at any step in the process." The victim, whether a minor child or adult, has the right to consent to these steps, to refuse them altogether, or to withdraw initial consent later in the process. The advocate's role involves obtaining the victim's consent, regardless of age, even if it is contrary to the wishes of a parent.

Case Presentation: A Case of Date Rape and Date Rape Drugs

She was 20 years old at the time, attractive, energetic, and popular, and still reeling from the breakup with a long-term boyfriend. Despite numerous offers from other potential suitors, Courtney stayed far from the dating scene, expecting instead that she and her former boyfriend would one day be reunited. Finally, however, she took the advice of family and friends to return to an active social life and accepted the offer of a date from Tom.

Tom was more than just an average guy. "A golden boy," Courtney called him, a young man from a high-profile local family enjoying a successful professional career, personable, handsome, and charming. Courtney's later retrospective analysis of some of the events of that night suggested that there may have been some warning signs present early in the evening to which she attributed little meaning until it was too late. For example, he requested that the night before the date she allow him to spend an hour with her parents when he came to pick her up that night; he asked her specifically not to "rush him out the door." Although an odd request, Courtney thought, for a whole hour to get acquainted, she nevertheless dismissed it as due to his typical friendliness and affability. When he arrived that night, he kissed Courtney's mother on the cheek, shook her father's hand, and sat down at the kitchen table with them. Tom's questions of the father concerned his occupation, his long morning commute, and the hours he arose in the morning and returned home in the evening. All the time, however, Courtney thought that Tom was not really her type and that this date would be a one-time-only encounter.

After close to an hour had passed, Courtney left with Tom. He said that he would take her to a local bar/restaurant, even though Courtney was not of drinking age, a fact she repeatedly reminded him that evening. Despite several refusals to accept a drink from the bartender, however, she eventually relented and agreed to take one. The bartender, a personal friend of Tom's, didn't ask to see any form of identification from Courtney to verify her drinking age, probably as a favor to Tom, Courtney assumed.

Within minutes of just a few sips of the drink, Courtney recalled, she felt sick and lightheaded. She fell off her barstool as she attempted to make her way to the restroom, but she managed to get there. She knew that she felt very uncomfortable, both physically and emotionally, so she decided that she would ask Tom to take her home. Another large frosted drink greeted her at the bar on her return, however, and Tom lingered at the bar ignoring her request to drive her back home. Courtney just knew that there was something in that first drink.

Tom finally paid the bar bill, and as they walked to his car, his cell phone rang. "I'm with her now," he told the caller, "Oh yeah, we'll stop by." Her protests against this side trip, however, were silenced, and she assumed that she passed out once she entered the car. "It's the strangest thing I have ever had happen," she said, "I opened my eyes and I was in an entirely different place." The now disoriented and confused Courtney awoke to realize that Tom had taken her to a go-go bar with exotic dancers to meet up with his friends.

After a few introductions, she overheard Tom say to his friends, "Give me five minutes and I'll get her into bed." Now an irate Courtney demanded that he take her home immediately. First, he insisted, she had to look at the dancers, so he put his hands on her shoulders and turned her in the direction of the bar area. Then, he took her to the car. Courtney once again passed out in the car which, she assumed, was en route to her home. Instead, she recalled something hitting her on the head, only to realize that it was the storm door which she banged into as Tom carried her up the steps to his house. The only other person present was a roommate of Tom's who was inside the house watching television. Courtney immediately went to the bathroom and threw up.

When she exited the bathroom, the roommate was no longer there, and the only light on in the house was in a first floor bedroom, which was empty. She entered the room, fell facedown on the bed, and promptly passed out again. When she awoke, still disoriented and confused, Courtney realized that the sensation of paralysis in her right arm was her arm stretched behind her and handcuffed to the bed post; the heaviness on her chest which made it difficult to breathe was Tom lying on top of her, struggling to remove her pants and underwear. Her one-armed struggle was unsuccessful in stopping him from raping her; within minutes, he was inside her. "I remember crying, screaming so that the roommate would hear me," Courtney reported, but no one came. She also recalled blacking out several times.

When he was finished, he just rolled over and slept. In the morning he woke up, threw Courtney's clothes at her ("like I was yesterday's trash"), and told her that he would drive her home. He told her at one point that he wanted to keep her there locked to the bed so that "he could do that every day after work." The ride home was bizarre, she thought. Tom apologized for what he did, claiming that he got "carried away." He also maintained that he wanted to have her as his girlfriend and to take her shopping that weekend.

It was early in the morning, just 15 minutes before her father woke up, when Tom dropped her off at home. Courtney quickly went upstairs, took off her clothes, and hopped into bed. Was the reason that Tom expressed such an interest the

night before in her father's working and commuting hours to help him ascertain the best time to have her home without having to run into the father? Courtney asked herself this question and others in trying to make sense of the experience.

Case Conceptualization/Crisis Resolution

Courtney didn't plan to tell her mother about the rape, despite their closeness and openness with each other. She did plan, however, to contact the local women's shelter to speak with a counselor. When her mother arrived home later that day after Courtney awoke, she sensed that something was wrong. Courtney's repeated denials that something was amiss did not stop her mother from probing: *Did something happen last night? What did he do to you?* Finally, Courtney broke down and told her of the ordeal. Unsure of how to proceed, Courtney's mother consulted with her own mother about the best course of action. Courtney ultimately decided not to report the rape to the police, preferring instead to seek out therapy at the women's center.

What changed her mind eventually about pursuing the matter with law enforcement, however, was her discovery that Tom had raped another young woman in the same manner a little more than a week after her assault. This second victim, on learning Courtney's identity, contacted her and asked her to corroborate her story with the county prosecutor. "Out of pure guilt," Courtney claimed, she visited the prosecutor and told her story, but she remained ambivalent about pressing charges as the prosecutor suggested until several days later. Finally, she relented and went to trial. A third victim who suffered a similar fate at Tom's hands eventually came forward as well.

The trial was an ordeal for Courtney and for the second victim, but Tom was acquitted of the charges. However, Courtney and the other two victims took their case to an administrative law hearing which, after one unsuccessful try, resulted in Tom's loss of his public service job. Courtney reported that she and the other two women "felt empowered" by exercising their right to pursue the hearing after the courts found him not guilty.

What Courtney did next illustrated one of the core concepts of the meaning of crisis: "danger" and "opportunity" (see Chapter 1). She used her experience as an opportunity to emerge from it stronger than before. Courtney now serves as a speaker during training sessions for rape care advocates sponsored by her local women's crisis center; she speaks to these groups about her rape experience as a survivor, not as a victim, as well as of the opportunities it afforded her in the aftermath. "It was almost a blessing," she claimed, "because I got angry enough to help other people. I'm a better person for it; I'm one of the lucky ones."

Courtney remains in group therapy with other rape survivors at the same center she called immediately after the rape. In her experience, she claimed, most rape victims don't report it to law enforcement nor follow through with all the steps in the process described above, but they do go to therapy. "I acquired a different mind frame and moved from the victim to the survivor stage. It changed my life for the better."

Case Presentation: Kristin, A Case of Rape

Note: Similar to Courtney's story, Kristin tells of her ordeal and of her decision not to file a police report after her rape. And just like Courtney, she talks of her response to the assault in a manner which illustrates the

"opportunity" offered in the aftermath of her crisis (see Chapter 1).

Currently a medical school student with an intended specialization in oncology, Kristin was a college senior attending a large, prestigious university somewhere in the heartland of America at the time of her rape. Bright, popular, and active in a campus sorority, Kristin lived off-campus in an apartment with several of her sorority sisters. It was the friend of one of these sisters who visited one weekend and met Kristin. Steve was a senior at another university not far from Kristin's, one which enjoyed a fierce competitive sports rivalry with her school.

Kristin and Steve got to know each other that Saturday night, spending a few hours at a local bar with other friends before parting company. Kristin returned to her apartment; Steve departed to parts unknown. A short while later, however, her phone rang; it was Steve who asked her if it was all right for him to come over to her place to see her again. Although second-guessing her decision to allow him to visit now, Kristin recalled, she agreed to it then.

Steve came to the apartment, which was far from empty; it contained several other friends and sorority sisters, some of them sleeping in the living room. Nevertheless, before long Steve had Kristin in her bedroom and had overpowered her and raped her. "I told him to stop, but he told me to 'just hold on,'" she remembered. She thought about screaming to awaken her sleeping friends, but in a decision that she considered not to be a conscious one, she thought better of doing so. Perhaps out of embarrassment, she thought, or perhaps for some other reasons she kept quiet; a sense of powerlessness and dread compromised her reasoning during this most personal of assaults. Instead, she maintained her silence and tried to survive the attack by dissociating herself from it, claiming, "I closed my eyes and pretended to be somewhere else."

Soon after the assault, Steve left the apartment. Kristin remained in her bed while several of the other overnight guests packed up their sleeping bags and left. Unclear as to what to do in the aftermath of her rape, Kristin finally left her room and decided to confide in one of her roommates about her ordeal. Hoping for some solace and support from her friend, Kristin received none. "She told me to try not to make not a big deal out of it," Kristin recalled her friend telling her. "Watch the 'Gilmore Girls' and it'll be fine," her roommate told her. Despite feeling rebuffed and minimized by this reaction, Kristin reached out one more time, this time to someone she described as her best friend, Tom, another fellow senior at the university. However, the same sense of rejection she experienced at the reaction of her roommate she experienced yet again with Tom. "No offense, Kristin, but you put yourself in that position," he told her. "He made me feel that it was my fault, so I decided not to tell anyone else," Kristin recalled regretfully.

She decided to go about her business and kept quiet about the rape. About two months later as she became increasingly more aware of the possibility of having contracted a sexually transmitted disease (STD) from Steve's attack, she visited the university health center to be tested and treated, should she test positive for the disease. As part of the STD assessment protocol, the attending physician asked Kristin why she was concerned about the disease at that time. Thinking that this question was "another chance for me to tell somebody," Kristin seized the opportunity and said, "Because I was raped." The physician's response,

however, was not what Kristin had hoped to find; instead of being supportive, she maintained, the physician appeared to be taken aback and simply asked Kristin, "Are you taking care of that?" Feeling "shut down again," Kristin vowed to keep her secret to herself.

When asked about her decision not to report her rape to the police, she replied, "Emotionally, I couldn't press charges. The first two people I told as well as the physician at the health center completely shut me down. Besides, stopping the perpetrator by reporting it is not the victim's responsibility."

Case Conceptualization/Crisis Resolution

As the next few months passed and graduation approached, Kristin began experiencing multiple indicators of Rape Trauma Syndrome (see above). "I had nightmares, cold sweats, and even if I smelled the same cologne he wore on someone else, it triggered flashbacks. Sometimes while sitting in class, I would just start crying," Kristin remembered.

Finally, the turning point came for Kristin. A university sponsored *Take Back the Night* rally was planned on campus. The purpose of these rallies is to empower men and women both to stand up to violence, particularly sexual violence and rape, and to assert the rights of all people to be free from violence. These rallies typically are followed by speak-out sessions where survivors of violence are offered the opportunity to speak publicly to the rally attendees about their experiences with violence.

Kristin attended the rally and seized the opportunity to ascend to the podium during the follow-up speak-out session to tell the story of her rape. She recalled thinking that "telling my story felt good"; a visit to the campus women's center for a social gathering immediately after the speak-out session that night also convinced her that she was on the road from victim to survivor. "I was able to spread the word to a lot more people; I wanted to get involved," she stated.

When she returned home after graduation, Kristin contacted the local women's shelter and eventually completed a training program to become a rape care advocate, a role she continues to this day whenever her medical school studies permit. She not only serves on the local SART, but also speaks to numerous groups of professionals about her experiences and what it takes to become a survivor rather than a victim. She participates in the training of other rape care advocates as well. "Being an advocate has been my calling; I couldn't imagine my life without it now, it has become an important part of me. I'm in a great position to try to help people," this survivor asserted. As for suggestions she has for other victims of sexual assault, Kristin offered the following: "Get a support system, but you might not find it when you expect to find it; some people just don't know how to respond. Don't be discouraged by people's reactions, just find someone who believes you and supports you."

Guidelines for Treating Victims of Sexual Assault

The National Center for Victims of Crime also lists additional suggestions for those who respond to a sexual assault victim once the disclosure is made, whether to a friend or family member first, or to a member of the law enforcement community:

- **Listen without judging.** Sexual assault is a crime which can have staggering consequences for the victim. Coming forward and disclosing the attack to a friend or to a professional is an important, yet difficult step, making it incumbent on the listener to provide a safe and accepting environment for this disclosure to occur. Communicating a belief that the attack really did happen is one of the most important things to be communicated to the victim. Unconditional acceptance of the victim's story by using reflective listening techniques is critical.
- **Let them know that they did what was necessary to prevent further harm.** If the victim blames herself for not fighting back enough to avoid or to stop the assault, reassurances should be provided for her that such behavior may indeed have resulted in greater harm to her; fear of the kind which engulfed her during the attack often immobilizes people out of a need for survival. Guilt over not doing enough to stop it may linger, so constant reassurances to the contrary are important.
- **Encourage them to seek medical attention.** If the victim has not received medical attention or if she has not yet reported it to the authorities, she should be encouraged to do so. Calling 911 or a local or national hotline phone number (see above, **1-800-656-HOPE**) is the easiest way to do so.
- **Let them know that they do not have to manage the crisis alone.** Social support is a powerful mediator of symptoms suffered after a sexual assault. The fact that the victim has already disclosed the attack to someone should start the process of engaging others in a helping capacity. Communicating to the victim the network of helping people available to her is important in the recovery process.

Quiz Answers

1. She was asking for it because of the way she was dressed.

   Answer: False. This belief is little more than one of those "rape myths," those stereotypical beliefs about rape "that serve to deny, trivialize, or justify sexual violence exerted by men against women" (Bohner, 1998, p. 14). Acceptance of this and other rape myths places women in a disempowered position and is associated with greater rape proclivity in men (Malamuth & Check, 1983).

   Rape myths place responsibility for sexual assault on women by attributing to them certain indecent behaviors or other instances of lapses in moral judgment that actually cause the rape to occur. Walking in a certain manner deemed seductive by the assailant, wearing provocative attire, or considering eye contact as inviting are just some of those behaviors which assailants consider causally related to the act of sexual assault. Individuals who ascribe to rape myths truly do believe, "She asked for it by the way she was dressed and the way she looked at me." Other rape myths (Scully, 1990) are generated by beliefs that women could indeed avoid rape *if they really fought hard enough;* that victims *ask for and secretly enjoy rape*; and that they *only conjure up reports of rape to punish men for some perceived wrongdoing*.

2. Use of drugs and alcohol lead to more occurrences of rape.

   Answer: True. Alcohol and sexual assault often occur together. Approximately one-third of all sexual assaults happen when the assailant is under the influence of alcohol (30%) or drugs (4%). The victim also is intoxicated in some cases. However, one must be careful not to attribute the assault to intoxication only; being inebriated does not cause the assault, but rather it allows the assailant to ignore sexual boundaries. A drunken victim also finds it more difficult to defend themselves against an attack.

   In relatively recent years, the appearance on the nightclub and dating scene of what are commonly known as "date rape" drugs also has placed individuals at risk for sexual assault. The concern over the proliferation of these drugs resulted in the passage in 1996 of the Drug Induced Rape Prevention and Punishment Act making it a felony to give a controlled substance to anyone with the intent of committing sexual assault or any other crime on them.

   These drugs cause the individual to pass out, making them unable to resist an assault and unable to recall the next day whatever happened the night before. Many victims of these drug-induced assaults fail to report them to the authorities, blaming themselves for being too drunk to remember any details; a state of confusion caused by the drugs that may last for several days, and also may result in the destruction of necessary evidence to charge the assailant with the crime. The most commonly used "date rape" drugs are rohypnol, gamma-hydroxybutyerate (GHB), and ketamine.

3. Persons who commit rape are usually psychopaths or stalkers who jump out of the bushes at night.

   Answer: False. According to the National Crime Victimization Survey (U.S. Department of Justice, 2005), the typical assailant is neither a psychopath nor anyone else with a major psychiatric disorder.

They do not hide in dark alleys or behind bushes waiting for their next victim to arrive. Rather, non-strangers, individuals known to the victims as family members, acquaintances, or intimate partners accounted for almost two-thirds (73%) of all sexual assaults; 38% of the perpetrators were a friend or acquaintance of the victim, 28% were intimates of the victim, and 7% were other relatives. Only the remaining 27% of assailants were strangers, unknown to the victim.

The Rape, Abuse & Incest National Network (RAINN), the nation's largest anti-sexual assault organization, reported that four out of ten sexual assaults take place at the victim's own home, with another two in ten occurring in the home of a friend, neighbor, or relative.

4. A person can be raped even if they have had sex before.

   Answer: True. A victim's sexual history has nothing at all to do with a case of rape. One doesn't have to be a virgin to be a victim of a sexual assault. A victim even could have had sexual relations with the assailant at an earlier time and can still be raped by them. The major issue pertains to consent (see next section), and if the victims do not give consent, regardless of their sexual history with the assailants beforehand, a rape can still take place.

5. If the victim has had sex with the attacker before, it is not rape.

   Answer: False. See answer to # 4 above.

6. When men are sexually aroused, they have to have sex.

   Answer: False. A state of sexual arousal (i.e., an erection) is not causally connected to sexual assault. There are no adverse physical consequences to a man if he does not have sexual relations when sexually aroused.

7. If the victim does not actually fight the attacker, then it is not a rape.

   Answer: False. There are too many reasons why a victim might not fight back during a sexual assault. Verbal threats of harm to herself or to her friends and family members, the presence of a weapon used to intimidate her, or a state of complete terror are just some of the reasons why victims sometimes are silent during an attack.

8. Rape is a crime of aggression and violence, motivated by anger and the desire for power and control.

   Answer: True. Although there are too many different kinds of rape for a single explanation to satisfy each of them (Cavaiola & Colford, 2006), contemporary research suggests that no more than approximately 10% of all rapes are committed for purposes of sexual pleasure (Kendall & Hammen, 1998). Other social-cultural explanations view sexual assault as an act of men's control over women in a culture that is more patriarchal in nature and which socializes males to associate power with masculinity and passivity with femininity (Odem & Clay-Warner, 1998).

9. A woman can be raped even if she goes to a man's room.

Answer: True. If a woman does not give consent for a sexual encounter, whether she is in a public place or a private place, such as a car, home, or college dormitory room, then the sexual encounter is rape. In cases of date rape (a.k.a., acquaintance rape), agreeing to be with a person in a dating relationship, for example, does not imply consent for sex; and sexual contact without consent is still rape. Another far less common type of rape is spousal rape, which occurs in dysfunctional marital relationships where there is sexual assault against a spouse. Even if committed in the couple's own home and in the context of marriage, sex without consent is still rape.

10. Women rarely lie about being raped.

    Answer: True. One of the reasons why so many rapes go unreported is the victim's belief that people will not believe him or her. However, false reports are very rare; only 8% of reported rapes are false.

Resources for Chapter Enrichment

Recommended Films

The Accused: **(1988)** (stars Jody Foster [as Tobias] & Kelly McGillis). Based on a true-life incident, the movie tells the story of Sarah Tobias, a working girl who likes to party with her friends and flirt with the guys. One night after several hours of drinking and flirting, she is brutally gang raped atop a pinball machine in the bar while onlookers cheered on the proceedings. The film challenges viewers to re-assess their own beliefs in those rape myths which abound regarding a woman's responsibility in her own rape.

Dead Man Walking: **(1995)** (stars Sean Penn & Susan Sarandon). This film presents the viewer with difficult choices about capital punishment as an effective or humane punishment for the crime of rape and murder. Sean Penn plays the sexual assailant and murderer on death row.

Casualties of War: **(1989)** (stars Michael J. Fox, Sean Penn, & Don Harvey) Set in the jungles of Vietnam during the Vietnam War, the film chronicles the lives of soldiers in combat and their gang rape of a young, innocent Vietnamese girl. Michael J. Fox plays the troop's conscience as he attempts to reason with the assailants about their intended action.

Suggested Activities

1. Contact the SART in your own counties of residence. Interview a member of the team about the process it follows in responding to reports of sexual assault. Find out information regarding the numbers of calls it receives annually, the types of calls it gets, and the choices made by victims in the services they accept or reject.
2. Interview a rape care advocate in your area. Inquire about what they perceive as the most important skills and/or traits required of an advocate for sexual assault victims. What have their experiences been like in their work? What have been their most distressing or frustrating cases?
3. Download a copy of the 2004 *National Protocol for Sexual Assault Medical Forensic Examinations (Adolescents/Adults)* from the U.S. Department of Justice's Office on Violence against Women and review it for more detail regarding the process of sexual assault response.