Rape-
The Journey from Victim to Survivor: a critical literature survey

By

Lauren O'Sullivan

Mini-Dissertation in fulfillment of the requirements for the degree

MASTER IN PSYCHOLOGY

In the

FACULTY OF ARTS

At the

RAND AFRIKAANS UNIVERSITY

Supervisor: Dr. A. Novello

December 2003

Acknowledgements

I wish to gratefully acknowledge the generous assistance of the following people:

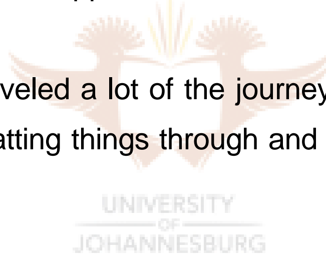
- Dr Annemarie Novello – For all her advice, support and supervision. And for allowing me freedom in my approach

- To my Mom and Dad – For always being there for me, believing in me and understanding that I was not always available.

- To my Fiancé Adrian – For all your love and encouragement throughout the whole journey. We both know that it would have been impossible without you – thank you

- To Beverley and Peter – Your contribution was so immense and so appreciated, I will always be grateful for your support both emotionally and practically.

- To Dimakatso – We traveled a lot of the journey together, and I would like to thank you for the hours of chatting things through and the bouncing off of ideas and for all the encouragement.



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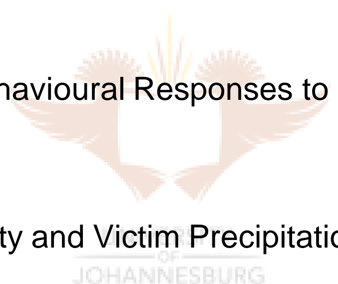

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ABSTRACT

The prevalence of rape in the world and particularly in South Africa, calls for the understanding of the factors involved in rape. In particular, it is necessary to understand rape in terms of the victim, not just in terms of the prevalence, causes and social consequences of rape. The victim’s experience of rape is complicated and takes place over a journey that progresses from the assault, through her responses and psychological and social reactions to her recovery from the trauma. It is imperative that a clear understanding of previous research is gained in order to understand the existing epistemological picture of the rape victim’s experience. This dissertation has intended to achieve this understanding by reviewing the literature that has explored rape victim’s responses after the rape, the psychological and social impact the rape has had and the recovery process after the rape. In each of these instances the factors that are identified by research as influencing the rape victim’s experience are surveyed.

The victim’s responses to rape are traumatic. It is therefore important to understand the nature of trauma and in particular Post Traumatic Stress Disorder (PTSD). Rape Trauma Syndrome (RTS) in particular describes the traumatic responses of a rape victim. There are factors that influence the extent that the victim experiences responses to a rape. These factors include the extent to which a victim is believed about the rape, the extent to which it is thought that the victim precipitated the assault. Her own attributions about the rape will also influence her responses, as well as the nature of the assault, the level of violence, prior victimisation, past psychological treatment or mental illness, poor social support and other life stresses experienced at the same time as the rape.

The victim does not only respond to the traumatic experience after a rape, but may also experience the psychological impact a rape may have. Reactions such as fear, anxiety, anger, aggression, guilt, shame, doubt, depression and psychopathology may be experienced as psychological reactions to a rape. The victim may also experience the impact a rape can have on her social functioning. She may withdraw socially and experience problems in her sexual functioning. The research reviewed indicated that there are factors that influence the extent that these reactions may impact on the victim’s life, if at all. These factors include: participation in the justice system, social support received after the rape,

cognitive appraisals made by the victim and possible psychological problems prior to the assault.

The final part of a victim's journey is the recovery. Recovery can be described the psychological work that is required by the victim. As with the responses and reactions that a rape victim experiences, the recovery process is also a journey that is dependent on many influencing factors. The factors that are identified as influencing the recovery process of the victim, both by enhancing it and by hindering it, include: demographic variables of the victim, previous victimisation, functioning before the rape (including chronic life stress and family grief, the nature of the assault, the relationship of the victim to the assailant, social support received after the rape, and the meaning the victim gives to the ordeal.

This study of the existing literature concerning the journey of the rape victim through the responses she has after the rape, to the impact of the rape on her psychological and social functioning, to her recovery has highlighted the importance of influencing factors on this journey. It has also been noted by this study that there is a lack of evidence that can shed light on the factors that may influence the South African rape victim's experience.

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Opsomming

Die voorkoms van verkragting in die wêreld , en veral in Suid-Afrika vereis dat aandag geskenk word aan die faktore wat betrokke is by verkragting. Dit is veral belangrik om verkragting te verstaan in terme van die slagoffer, en nie net in terme van die voorkoms, die oorsake en die sosiale implikasies daarvan nie. Die slagoffer se ervaring van die verkragting is gekompliseerd en volg die proses wat begin met die aanval en ontwikkelling van sielkundige en sosiale response tot die herstel na die trauma. Dit is belangrik dat 'n duidelike oorsig verkry word van die bestaande literatuur om sodoende 'n begrip te vorm van die epistemologie ten opsigte van die verkragtingslagoffer se ervaring. Die doel van hierdie studie is 'n oorsig van die literatuur ten opsigte van die verkragtingslagoffer se response na die verkragting, en die sielkundige en sosiale impak wat die verkragting het op die herstelproses na die verkragting.

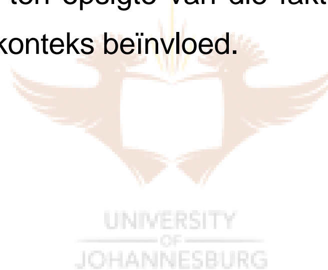
Die verkragting word as traumaties beleef deur die slagoffer. Dit is daarom belangrik om verkragting in terme van Posttraumatiese stres te verstaan. Die Verkragtingstrauma sindroom beskryf in besonder die respons van die verkragtingslagoffer. Daar bestaan sekere faktore wat die slagoffer van die verkragting se respons beïnvloed. Hierdie faktore sluit die volgende in: die mate waartoe die slagoffer ten opsigte van die verkragting geglo word en die mate waartoe die slagoffer ervaar dat sy die aanval aangehelp het Die betekenis wat die slagoffer aan die verkragting heg die aard van die aanval, die vlak van geweldadigheid, vorige viktimisering,vorige sielkundige behandeling of psigopatologie, swak sosiale ondersteuning en ander lewensstressors beïnvloed ook die slagoffer se reaksie op die trauma.

Die slagoffer reageer nie net op die traumatiese ervaring na die verkragting nie maar ervaar ook die sielkundige implikasies wat die vekragting kan veroorsaak. Reaksies soos vrees, angs, woede, aggressie, skuld, skaamte, onsekerheid, depressie en psigopatologie word na die verkragting ervaar. Die slagoffer se sosiale funksionering word ook deur die verkragting beïnvloed. Sy kan sosiaal onttrek en probleme met haar seksuele funksionering ondervind. Sekere faktore beïnvloed hierdie response naamlik, die deelname aan die regssisteem, die

sosiale omdersteuning wat na die verkragting ervaar word, die kognitiewe besluite wat die slagoffer neem en vorige moontlike sielkundige probleme.

Die finale deel van die slagoffer se reis na “gesondheid” is die herstelproses self. Die herstelproses kan beskryf word as die sielkundige werk wat die slagoffer moet doen.Hierdie herstelproses word ook deur sekere faktore beïnvloed. Die faktore wat deur die studie geïdentifiseer is, is die demografiese veranderlikes van die slagoffer, vorige viktimisering, funksionering voor die verkragting(insluitend chroniese lewensstressors) ,die aard van die aanval, die verhouding van die slagoffer met die aanvaller, die sosiale ondersteuning na die verkragting en die betekenis wat die slagoffer aan die trauma heg.

Die bestaande literatuur ten opsigte van die proses wat die verkragtingslagoffer deurgaan naamlik,die response na die verkragting en die effek op haar sielkundige en sosiale funksionering,plaas klem op die faktore wat hierdie proses beïnvloed. Daar is in hierdie studie ‘n leemte geïdentifiseer ten opsigte van die faktore wat die verkragtingslagoffer se reaksie in die Suid-Afrikaanse konteks beïnvloed.



Chapter One

INTRODUCTION

1.1. Introduction:

> *Rape is no excess, no aberration, no accident, no mistake—it embodies sexuality as the culture defines it. As long as these definitions remain intact—that is, as long as men are defined as sexual aggressors and women are defined as passive receptors lacking integrity—men who are exemplars of the norm will rape women.*
>
> **Andrea Dworkin** (b. 1946), U.S. feminist critic. "The Rape Atrocity and the Boy Next Door," speech, 1 March 1975, at State University of New York, Stony Brook (published in *Our Blood,* ch. 4, 1976).

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Considering that the prevalence of rape in South Africa is reported to be the highest in the world (Robertson, 1998) it is concerning that on review there was a deficiency of relevant literature emerging from South Africa regarding rape. A small amount of South African research has been done (Burke, 2003, Jewkes & Abrahams, 2002), with a majority of that literature concerning itself with the prevalence of rape and of the factors influencing the rape itself (Gilchrist & Butchart, 1988 and Jewkes & Abrahams, 2002). This research leaves a void of information regarding the rape experience form the point of view of what happens to the victim.

The distinctive social milieu of South Africa since the early nineties generates a unique dimension to existing social dilemmas such as HIV/AIDS, child abuse and sexual violence such as rape. This distinctiveness requires an applicable body of knowledge that would promote the understanding of the social situation of South Africa.

The implications for practice must be kept in mind when South Africans review literature that emerges from other countries. South Africans must be cognisant of the differences in practice that are needed when working in this country, as compared to overseas practices. The factors that influence people that have been discovered in other countries may not be as influential here in South Africa. It is therefore important to note that in order to be able to evaluate existing theories against the current context of South Africa, a thorough understanding of these existing theories needs to be obtained.

It is important for the health worker (be it nurse, counsellor or psychologist) to understand the experience of the rape victim [1]after her assault. It is imperative to be aware that the victim will have her own particular way of expressing her trauma, responding to the violation and recovering from the ordeal (Holmstrom & Burgess, 1975; Smith & Kelly, 2001). If health care workers are able to understand and accept that the victim's assault, response and road to recovery is unique then they will be able to relate to the victim herself as unique and thus empower her to become a survivor. The need to be able to understand the victim's unique experience leaves the professional in a rather contradictory state. On the one hand we need to be aware of the psychological, behavioural and cognitive experiences the victim is going through after a rape. Our empirical knowledge allows us to be able to research the patterns that exist in samples and then apply them to predicting expected behaviour after a rape experience in general. The contradiction emerges when we want to acknowledge the uniqueness and individual experience of the victim. As psychologists we are able to use empirical evidence of generalised observations to guide us in the attempt to understand a unique client and her experience as a rape victim.

[1] * For the purposes of this dissertation, I shall be referring to the rape victim as a female. I acknowledge that men, women and children can be raped. However, the prevalence of rape amongst women compared to men lends itself to the reference of the victim as a female

1.2. Theoretical Development of Rape.

Rape has no doubt existed for many more years than the social sciences. It is not hard to believe that humans have been raping each other for a longer period of time than they have been researching the very same phenomenon. The empirical history of rape takes form in the 1970's. The publication of feminist Susan Brownmiller's book *Against Our Will* in 1975 sparked a focus on rape and its consequences for the victim. The spotlight Brownmiller's book put on rape lead to the groundbreaking research by Burgess and Holmstrom. In 1974, they coined Rape Trauma Syndrome (RTS) after their study of the immediate and long term effects of rape as described by the victim (Burgess & Holmstrom, 1974). RTS can be described as a form of Post Traumatic Stress Disorder (PTSD) that occurs as a result of forcible or attempted forcible rape. The syndrome occurs over two phases that can disrupt the physical, social, and sexual aspects of the victims' life (Petrak & Hedge 2002).

Many factors are reported to influence the way a victim experiences a rape. Some of these factors could include the relationship with the offender, the degree of violence used, as well as social and cultural influences (Lewis, 1994). The South African context has been shown to have very specific social and cultural influences that the author believes would have an impact on the way in which the rape victim would experience the rape and how the victim would recover from it. These factors include concepts such as the culture of violence, the perceived sexual rights of men, the fear of contracting HIV/AIDS and the unique political climate of South Africa (Lewis, 1994, Louw, 1997 and Vogelman & Lewis, 1993).

1.3. Aim

The objective of this mini-dissertation is to execute an extensive consideration of the existing literature covering the subject of rape and sexual assault. The survey includes, where possible, a review of all the existing publications pertaining to sexual abuse, rape, the responses and reactions of the victims and the recovery process of the survivor. These subjects will be examined in order to obtain a full and thorough

understanding of the various theories pertaining to those subjects, as well as to fully comprehend all the available literate (opinions) of the factors that may have an influence on these subjects.

The purpose for undergoing a comprehensive review is to create an understanding and knowledge base from which further study at the Doctorate level will be embarked on as well as to identify themes in the literature that may be a source for further study in a Doctoral thesis. This exhaustive study allows the researcher to be able to not only fully understand the topics pertaining to rape and sexual assault, but will furthermore be able to identify areas that require further investigation and clarification, as well as areas that would need elucidation within the particular context of South Africa; such as responses and reactions that are specific to the South African victim or issues regarding recovery that may be unique to the region.

1.4. Synopsis of Dissertation

To begin the exploration of rape and the journey of the rape victim, ones need to have a full understanding of the constructs that are involved and will be referred to through out this dissertation. Chapter two will cover methodological issues of this study and will include a comprehensive examination of the terms and definitions that are relevant to this study.

Chapter three of this dissertation examines the factors that precede the event of rape and that may have an influence on the victim's responses. In addition the chapter explores at the nature of trauma and Post Traumatic Stress Disorder (PTSD). Gaining insight into trauma and in particular PTSD will allow a discussion to follow which examines the trauma responses of the rape victim, those that manifest according to studies of Rape Trauma Syndrome, as well as those sighted by other researchers as being responses to rape or sexual assault.

Chapter four explores the patterns of reactions that have emerged in the research indicating that rape is a life event that causes considerable upheaval in a victims

psychological functioning for a considerable period of time, perhaps the rest of her life (Resick 1993). Researchers identified aspects that may have influence on the psychological and social impact that a rape can have on a victim, these include: participation in the justice system, social support after the rape, the victim's cognitive appraisals of the assault and her functioning before the rape. These factors as they are represented by the literature are discussed in this chapter. The chapter also names and explores the psychological reactions that are determined by research as being possible reactions of rape victims after a sexual assault, such as fear, anxiety, anger, guilt, shame, depression, low self-esteem and grief.

The final part of a victim's journey to survivorhood is the recovery. Recovery can be described the psychological work that is required by the victim. It includes "freeing oneself from the fears caused by the rape, acknowledging and bearing the pain caused by the rape, redefining the feelings of vulnerability and helplessness, and gaining control of one's life again" (Burgess and Holmstrom, 1978, pg. 166). Chapter five explores the different definitions of recovery that are present in the body of research explored. The process, including the period and stages of recovery is also dealt with in this chapter. The factors that are identified as influencing the recovery process of the victim, both by enhancing it and by hindering it, are discussed. These factors include: demographic variables of the victim, previous victimisation, functioning before the rape (including chronic life stress and family grief, the nature of the assault, the relationship of the victim to the assailant, social support received after the rape, and the meaning the victim gives to the ordeal.

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Chapter Two

METHODOLOGY

2.1. Introduction

Reviewing the literature involves classifying and evaluating what accredited scholars and researchers have written on a topic. The intention of such an exercise is to define and clarify concepts relating to the research problem, to summarise previous investigations in order to inform the reader of the state of current research, to identify relations, contradictions, gaps and inconsistencies in the literature and to suggest next steps in solving the problem (Bem, 1995).

The topic of this study is rape. In particular, the factors that are presented by existing research as influencing the victim's experience, responses, the psychological impact of and recovery from rape are examined. The aim of this investigation is to be able to ensure that the subject chosen – rape and sexual assault - is clearly defined and set within an established context that would be needed to persevere with further research (Wood, 1995). The goal of the research would be to synthesise the results from disparate sources, to interpret their findings and to integrate them into broad conclusions that would be able to inform future research specifically within the South African context. The aim is not to produce a thesis of the literature that is nothing more than an annotated bibliography, but to provide a review of current and past theories on rape and the issues pertaining to it that is stimulating, immensely valuable and, although will be a subjective judgement on the topic, will allow for the opportunity to embark on more objective research at the Doctorate level.

2.2. Research Design

A literature review is a separate type of study and has a typical research design of its own. It can achieve two objectives, to seek information on a particular topic and to allow for the critical appraisal of existing studies regarding a topic. This study

expects to achieve both those objectives and expects to be a comprehensive study of factors that have been identified in the literature as influencing the journey of rape victim.

In order to be capable of searching literature for relevant contributions to the topic of rape and its impact on the victim, a thorough understanding of the terms and concepts pertaining to this topic needs to be obtained. This procedure can be conceptualised as the problem formulation stage of the research design. Following the discussion of the research design is a comprehensive overview of the conceptual definitions pertaining to rape.

Once a thorough understanding of the terms relating to the topic has been obtained the reviewer needs to carry out the following procedures. Firstly, one needs to seek the relevant information, this is known as the data-collecting phase. This phase involves scanning the literature efficiently to identify a set of potentially useful articles and books. The second phase requires critical appraisal of the data that has been selected as a part of the study, the data analysis phase. This stage involves applying principles of analysis in order to identify those studies that are unbiased and valid. Once these two activities are achieved, the data is presented in an organised and synthesised manner. The final stage is to be able to identify controversies, gaps or inconsistencies and then to be able to develop questions for further research.

2.3. <u>Data Collection</u>

The data collected in a literature review consists of a compilation of all relevant articles and books pertaining to the topic of rape, the types of sexual assaults, nature of the victims, response, reaction and recovery. The development of the body of knowledge pertaining to the subject of rape has its roots in literature throughout the ages (Tomaselli and Porter, 1986). However, as mentioned previously, the main thrust of study began during the 1970's particularly with the publication of Brownmiller's Against *Our Will* in1975. This publication is significant in any literature survey concerning rape, as is seminal work of Burgess and Holmstrom (1974),

which, as mentioned in the previous chapter, lead to the coining of the term Rape Trauma Syndrome. As many recent articles refer back to concepts used or discussed in research published during the 1970's the proposed study intends to not only cover as much as possible of the current research on the topic but to also examine research that was undertaken some time ago.

There are two principle methods of collecting the literature relevant to a certain topic (Barrett, 1995). An abstract search of relevant keywords on available databases, such as PsychLit or EBSCOhost, would be one method. The alternative approach in which the body of literature needed for the proposed study can be accessed is through the reference lists in central texts. This method allows for the researcher to acquire a keen awareness of the main protagonists regarding particular issues to be researched, and to extend the search to include their works. This method also allows the researcher to begin to understand which theorists support each other and which are in opposition.

2.4. <u>Analysis of Data</u>

The validity of the study method used by the primary researcher in the studies reviewed will determine if the article will be included in the review or discarded as being invalid. Of the articles, studies and accounts that are seen as valid, each is read with the intention of identifying themes or subjects that are related to the topic of rape and the influence it has on the victim in terms of responses, reactions and recovery. These themes shall then be categorised or grouped into broader topics. This allows the researcher to determine which subjects relate together and define a theme.

Once themes have been identified the relevant articles and books would be revisited and critically scrutinized to determine how the relevant data from different authors, about the same subject, fair against each other. Allowing the researcher to appreciate the contributions to that topic.

2.5. Presentation of Results

The results of the review of applicable literature will be presented in the subsequent sections and chapters. The following section covers the definitions of the relevant terms and concepts that are applicable to this study. Rape itself is defined, along with a discussion on the variables that influence researchers' definitions of rape. Theoretical explanations of rape are also considered. The different types of sexual assaults are reviewed so that a clear understanding of the complex nature of sexual assault is obtained. The discussion leads on to distinguish between the concepts of the victim and the survivor. Finally, this section explores how different rapists are conceptualised and distinguished by researchers.

The ensuing chapters explore the nature of the responses a rape victim experiences after the assault, the psychological impact of the rape and the aspects of the victim's recovery. In each of these cases the factors that are seen by researchers to influence these aspects are investigated.

2.6. Formulation of Concepts.

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In order to embark on any exploration, one first needs to know the nature of the journey, as well as the intended route. Just as an explorer would map out his journey, researchers need to define their constructs. Definitions set parameters of research as well as influence the conclusions and results (Muehlenhard, Powch, Phelps and Giusti, 1992). It is particularly crucial for a researcher to critically examine existing definitions pertaining to popular terms in order to be aware of the possible influences (Muehlenhard et al, 1992).

The following discussion regarding the terminology of rape and rape related issues, intends to recognise the constraints of such definitions and to recognise the factors that influence defining a term such as rape and how such definitions influence research and assumptions.

2.6.1. <u>Defining rape</u>

Defining rape is not as simple as looking up its definition in a dictionary. Doing so leaves one with a sense of a metaphor rather than with a full understanding of the complexities that exist. According to the American Heritage Dictionary of the English Language (1992, retrieved from CD Rom) the word rape can be defined as:

> **Rape** (râp) *noun*
>
> **1.** The crime of forcing another person to submit to sex acts, especially sexual intercourse.
> **2.** The act of seizing and carrying off by force; abduction.
> **3.** Abusive or improper treatment; violation: *a rape of justice.*

This definition has three senses, although it is unlikely that many people think of the word as having more than one sense. The Latin word *rapere* from which *rape* comes had an even wider range of meanings, including "to ravish" (Moore, 1998). It must be kept in mind that most of the meanings of rape had to do with the notion of seizing or carrying off and that sexual violation was confined to the one meaning. In the case of the Middle English word *rapen,* taken from Latin *rapere,* fewer meanings existed, but some of them differed quite significantly from any in which we would use the word today. It could mean "to fix or set a certain time" (*"The tyme he wild* [would] *not rape"*) or "to carry off somebody to heaven from earth" (*"the visions of seynt poul wan* [when] *he was rapt in to paradys"*). The past participle *rapt* has survived in Modern English, where it has become a separate word referring to states of deep delight or absorption, far removed from the hideous cruelties of *rape.* The sense involving these cruelties was probably present in Middle English and has largely taken over the word (American Heritage Dictionary of the English Language, 1992).

As Tomaselli and Porter (1986) point out it would be self-defeating to try and discriminate between true and false meanings of the word or to dispose of it as a mere metaphor. To favour any particular usage would exclude insights into the

question of rape and force one to come down on one or another side of the issue before we actually settled on its nature.

Defining rape is of particular importance when one is considering research. Rozée (1993) notes that narrow definitions of rape have the effect of masking the true incidence of rape. Koss (1993), also ratifies this notion by maintaining that the differences in prevalence estimates from rape studies are due to the "definition of the measured phenomena", I.e. what does rape mean to the respondents? In many of the prevalence studies considered by Koss (1993), no explicit definition is presented. Ellis (1989) also notes that the criteria used to identify rape accounts for the variance in reported prevalence.

2.6.2. Definitions of Rape - what influences it?

Why do different researchers come up with different definitions of rape? White and Sorenson (1992) assert that the definition, assessment and study of sexual assault are guided by cultural attitudes. Not only does cultural understanding influence the researcher but according to Sorenson and Siegal (1992, cited White & Sorenson, 1992) and Wyatt (1992, cited in White & Sorenson, 1992) it also affects the likelihood that an assault will occur, that the victim will recognise it as a crime and will report it or seek help.

The acceptance of rape myths also have an influence on the definition used (White & Sorenson, 1992, Burt & Albin, 1981). More restrictive definitions of rape may be indicative of the acceptance of rape myths (Burt & Albin, 1981). Therefore the researcher's attitudes towards rape myths as well as research participants' views would have a profound impact on the understanding of the word rape and its subjective meaning.

The way one depicts the components of rape may furthermore influence its definition. The concept of consent, the nature of the violence used, the sexual behaviours specified, the view of the victim, the intention of the perpetrator and the perceived relationship between the two (Muehlenhard et al., 1992, White & Sorenson, 1992) all impact on how rape is defined.

Consent is a concept that is important in the understanding of rape that also requires clarification. Consent can be defined as giving assent, or to be of the same mind or opinion (The American Heritage Dictionary of the English Language, 1992). When considering rape and sexual assault, consent does not include submission under the use of pressure, coercion, force or threats (www.wavaw.ca). Holmstrom and Burgess (1975) reinforce the significance of consent in their definition of rape. They define rape as the *"forced, violent sexual penetration against the victim's will and without the victim's consent" (Holmstrom & Burgess, 1975, pg.1288).*

Moreover, rape has been defined in terms of the intention of the act. Herman (1996) describes rape as the physical, psychological, and moral violation of the person. She declares that the rapist's intention is to terrorise, dominate and humiliate the victim, to render her utterly helpless. When the intention is to physically force sexual intimacy when one of the individuals involved chooses not to become sexually intimate, Ellis (1989) would call this rape.

Rape is defined in different circumstances, in the legal arena, the medical and health care fields, the theoretical domain as well as colloquially. The scope of the definitions of rape, indicate the complexity of the phenomenon. Rape is multidimensional and therefore requires precise meanings for all dimensions in which it exists. Depending on your point of view rape can be presented as crime, vice, sin, ritual, physical violence, perversion or just another word for sex (Tomaselli & Porter, 1986).

Koss refers to the offense of *"common law rape"* (Koss, 1993, p. 199). This view defines rape as the "c*arnal knowledge of a female forcibly and against her will*" (Bienen, 1981, p. 174 cited in Koss, 1993, p. 199). This definition has been reformed in recent years, the consideration of sexual assault as the term that commonly refers being pressured or forced to have sexual contact (Koss, 1993).

Most legal definitions of rape focus on the nature of the sexual behaviour specified, the non-consenting of the victim, and the relationship between the victim and the perpetrator. The legal definition of rape in South Africa (at the time of the study) states that rape occurs when a man has *"intentional unlawful sexual intercourse with a woman without her consent"* (Jewkes & Abrahams, 2002 and Lewis, 1994). By unlawful, it means that the female victim may not be the perpetrators wife, or under the age of 16. Sexual intercourse is indicated by the penetration of the penis beyond the vulva. Consent refers to the fact that the sexual intercourse took place against her will, or that she is unable to consent due to intoxication or disability.

Ellis (1989) argues that a legal definition of rape would mean that the act of *rape* would only be deemed one if it is defined as such by a given society at a given point in time. In other words, legal definitions of rape can be said to be an indication of the social understanding of the act of rape. We can only hope that, as society is better able to understand and empathise with the phenomenon of rape and with the violations the victim experiences, that the legal processes surrounding rape as a crime may better reflect this understanding.

Theoretical definitions are predominantly based on the theorist's view on what causes rape. Thornhill and Palmer (2000) advocate that rape is an *evolutionary phenomenon*. Their claim is that rape is a natural, biological phenomenon that is a product of the human evolutionary heritage. From this evolutionary perspective, rape is seen as a *conditional reproductive strategy* in which low status males are able to be reproductively successful (Archer & Vaughan, 2001), otherwise referred to as the *mate deprivation hypothesis,* (Thornhill and Palmer, 2000). Males need to be able to

reproduce with as many women as possible, and are not restricted to time in between insemination (unlike the female who must wait at least 9 months before being able to reproduce again). Therefore, if a man cannot achieve sexual access to a woman by appealing to her choice, or through deception, he must use force (Archer & Vaughan, 2001).

Paglia (as cited in Burr, 2001) claims that rape is an act of sex, not violence; She defines rape as “a ritual enactment of natural aggression latent in all sexuality, which is primary mating behaviour” (Paglia, 1995, p.34, Burr, 2001, p.104). Paglia enhances this definition by saying that rape is an attack of the powerless (men) against the powerful (women). In her view, the rapist is sickened by the conflict between his humiliating neediness and his masculine rage for autonomy (Burr, 2001).

2.6.3. Other Types of Sexual Assault

Mealey (cited in Archer & Vaughan, 2001) comments on the fact that focusing on rape, as a single type of behavior is a mistake because different types of rape may have different causes.

Delineating between different types of rape is important when considering the overall picture of the victims’ experiences. Does the victim need to be raped according to the legal definition at the time to “qualify” for certain support, from police, legal and health care workers? Will her trauma be “nullified” if the rape was only an attempt? These matters will be considered in later chapters, for now, the awareness that one needs to consider other forms of sexual assault when considering rape, is imperative. How these terms are defined affects how people label, experience, evaluate and assimilate their own and others’ sexual coercive incidents (Muehlenhard et al, 1992)

The term sexual assault is often used in conjunction or in place of the word rape (Muehlenhard et al, 1992; Ruch & Chandler, 1983; White & Sorenson, 1992). Therefore a discussion on the definition of rape would not be comprehensive until sexual assault is explored. The behaviours that are incorporated in a discussion of sexual assault, are generally broader than those included in the definition of rape. Sexual assault includes rape, attempted rape, sexual molestation (incidents that were neither completed rape or attempted rape, but included some form of actual sexual contact), attempted sexual molestation and other forms of sexual assault such as incidents of criminal sexual exposure, voyeurism or coercion rather than the use of threat of violence (Muehlenhard et al, 1992).

Rape can also be deconstructed into different forms or types. Lewis (1994) mentions statutory rape, date rape, gang rape and attempted rape. Ellis (1989) differentiates rape by using the term *date rape* to describe assaults that occur among persons who are acquainted and *classic* and *predatory rape* to describe rape in which the attacker is a stranger.

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White and Sorenson (1992) stress that an inclusive definition is essential. They proclaim that in order to fundamentally define sexual assault one must systematically incorporate the means (e.g., verbal coercion, threat of force, use of force) and type of contact (e.g., unwanted contact, attempted or completed penetration with various body parts and objects). In this way one can be specific about which aspect is the focus of the assault as well as demonstrate the scope of sexual assault.

2.6.4. The Victim and the Survivor

The trend of late is to refer to women* who have been abused or assaulted as survivors rather than the customary term of victim. Is semantics the grounds for the

change or are “victims” different to what they were in the past? Or is there another reason or this amendment?

The Oxford English dictionary defines a victim as: “*a person killed or made to suffer by cruelty or oppression; one who suffers injury or hardship etc”* (Oxford English Dictionary, 1986, p.629). A Survivor is defined as a: *a person who has continued to live or exist; live or exist longer than; or someone who has come alive through or continue to exist in spite of (danger, accident)* (Oxford English Dictionary, 1986, p.564). The understanding that one can conclude from these two definitions is that in order to be a victim something has to happen to you and then in order to become a survivor you have to continue to live in spite of an event.

It is interesting to note that researchers, counselors and lay people have turned away from the “victim” and embraced the “survivor”. This could stem from the commonly held view that the rape victim can be blamed for her assault (White & Sorenson, 1992). It may be possible that we are trying to avoid the victim ideology because of the way it downgrades women’s sexual identity and autonomy (Burr, 2001). Perhaps we are dis-empowering the raped women even more by denying her the opportunity to be able to feel helpless and abused.

Herman (1996) states that it is only when the truth is finally recognised that survivors can begin their journey. The truth, in this case, is the pain and atrocity of what the raped women has gone through. Hall (in Donat and D’Emilio, 1992) describes the victims experience as one of helplessness and loss of control; it is the sense of one self as an object of rage. It can only be when we can recognise the sheer trauma of what being a victim means that we can begin to acknowledge the strength the raped women has to survive the ordeal and begin her recovery. If we call a raped woman a *survivor* before she has had the opportunity to be a *victim*, she will be forced to deny the pain and embrace “*being ok*”. The question can then be asked whether the denial had an influence on her recovery.

Muehlenhard et al (1992) clarify this argument better:

> "We use *victim* to refer to someone who is sexually coerced and *perpetrator* to refer to someone who is sexually coercive. We realize that the term *victim* connotes powerlessness; thus, by using this term, we are implying that a person is powerless while being coerced. Subsequently, however she or he could be called a survivor".

1992, pg. 24

It can be argued that the evolution of the term used for raped women can be attributed to social factors. Donant & D'Emilio (1992) discuss the view of the victim over the centuries; each view or description/understanding of the victim is in relation to societal views of women at the time. In the colonial era, a raped woman was not respectable enough to be married, and was therefore a financial burden to her father. The raped woman was also punished if she could not prove non-consent, thus depicting the women as a perpetrator to the event. In the 19th century a raped woman was seen as "fallen" and depraved, she was blamed for the man's crime. It was only in the 20th century that the rape was conceptualized from the point of view of the perpetrator and not from the role the women played in the assault. As a result of this view the victim became marginalized. The victim became a helpless target of the male dominated society in which she could only be passive, weak, and helpless. Brownmiller (1975) reflects numerous times on the dis-empowering of the victim by the male ideology of society. Perhaps it is the empowering nature of the word *survivor* in comparison of the dis-empowering connotation of the word *victim* that has caused the shift in terminology.

2.6.5. Why do Rapists Rape?

The focus of this dissertation is not on the rapist as a construct on its own. However, the rapist needs to be considered in terms of how the factors motivating the rape can have an influence on how the victim makes sense of her assault and subsequently how that meaning will influence her recovery. Groth, Burgess and Holmstrom (1977) proclaim that the aetiology of the victim's trauma is the offender's pathology. If this claim is true, it is therefore relevant that in order to understand the victim's trauma we need some understanding of the pathology of the rapist.

The rapist can be understood in two ways, firstly in terms of typology. And secondly in terms of motivational factors. The two are closely correlated as the typology of rapists is based on what motivates the rapist to act. The following discussion looks at rapists in terms of the "Power, Anger and Sexuality" types proposed by Groth, Burgess and Holmstrom (1977) and then moves on to consider various theoretical explanations as to *why men rape*?

It is important to recognise that not all rapists are alike (Groth et al., 1977), not all rapists are mentally ill, (Amir, 1971 cited in Donat and D'Emilio (1992), and not all rapists are motivated purely by sexual gratification (Ellis, 1989).

Numerous theorists claim that rape is motivated by various factors: power, anger and sexuality (Groth et al., 1977); hostile masculinity and a desire for impersonal sex (Malamuth and colleagues, cited in Archer and Vaughan, 2001); the need to reproduce successfully (Archer and Vaughan, 2001); the need for men to dominate and control women in order to ensure the subordination of women to men (Brownmiller, 1975). The following paragraphs shall broadly discuss these views, as they are presented in the literature.

Groth et al. (1977) declare that all rapes contain the elements of power, anger and sexuality. The different types of rapists and different types of sexual assaults are due to the relative intensities and interrelationships of those three components.

The **Power rapist** uses intimidation in order to gain power and control over their victims. They will use physical aggression and weapons in order to overpower and subdue the victim. The aim of their assault is usually to have sexual intercourse as evidence of a conquest (Groth et al., 1977). This perpetrator needs to be able to assert his identity, potency, strength, mastery and dominance. The rape is his way of achieving this need. There are two kinds of rapists that fall into the category of the power rapists, the *power-assertive rapists* and the *power-reassurance rapists* (Groth et al., 1977). The power-assertive rapist, rapes as an expression of his virility and mastery and the power-reassurance rapist, rapes as an effort to resolve disturbing doubts about his sexual adequacy and masculinity (Groth et al., 1977).

The **Anger rapist** commits his offence as an expression of anger, rage, contempt and hatred for his victim. His aim is to vent his rage on his victim and to retaliate for perceived wrongs or rejections he has suffered at the hands of women (Groth et al., 1977). Sex becomes his weapon to hurt and degrade women. This rapist typically finds little or no sexual satisfaction in the rape (refuting the theories that rape is indeed about sex). The *anger-retaliation* rapist commits his rape as an expression of his hostility and rage, his motivation is revenge and the desire to degrade and humiliate. The *anger-excitation* rapist finds pleasure in the suffering of his victim. He is a sadist whose aim is to punish, hurt and torture his victim; his aggression is eroticised.

Given that sex is the instrument of the rapist's assault, it is understandable that theories in which sexuality is seen as a motivating factor have been developed. One such theory has been developed by Thornhill and Palmer (2000). They claim that rape is all about sexual pursuit. Certain Social Learning theorists agree that some rapes are as a result of a desire to have sex (Ellis, 1989). Malamuth and his colleagues (Archer and Vaughan, 2001) point out that desire for impersonal sex, on its own is not sufficient reason to commit rape, but that it is rather the desire as well as a hostile masculinity that leads to rape.

The Evolutionary theorists, such as Thornhill and Palmer (2000) and Paglia (Burr, 2001) and Thornhill and Thornhill (Archer & Vaughan, 2001) also consider sex as a major part of the drive behind rape. However, they all view rape as an act of sex, rather than of violence. They also believe that sex is primarily mating behaviour (Burr, 2001). The male is seen as using rape in order to attain sexual access to females after other strategies have failed. In this case, rape is viewed as an adaptive strategy in the quest of successful reproduction (Archer & Vaughan, 2001).

Paglia (Burr, 2001) attempts to link the previously discussed notions of power and anger and relate them to sexuality. The rapist is angry because of his "humiliating neediness" (Burr, 2001) of women, and this anger is expressed as a ritual enactment of natural aggressions latent in all sexuality (Burr, 2001).

The feminists also relate to rape in terms pf power. To them the rapist is exercising his dominance and control in order to enforce the subordinate role of women to men (Brownmiller, 1975; Donat & D'Emilio, 1992).

The above discussion is a brief overview of some of the theoretical notions regarding the rapist and the factors that motivate a rapist to rape. It is tempting to explore the surrounding debates regarding these theories, but for the purposes of this mini-dissertation, the above discussion will suffice.

In later sections of this mini-dissertation, the victim's trauma resulting from a rape or sexual assault will be discussed. In that discussion the link shall be explored between the victim's etiology and the perpetrator's pathology (Groth et al., 1977).

This chapter has outlined and clarified the design of the mini-dissertation; in particular it has described how the review of the literature concerning rape will be conducted. To begin a journey of discovery, one needs to aware of the terrain that one will be covering. In order to equip this discovery an understanding of the constructs involved is needed. For this purpose the definitions of rape, and the factors influencing those definitions are discussed. Accompanying that discussion is

a brief look at some of the theories that have been articulated about the causes of rape. It is difficult to discuss rap in a vacuum. Therefore it is important to include an understanding of sexual assault when considering the concept of rape. Finally the “players” involved in the rape scenario are discussed, firstly in terms of the victim versus the survivor and secondly in terms of the rapist themselves.

Chapter Three

CIRCUMSTANCES SURROUNDING AND RESPONSES TO RAPE

3.1. Introduction

When a rape occurs, it does so in a system that is particular to that event. No two rapes situations are the same (Brownmiller, 1975). Likewise, no two experiences of rape are the same for any two victims (Resick, 1993). This statement can be expounded when one takes into consideration that amount of factors that are considered by researchers to influence the response of the rape victim (Amanat, 1984; Atkeson, Calhoun, Resick & Ellis, 1982; Carlson, 1997; Cohen & Roth, 1987; Frazier, 1990; Groth, Burgess, & Holmstrom, 1977; Meyer & Taylor, 1986; Resnick, Kilpatrick & Lipovsky, 1991; Ruch & Chandler, 1983). There are factors present in the events preceding the assault, during the assault and after the assault, which have an influence on the way the victim will respond to the assault.

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3.2. Factors Preceding the Rape that have an Influence on the Victim's Response.

It is difficult to say which factors, out of the many possibilities, preceding the rape will have an influence on the event and in turn on the victim's response. To study these factors would also prove difficult as how would a researcher know which factors to even begin considering. Out of all the possible factors that may occur before rape, society has always been interested in the victim's behaviour before the rape, when it comes to making inferences about the event. The following section deals in particular with research concerning the victim's behaviour before the rape and the possible effect this may have on her responses.

3.2.1. <u>The Victim's Behaviour Before the Rape</u>

The attribution of blame for the assault, if the victim is seen as being in any way responsible for the rape, is documented to have a profound effect on the way that others respond to the victim (Vetten, 1997) which in turn effects how the victim herself responds to the rape (Moore, 1998). Best and Demmin (1982) explored which factors prior to the assault could have an effect on the determinants of blame. In particular their study focused on the perceived attractiveness and provocati veness of the victim prior to the rape. This study defines a women drinking alone in a bar as provocative behaviour. They found that attractiveness did not affect the judgements of blame attributed to the victim, although the provocativeness of the victim significantly influenced the extent to which they were blamed for the rape. It must be noted that the definition of provocative behaviour is limiting in that it only describes one type of behaviour.

Based on Best and Demmin's (1982) study, one can conclude that a victim seen to be "drinking alone in a bar" could be notably blamed for an ensuing rape. The relevance of this study is that the perceived responsibility of the assault, based on the victim's behaviour before the rape, can be said to have an influence on how the victim is viewed by herself and others. As will be discussed later, this perception can contribute to the way the victim responds to the assault, and how she later recovers.

3.3. Factors During the Rape that Influence the Victim's Response.

Victims of interpersonal assaults have many of the same responses as victims of other types of trauma. During an assault, a victim's primary focus is on survival and self-protection. The subjective experience consists of a mixture of shock, confusion, numbness, withdrawal, and speechless terror. Some victims may put up fierce resistance, while others dissociate and offer no defense (Kaplan and Sadock, 1998). The victim's response after the rape is a traumatic response to the actual assault. However, it has been observed that factors during the rape, such as the violence levels, do not affect later responses (Atkeson, Calhoun, Resick & Ellis, 1982). Sales,

Baum and Shore (1984) observed that neither the presence of violence or the extent of violence per se was strongly associated with victim reactions. However, further studies found there to be certain relationships with factors relating to levels of violence and initial responses. Sales et al. (1984) found that threats to the victim's life predicted symptomology within the first 3 months, but not in a follow up assessment 6 months later. Kilpatrick and associates (as cited in Resick, 1993) found that victims who developed PTSD were more likely to have been seriously injured than those who did not.

As Resick (1993) concluded, the assault variables do not predict the responses of the victim after the assault, but the extent of threats do have an influence on the predictability of global severity of symptoms.

The level of violence used as well as the threat of violence is an indicator of the assailant's behaviour during the assault. There is an insufficient body of literature discussing the victim's behaviour during the rape. One study that does discuss these responses is that of Carter, Prentky and Burgess (1988, Burgess, 1988, Ch. 8). They developed the following typology of response strategies: escape, verbally confrontative resistance, physical confrontative resistance, non-confrontative verbal response, non-confrontative physical resistance and acquiescence. Escaping would obviously involve the victim fleeing from the potential rape scene and if successful would be the optimum response. Verbally confrontative resistance includes screaming or yelling as a means of attracting attention or asserting oneself against the assailant. Physical confrontative resistance strategies can range from moderate responses such as fighting, struggling or kicking to violent responses such as attacking with lethal intention. Nonconfrontative verbal responses include responses in which the victim may try to dissuade the attacker (e.g. "I have my period"). In general this strategy does not work (McIntyre, Myint, & Curtis, 1979, cited in Carter, Prentky & Burgess, 1988). Nonconfrontative physical resistance would include responses that do not actually confront the attacker and may be feigned or real and uncontrollable, such as fainting, gagging, sickness or seizure. Acquiescence implies no counteractive response and is often the result a fear and terror or a belief that

such a response is necessary to save one's life. Although these responses are listed by Carter, Prentky and Burgess (1988), No supporting literature as to the effectiveness of these strategies was found.

There is some literature that deals with the victim's coping strategies during the rape. Victims report using mental coping strategies such as focusing their attention on some specific thought during the assault in order to "get through" the assault (Burgess & Holmstrom, 1976).

3.4. After the rape

Before this discussion explores the responses of rape victim's after the rape, there are two factors that also need to be discussed with regard consequences after a rape. The first is the concern about the possibility of the victim becoming pregnant (Burgess and Holmstrom, 1973, Ruch and Chandler, 1983) and the second is the threat of the victim being exposed to the HIV virus or other veneral diseases (Ruch and Chandler, 1983 and Lunt, 1995). The exact incidence of pregnancy after rape is unknown (Kaplan and Sadock, 1998); however, an estimated 1 to 10 percent of rapes result in pregnancy. Not only is the report of rape often delayed, but also reports of pregnancy are delayed even further (Kaplan and Sadock, 1998). Both are possibilities that face the victim and need to be kept in mind when dealing with the responses of the victim as well as considered when dealing with the recovery from the rape.

3.4.1. HIV/AIDS and Rape

The threat of rape is coupled, especially in South Africa, with the threat of becoming infected with HIV. Zeelie (2002) notes, that rape has become the most serious health risk in South Africa, as the incidence of rape is so high in this country and leads to the infection of so many South Africans with HIV as many rapists are HIV positive. Charlene Smith, a rape survivor and journalist comments that there is 40% risk of becoming HIV infected after a rape (De Capua, 2003). Becoming HIV positive

after a rape could have significant effects on the rape victim. The response to the rape may be shadowed by the response of finding out that one's HIV status is positive. The reactions may be intensified by the fear of the HIV developing into AIDS. This may influence the recovery process significantly. The literature found on this subject mainly explores the use of antiretroviral therapy for rape victims, counselling practices for dealing with victims who fear HIV infection and the prevalence of HIV infection among rape victims. Presently, no literature could be found discussing the direct effect of HIV infection on the rape victim. Therefore, the investigation of the relationship between HIV infection and the rape victim's experience is area where much future research is needed.

3.5. Responses to trauma

Before we enter into a discussion regarding the responses to rape, it is important to understand the responses to trauma in general.

Green, (as cited in Carlson, 1997) in his attempt to make sense of what makes an experience traumatic, describes seven dimensions to trauma. Theses are threats to life and lmb, severe physical harm or injury, receipt of intentional injury or harm, exposure to the grotesque, violent or sudden loss of a loved one, learning of exposure to a noxious agent and causing death or severe harm to another. He considers these to cover most of the experiences that are considered potentially traumatic to humans. However, this understanding does not account for an experience where none of those factors occur. Acquaintance rapes are an example of trauma when there is a possibility that none of these factors could occur. In light of this possibility, Carlson (1997) proposes that there are three elements to an event that can potentially make it traumatic. These three elements are the perception of the event as negative, sudden, and with a lack of controllability. If one takes these three elements into account, as well as the fact that date rape could be perceived as intentional injury and harm, then the trauma of acquaintance rape can be conceptualised.

Herman (1996) describes psychological trauma as the affliction of the powerless. In most circumstances the person who is a victim of trauma is powerless in controlling the event, be it an accident a sudden death or victimisation. She notes that traumatic events overwhelm the ordinary system of care that gives people a sense of control, connection and meaning. Harvey (1996) encapsulates Herman's thoughts regarding the systems involved in trauma, in her ecological view of trauma. This ecological analogy understands violence and traumatic events as ecological threats not only to the adaptive capacities of the individuals but also to the ability of human communities to foster health and resilience among community members.

Thornhill and Palmer (2000), conceptualise psychological trauma, particularly that of sexual assault, as an adaptation that helps people guard against circumstances which would reduce their reproductive success. In experiencing the psychological trauma or pain the person is spurred on to undergo behavioural changes aimed at preventing further pain or trauma and thus ensuring less threat to the chances of reproducing. Thornhill and Palmer (2000) support this claim with the data that young women suffered greater distress after rape than did children or women past reproductive age.

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In order to gain a better understanding of trauma, one would need to examine the usual responses to trauma. Carlson (1997) explains that although individuals respond differently to trauma, there are two basic categories into which most responses fit. These categories are re-experiencing and avoidance. Herman (1996) describes this as the dialectical nature of trauma. She sees trauma as an alteration between the intrusive symptoms and the numbing symptoms. For Herman, the process is an attempt to find a satisfactory balance between the two. Some researchers (Foa, Zinbarg, Rothbaum, 1992, Horowitz, 1986 and Van der Kolk, 1987 – all cited in Foa, Riggs & Gershuny, 1995) have suggested that it is the alteration between intrusive re-experiencing of the trauma and denial or numbing of emotional response (or avoidance), that characterise Post Traumatic Stress Disorder (PTSD).

Post Traumatic Stress Disorder is the conceptualisation of the experience of trauma responses in terms of the medical model of psychology. DSM-IV defines posttraumatic stress disorder (PTSD) as a disorder in which a person has been exposed to a traumatic event or events that included "actual or threatened death or serious injury, or threat to the physical integrity of self or others," and "the person's response involved intense fear, helplessness or horror." The symptomatic sequelae of the event or events include more than 1 month of persistent re-experiencing in thoughts, images, and dreams; behaving or feeling the event is recurring; and intense psychological or physiological reactivity to cues that are reminders of the event. There is also avoidance of stimuli associated with the trauma and numbing of general responsivity. Symptoms of increased arousal are also present and can include sleep disturbance, irritability, poor concentration, and exaggerated startle reflex (Kaplan & Sadock, 1998).

Foa, Riggs and Gershuny (1995) investigated the symptoms of PTSD in rape victims. Their study revealed that there were three factors present in the responses of the participants of their study. They found that along with intrusion (re-experiencing) and avoidance factors, the numbing factor was also present as a factor on its own and not as a part of the effortful avoidance factor. The re-experiencing of a trauma can be characterised by the following symptoms: Intrusive thoughts, nightmares, flashbacks and sleep disturbances (Foa, Riggs and Gershuny, 1995). The avoidance characteristics are: emotional reactivity, avoiding thoughts of trauma, avoiding situational reminders, hypervigilance, excessive startle reactions and physiological reactivity (Foa, Riggs and Gershuny, 1995). The third factor that of numbing is characterised by symptoms such as: loss of interest, detachment, restricted affect, sense of foreshortened future, increased irritability and difficulty concentrating (Foa, Riggs and Gershuny, 1995). Shipherd and Beck (1999) linked intrusive thoughts and PTSD in rape victims. In their study of 36 women who had been sexually assaulted, they found that the respondents who met the criteria for PTSD were less able to suppress rape-related thoughts (intrusive thoughts) than victims who did not meet the PTSD criteria. This study is able to give one the ability

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to conceptualise the relationship between rape and PTSD by relating the responses of the rape victim and the symptoms of PTSD.

The link between rape and PTSD is a compelling one. As one will see in a later discussion of the symptoms of Rape Trauma Syndrome as first written about by Burgess and Holmstrom (1974), the symptoms displayed by victims of rape are synonymous to those present in PTSD. The prevalence of PTSD as a disorder is significantly found in rape victims. In a study of a large population of rape victims, Kilpatrick and associates found that 57% of the sample met lifetime diagnostic criteria for PTSD, and 16.5% currently had PTSD an overage of 17 years post rape. (Kilpatrick, Saunders, Veronen, Best & Von, 1987). These statistics become more noteworthy as studies looked at the existence of PTSD criteria observed at closer intervals to the time of the rape. Results of a longitudinal assessment of 64 rape victims interviewed at weekly intervals post rape indicated that at 1-week post rape 94% of respondents met the PTSD criteria. At four weeks post rape 75% still exhibited the symptoms of PTSD, and by 12 weeks post rape 47% displayed PTSD (Rothbaum, Foa, Riggs, Murdock & Walsh, 1992). The significance of this study is that it reveals that although most victims of rape may display PTSD initially, almost half of them are likely to improve in terms of the PTSD symptoms by 3 months post rape (Rothbaum et al., 1992, Resnick, Kilpatrick & Lipovsky, 1991).

Further studies compare the responses of sexual assault victims to non-sexual assault victims. Out of a sample of sexual assault victims and non sexual assault victims, the highest rates of PTSD, even after controlling for the presence of life threat and injury during the assault, were with the victims of sexual assault (Kilpatrick and Resnick, 1993, as cited in Gilboa-Schechtman & Foa, 2001). Gilboa-Schechtman and Foa (2001) compared the assessment measures of PTSD and other levels of pathology (anxiety and depression) of sexual assault victims to those of non-sexual assault victims. They found that rape had a greater impact on the magnitude of initial and peak reactions (peak reactions were operationally defined as the highest severity of PTSD, depression and anxiety) than non sexual assault. The compelling question is why do rape victims display such high incidences of PTSD?

According to Herman (1996) a traumatic event call into question basic human relationships.

> *They [rapists/rape] breach the attachments of family, friendship, love and community. They shatter the construction of the self that is formed and sustained in relation to others. They undermine the belief systems that give meaning to human experience. They violate the victim's faith in a natural or divine order and cast the victim into a state of existential crisis.*
>
> (Herman, 1996, pg. 51)

Not only does rape threaten the victim physically and sexually, it also has a profound effect on her very existence. To Thornhill and Palmer (2000), the effect of emotionally traumatic events such as rape, causes us to expect the greatest psychological pain, as it is associated with events that lower one's reproductive success. With rape the threat is possibly at it greatest, as there is the threat of loss of life, loss of sexual ability (due to physical or emotional trauma), loss of the ability to be able to choose a potential reproductive partner, and possibly loss of the ability to be able to trust others enough to be able to pursue further relations. Although Thornhill and Palmer have come under fire of much criticism (Burr, 2001, Archer & Vaughan, 2001, Segal, 2001), the concept of rape or sexual assault threatening reproductive success can be conceptualised as a possible explanation as to why rape victims experience much more significant levels of PTSD than victims of non sexual assault.

3.6. <u>The Victim's Initial Behavioural Responses to Rape and Sexual Assault.</u>

After her assault the victim of rape is faced with many behavioral options. The first response a victim has is making sense of what has just happened to her. This process is crucial in determining the victim's behaviours from then on. The victim will need to decide if the assault was rape and if she recognises it as a crime. If she

does so then she may decide if she will report the crime and seek assistance or not disclose the assault. The main factor that will influence this decision is culture (White and Sorenson, 1992). Vetten (1997) explains that in South Africa, the likelihood of not reporting a rape is dominated by socio-cultural beliefs, which outweigh the need to report the incident. As Koss (1993) points out, in the United States of America, rape is more likely to be kept a secret than any other form of victimisation. The question that comes to mind is why do women not disclose their rapes. According to Kilpatrick (1983) there are several reasons why victims of rape do not disclose. The primary reason is that victims have significant fears about the types of response that will follow disclosure. They fear retribution, disbelief, or blame for the rape. The second reason for non-disclosure is that often victims do not perceive their psychological problems as being related to the rape. They are often not asked about rape or other victimisation by clinicians (when seeking assistance). Finally they may not identify their experience as rape. Moore (1998) also cites fear of an unsympathetic response from the police and little faith in the judicial system as reasons for a victim not reporting the crime. She also notes that the ordeal of the medical examination is enough to deter many women from reporting the crime. Jewkes and Abrahams (2002) also point out several factors that may influence a victim's choice to disclose the rape. They list the range of barriers to include problems like physical access to the police and other resources, fear of retaliation by the perpetrator and fear of the legal process. Two issues for discussion are brought up in the factors influencing the likelihood of the disclosure. The first is the matter of victim credibility and the second is that of social responses to victims of sexual assault.

3.6.1. Victim Credibility and Victim Precipitation

Stanton (as cited in Jewkes & Abrahams, 2002) talks about the fact that the fear of not being believed is the reason why many women will not report most incidents of sexual assault. He goes on to say that these fears are confirmed by police assertions that many women lie about being raped. The believability of the victim has a spin off, that being the belief that the victim in some way precipitated the rape.

There is no other crime – murder, burglary, assault and batter – in which the victim is routinely blamed for the crime, except for rape (White & Sorenson, 1992).

The victim's role in the rape or her precipitation tends to come into play when the circumstances surrounding the assault are ambivalent (Roth, Wayland and Woolsey, 1990) or when there seems to be an existing relationship between the victim and the assailant (Brownmiller, 1975). Brownmiller (1975) describes the victim precipitation as "*each word, act and gesture on the part of the potential victim*" that serves to "*either strengthen or lessen the resolve of the potential rapist, and hinder or help him commit his crime*" (Brownmiller, 1975, pg. 353). In her book, Brownmiller describes how the national commission on the causes and prevention of violence defined Victim precipitation. When the victim agreed to sexual relations but retracted before the act or when she clearly invited sexual relations through language, gestures etc (Brownmiller, 1975). Behaviours such as provocativeness (Best and Demmin, 1982) and the "hot pants" analogy (Burt and Albin, 1981) are mentioned in research as possible behaviours that would influence a bystander in believing that the victim precipitated the crime. Paglia (Burr, 2001) maintains that every encounter is to be treated as a potential sexual encounter in which women should take responsibility for their place in this exchange. What is it about victim precipitation that allows it to even be considered in research? We seek an explanation for the perpetrator's crimes in the character of the victim (Burt and Albin, 1981). Amnant (1984) admits that he is interested in focusing on which personality characteristics might create the illusion of the "set up" for assault behaviour in the minds of victims, their friends, close relatives or even clinician. Herman (1996) suggests a hypothesis as to why "we" participate in giving the victim responsibility in the crime. She believes that if we were to absolve the victim of all responsibility we would have to engage with the victim in the "lacerating moral complexities" of the situation. As a bystander one is faced with a choice, to choose the side of the perpetrator the observer is asked to do nothing. To take the side of the victim, the observer shares the burden of the pain (Herman, 1996).

One of the explanations as to why people do not believe a rape victim, as well as why they believe victims to be an active agent in the rape situation is the existence of rape myths.

3.6.2. Rape Myths

Rape myths are widely held, inaccurate beliefs about rape. They are reinforced when beliefs surrounding circumstances, situations and characteristics of individuals connected to rape are applied to all situations uncritically (Hamlin, 2001). According to Hamlin (2001) rape myths exist for many historical reasons. These include inherited structural conditions, gender role expectation and the fundamental exercise of power in a patriarchal society.

Rape myths have an influence on how the victim perceives her assault, if she will disclose the incident, the conviction of the perpetrator, and even on how research regarding rape is conducted. White and Sorenson (1992) point out that the narrowness or breadth of definitions of rape is strongly shaped by one's acceptance of rape myths. Acceptance of rape myths leads to a more restrictive definition of rape in research (Burt and Albin, 1981) and can influence research data such as prevalence rates (Koss, 1993).

Rape myths tend to lead people to interpret rape in terms of sexuality and not in terms of violence (Burgess and Holmstrom, 1973). The sexuality aspect is what is often reinforced through the media. Victims of rape are often portrayed as secretly enjoying their victimisation (Donat and D'Emilio, 1992). Media portrayals of rape myths strengthen the belief that many people still have in rape myths (Lambert, 1997). Lewis (1994) points out that rape myths give the perpetrator silent permission because they help him to excuse his behaviour and escape responsibility for his violent action.

Acceptance of rape myths, belief in victim precipitation and social responses to the victim can result in non-disclosure of the assault, as discussed above or in secondary victimisation.

3.6.3. Secondary Victimisation

Secondary victimisation refers to the negative experiences which involve behaviours and attitudes of social service providers that are "victim blaming" and insensitive and which traumatise victims of violence who are being served by these agencies (Campbell and Raja, 1999, Campbell, Sefl, Barnes, Ahrens, Wasco and Zaragoza-Diesfeld, 1999). This happens when providers subjugate the needs and psychological boundaries of rape victims to agency's needs, which leave the victim feeling violated. The violation occurs as most times the disregard for the victim can closely mimic the victim's experience at the hands of her assailant (Campbell and Raja, 1999). The victim may feel that this treatment "hurts as much as the rape itself" (Campbell et al., 1999). The most common encounter of secondary victimisation occurs when the victim interacts with the police and the legal system (Vetten, 1997, Moore, 1998, Campbell et al., 1999). It is thought that the legal process may inflict additional demands on the victims, which in turn can keep them in the victimised role (Sales et al. 1984). The medical system is also reported to be quite traumatising (Parrot as cited in Campbell et al., 1999).

Up to this point the discussion has included many factors that are influencing and determining the responses of the victim after rape. Following this is a discussion of actual responses to rape as reported by researchers.

3.7. Responses to Rape

It is important for the purposes of this study, to distinguish between rape and reactions to rape. In most circumstances these two words are synonymous with each other, both referring to each other by definition. However, for the purposes of this dissertation, the terms will be denoted separately. Responses refer to

behavioural outcomes that occur in direct response to the rape event. Reactions will refer to the psychological impacts that occur after rape and sexual assault. These will be discussed in the following chapter. The intention to delineate between these two concepts is that as they are distinguished here, they have different effects on the experience of the victim. Responses after the rape, are prevalent amongst most victims, however the amalgam of reactions maybe more relevant to each individual.

Burgess and Holmstrom undertook the groundbreaking research concerning victims' responses to rape in the 1970's. They interviewed and assessed rape victims that presented at the Boston City Hospital with the complaint of rape. In their initial account Burgess and Holmstrom (1973) found that most women responded with one of two styles of response. They were either controlled or expressive in their style of response. The expressive victims showed their feelings of fear, anger or anxiety through behaviour such as crying, shaking, smiling, restlessness and tenseness. The controlled victims masked or hid their feelings by showing a calm, composed or subdued affect. The researchers explain the smiling response as a symptom of avoidance (Burgess and Holmstrom, 1973), as discussed above as a symptom of Post Traumatic stress Disorder. The calmness evidenced in some victims can be a product of sheer exhaustion. Overall most women interviewed reported being in a state of shock and felt numb (Burgess and Holmstrom, 1973).

In 1974, Burgess and Holmstrom published their renowned article entitled *Rape Trauma Syndrome*. Rape Trauma Syndrome (RTS) is defined as an acute stress reaction to a life-threatening situation, namely forcible or attempted rape (Burgess & Holmstrom, 1974). This response to trauma is a syndrome composing of behavioural, somatic and psychological responses.

In their study of 146 participants, Burgess and Holmstrom (1974) identified the acute reaction phase and the reorganisation phase, as characteristic responses of the victim to rape. The acute phase is marked by disorganisation and is short term. The initial impact of the rape usually evokes severe feelings of shock or disbelief. These feelings are shown either in the expressed style or the controlled style, as described

above. During the acute phase the victim may display somatic symptoms (Burgess & Holmstrom, 1974). These include physical trauma, such as soreness and bruising, skeletal muscle tension, such as headaches, fatigue, sleeps disturbances, and a startle response. Gastrointestinal irritability, such as stomach pains, appetite disturbances and feeling nauseated genitourinary disturbances, such as vaginal discharge, itching, generalised pain and chronic vaginal infections are also symptoms that are sometimes displayed. The emotional reactions of the victim range from fear, humiliation, embarrassment, anger, revenge and self-blame (Burgess & Holmstrom, 1974).

During the re-organisation phase, which can start to takes place about 2-3 weeks after the assault; the victim can display responses that can be characterised into motor activity, nightmares and traumatophobia. Motor activity responses include possible changing of residence, job or going on a trip. The victim may change her telephone number and take special trips home, or to stay with close family (Burgess & Holmstrom, 1974). Nightmares are often experienced by victims, and can be very upsetting. Some nightmares are re-experiences of the assault, while others are attempts to play out possible mastery over the events (Burgess & Holmstrom, 1974). Traumatophobia is defined as the phobic reaction to traumatic situations (Burgess & Holmstrom, 1974) and reflects awareness that different traumatic experiences produce similar symptoms (Rothbaum et al. 1992). In the sample of rape victims studied by these researchers the phobias most commonly presented included: fear of indoors, fear of outdoors, fear of being alone, fear of crowds, fear of having people walk behind them and sexual fears. Holmstrom and Burgess (1975) noted that the diagnosis of RTS is usually made when symptoms such as increased anxiety, abrupt changes in relationships with men, marked changes in sexual behaviour, sudden onset of phobic reactions or increases in nightmares.

Amanat (1984) also studied RTS and explored possible developmental variations. He found that his sample of 54 rape victims showed the following symptoms during the acute or alarm phase: hyperawareness, revival of other crisis emotions, hyper-emotionalism, specific physical symptoms, sleep disorders, blocking of thoughts,

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poor concentration, multiple fears of injury or death and sexual behavioural changes (Amanat, 1984). Amanat (1984) found that three distinct reaction patterns were observed in the reorganisation phase. These patterns are dependant on personality structures of the victims and psychological development of the victim prior to the rape. The first response pattern is the Pre-symbiotic personalities; these victims reveal a great level of isolation, withdrawal, mistrust and disengagement. These characteristics are intensified during the reorganisation phase with a high frequency of reliving experiences, somatisation, hypoactivity, conservation depression, preoccupation and fantasy (Amanat, 1984). The symbiotic personalities are basically trusting but dependent people. During the reorganization phase these people tend to become more clingy and dependent. They show regressive tendencies and intense phobic reactions (Amanat, 1984). Finally the Post-symbiotic personalities are a group of autonomous, independent, outgoing and assertive people. The reorganisation phase is marked by a greater level of hyperactivity, life-style changes, irritability, reliving experiences, intellectualisation, agitation, compulsive behaviour, depression, self-reproach guilt, shame, and eventually repression (Amanat, 1984).

The responses to rape are not just associated to those identified in RTS theory. Many other researchers have documented other responses to rape, such as those listed below (Carlson, 1997; Cohen & Roth, 1987; Mechanic, Resick & Griffin, 1998; Meyer & Taylor, 1986; Resick, 1993; Shipherd & Beck, 1999). Much of the research covers similar responses and even describes the symptoms that are described by RTS. Most of the research reviewed indicates the following to be responses by the victim of rape: intrusive thoughts, which include flashbacks (Cohen & Roth, 1987, Carlson, 1997 and Resick 1993); nightmares (Cohen & Roth, 1987); disruptions in close relationships (Carlson, 1997; Cohen & Roth, 1987); fear (Carlson, 1997, Herman, 1996, Kilpatrick, Resick & Veronen, 1981; Resick, 1993); problems with social and work adjustments (Cohen & Roth; 1987, Resick, Calhoun, Atkeson & Ellis, 1981; Resick, 1993); problems in sexual satisfaction and functioning (Burgess and Holmstrom, 1979; Cohen & Roth, 1987; Meyer & Taylor, 1986; Resick, 1993); anxiety (Carlson, 1997; Resick, 1993); deficits in reported memory (Mechanic, Resick & Griffin, 1988); depression (Meyer & Taylor, 1986; Resick, 1993); family

related problems (Ellis, Atkeson & Calhoun, 1981) and PTSD (Foa, Riggs and Gershuny, 1995; Gilboa-Schechtman & Foa, 2001; Resick, 1993; Resnick, Kilpatrick & Lipovsky, 1991; Rothbaum, Foa, Riggs, Murdock & Walsh, 1992; Shipherd and Beck, 1999).

3.8. Factors Influencing Responses to Rape

Various factors have been described in research as influencing the response to a rape or sexual assault. Groth, Burgess & Holmstrom (1977) indicated that the typology of the rapist would have an effect on the way the victim responds. They give the example that the anger type rapist would exert particularly violent aggression on the victim; it is the experiencing of the life-threatening situation that would influence the response of the victim.

The victim's attribution process after the rape could also have an influence on how the victim responds to her assault. Janoff-Bulman (1979) claimed that behavioural self-blaming rather than characterological self-blaming would have a more positive effect on the way the victim responds to the rape. Her argument was that if the victim can attribute the rape to certain behaviours that she displayed (behavioural self-blaming), then by not displaying those behaviours in the future would mean that the victim could have control over her life and possible future assaults. However, more recent research has challenged this notion (Meyer & Taylor, 1986 and Katz & Burt, 1988), describing self-blame, in all its variations as a factor associated with poorer post rape adjustment. Frazier (1990) found that in general victims do not self-blame, but rather make external attribution regarding the season for their rape. However, if there is self-blame it is associated with poorer adjustment (Frazier, 1990).

A great deal of research has been carried out to investigate the factors that may have an influence on the responses a victim may have after their rape. The nature of the assault (Cohen & Roth, 1987; Ellis, Atkeson & Calhoun, 1981; Frank, Turner & Stewart, 1980) and the levels of violence used can influence the victim's response. Prior victimisation is also reported to have an affect on how the victim responds

(Cohen & Roth, 1987; Steketee & Foa, 1987; Ruch & Chandler, 1983; Frank et al., 1980). However, prior victimisation does not necessarily mean a poor response. Ruch and Chandler (1983) found that victims with prior sexual assault were less traumatised than victims who had not experienced a prior sexual assault. On the other hand, Nishith, Mechanic and Resick (2000) found that higher rates of child sexual abuse lead to higher rates of adult sexual and physical victimisation, which in turn contributed to levels of PTSD following a recent rape. Other life stresses experienced at the same time as the rape may also influence the responses to trauma (Steketee & Foa, 1987; Ruch & Chandler, 1983). Past psychological treatment or mental illness (Steketee & Foa, 1987; Ruch & Chandler, 1983; Atkeson, Calhoun, Resick & Ellis, 1982), and poor social support, particularly after the assault (Steketee & Foa, 1987; Ruch & Chandler, 1983; Atkeson, Calhoun, Resick & Ellis, 1982) also affects how the victim responds to rape. Coping mechanisms and premorbid personality are other variables that influence the way a victim responds to rape (Amanat, 1984 and Ruch & Chandler, 1983).

3.9. Conclusion

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A rape does not occur within a vacuum, there are circumstances that surround the rape, prior, during and post. These circumstances have an effect on the rape victim as well as on the people around the victim. The victim is faced with many obstacles after her rape, the blame of others for her predicament, the fear of unwanted pregnancy and the possibility of developing Post Traumatic Stress Disorder. The possibility of becoming infected with HIV after a rape may play an important role in her responses. However, this role has not been directly studied and therefore is an opportunity for future research, particularly in South Africa, where the prevalence of HIV infection and rape are both reported to be high.

When a person is raped they have many tasks that confront them, making sense of what has happened will have a great influence on the rest of the journey that the victim goes on. How she makes sense of her assault will be influenced greatly by things out of her control, such as the presence of rape myths in society, the extent

that people believe she was raped and the secondary victimisation that she may experience a rape victim.

All of the factors mentioned above will influence how the victim will respond after her rape. What is important to bear in mind is the fact that no two situations are the same, and no two rape victims will respond exactly the same after a rape. What this chapter has highlighted is guidelines that assist one in being able to predict how a rape victim will respond and which factors may influence that prediction.

Chapter Four

THE PSYCHOLOGICAL AND SOCIAL IMPACT OF RAPE ON THE VICTIM

4.1. Introduction

As described in the previous chapter, research has clearly recognised and defined a women's possible response to a rape experience, such as with the formulation of Rape Trauma Syndrome, and recognising that rape may lead to PTSD and other responses.

Along with these traumatic responses, the rape victim can experience both psychological and interpersonal difficulties. A pattern of psychological and social reactions has emerged in the research that indicates that rape is a life event that causes considerable upheaval in a victim's psychological functioning for a considerable period of time, perhaps the rest of her life (Resick 1993). These symptoms or difficulties can be termed the psychological impact or psychological reactions to rape. It is also noted that traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition and memory (Herman, 1996).

It is difficult to distinguish clearly between some of the behaviors a victim displays after the rape. Some behaviors have been discussed as responses, and others are going to be discussed as psychological reactions. However, it is valuable to note that some constructs are not only responses but are also major factors that are involved in the impact that the rape has on the victim's psyche. This chapter, therefore considers the following factors in terms of the impact that they have on the victim's psychology and not as a response to the rape, as was discussed in the previous chapter: fear (Burgess & Holmstrom, 1974a, Burgess & Holmstrom, 1974b, Notman & Nadelson, 1976 and Sutherland and Scherl, 1970), anxiety (Resick, 1993; Rothbaum, Foa, Riggs, Murdock & Walsh, 1992; Atkeson, Calhoun, Resick and Ellis, 1982; Foa, Riggs & Gershuny, 1995), anger and aggression (Lewis, 1994;

Resick, 1993 and Carlson, 1997), guilt (Herman, 1996), shame and doubt, depression (Katz & Mazur, 1979 as cited in Atkeson, Calhoun, Resick and Ellis, 1982 and Rothbaum, Foa, Riggs, Murdock and Walsh, 1992), psychopathology (Cohen & Roth, 1987), social withdrawal (Herman, 1996) and disturbances in sexual functioning (Burgess & Holmstrom, 1979).

4.2 Factors Influencing Psychological Reactions to Rape.

It has already been stated that not all rape victims react in the same manner (Resick, 1993). Some women have mild or short-term reactions whereas other are devastated by the rape. Variables exist that can help to identify women who will react more severely to their assault than others. Some of the variables existing before the assault and during the assault have been discussed in the preceding chapter and will therefore not be readdressed here. This discussion will explore several factors that may have an impact on the way a victim reacts after her rape.

The variables identified by research that influence the victim's reactions include: participation in the justice system (Cluss, Boughton, Frank, Stewart & West, 1983; Sales, Baum and Shore, 1984), social support such as closeness of family and spousal or partner support (Resick, 1993), cognitive appraisals (Resick, 1993), and pre-rape functioning, such as psychological problems prior to the assault (Atkeson, Calhoun, Resick and Ellis, 1982).

4.2.1. Participation in the Justice System.

Cluss et al. (1983) found that women who wished to prosecute their rapist reported greater self-esteem than those who did not. It was also found in that study that those who wished to take legal action but were unable to do so due to lack of arrest or insufficient evidence, showed better work adjustment and more rapid improvement in self-esteem than those who were proceeding with the prosecution. From those results it can be concluded that wanting to prosecute, but not actually going through with the process, is the optimum conditions for improvement of self-esteem after a

rape. The differences between those who want to proceed but do not and those that do proceed is that the process of testifying can be even more traumatic for the victim, known as secondary victimisation. This was confirmed in Sales, Baum and Shore's (1984) study. They found that victims who began the process of reporting the case and whose charges held showed fewer symptoms at the initial interview and 6 month follow-up. However, there were indications that further progress toward the trial left victims with more symptoms.

4.2.2. Social Support

Social support is a problematic construct to research, as different people can perceive the same behavior as being social support or not. To operationalise social support for empirical purposes is not an easy task. It is difficult to measure and interpret levels of social support after a rape (Resick, 1993) as it is confounded by the quality and quantity of support prior to the assault. However, Sale et al. (1984) found a correlation between the violence of an assault and the post assault family closeness. They also found that victims reporting greater closeness to their families had fewer symptoms. Ruch and Chandler (1980, as cited in Resick, 1993) also found that victims with supportive families experienced lower levels of trauma fairly soon after the assault.

Moss, Frank and Anderson (1987, as cited in Resick, 1993) reported that poor spousal support was associated with more symptoms post rape, particularly when the lack of support was unexpected.

4.2.3. Cognitive Appraisals of the Assault.

How a victim thinks about the rape will have an influence on how she will feel which will in turn influence how she will react. Post rape cognitive appraisals can be viewed as reactions to the assault and attempts to cope with the event and its reactions (Resick, 1993). According to Sliver and Wortman (1980, Cited in Resick, 1993), people have a strong need to search for meaning after a negative event. Research

has shown that women who were able to make sense of their experience reported less psychological stress, better social adjustment, greater self-esteem and greater resolution (Resick, 1993). Frazier and Burnett (1994) describe finding positive meaning as a coping strategy that has been helpful for victims in life stress events.

The question that needs to be asked is what kind of cognitive appraisals or attributions can be made, and which of these hinder or improve the way a victim reacts to rape. When the victim is making sense of her assault, or trying to find meaning, it can be motivated by the need to try to regain the illusion of predictability, controllability and meaning. Janoff-Bulman (1979), hypothesised that victims may gain this meaning by turning to themselves to try and find an answer. She claimed that certain types of self-blame could serve as an adaptive function (Frazier, 1990; Frazier & Schauben, 1994, Meyer & Taylor, 1986 and Resick, 1993). She identified *behavioural self-blame* (when the victim ascribes responsibility of the rape to her own modifiable behaviours) (Janoff-Bulman, 1979) as enhancing the victim's sense of control, thereby decreasing the fear of being raped again. If the victim assigns *characterological self-blame* (making the attributions for the rape to stable aspects of the victims themselves, such as "*I am too trusting",* implies inevitability and a feeling that the attack was deserved. Accordingly, Janoff-Bulman claims that behavioural self-blame should be associated with more effective post rape adjustment than characterological self-blame.

Meyer and Taylor (1986) tested this hypothesis in their own study of 58 women who had been raped in the 2 years prior to the research being done. They found that particular attributions and coping patterns that follow a sexual assault are predictably associated with the severity of the psychological consequences of the event (Meyer & Taylor, 1986). In response to Janoff-Bulman's hypothesis that behavioural self-blame would be an adaptive strategy, they found that no form of self-blame was an adaptive response for rape victims. Behavioural self-blame was related to sexual dysfunction and symptoms of depression whereas characterological self-blame was associated with high levels of fear and symptoms of depression. Only societal

blame was not associated with the severity of negative outcomes after a rape (Meyer & Taylor, 1986).

Frazier (1990) also explored the attributions that victims make. In her study of 67 women who had experienced sexual assault (defined in her study as oral, anal or vaginal penetration) Frazier found that some victims do engage in self-blame but that the mean responses on her measures indicated that most victims did not blame their behaviour, their character, or themselves in general. Most victims rate the causes of their rape as generally external (Frazier, 1990).

Therefore, how a victim makes sense of attributes of the rape can have an influence on the impact that the rape can have on her psychological functioning and her recovery.

4.2.4. Pre-rape Functioning

Atkeson, Calhoun, Resick and Ellis (1982) state that variables associated with pre-rape functioning yield strong relationships with continued problems after the rape, such as depression. In addition, problems with sexual relationships and poor physical health prior to the rape may adversely affect symptomology after the rape. At this stage of the discussion, it is important to note that the victim's functioning prior to the rape may have an influence on the psychological reaction she may experience after the assault. The exact nature of these factors and their influence will be discussed in further depth later in this chapter.

4.3. Psychological Reactions to Rape

As mentioned at the beginning of this chapter, rape can have an impact on the psychological and social functioning of the victim. Although not every victim experiences the same psychological reactions to rape, the research that shall be discussed below shows that there are psychological reactions that are found to be prevalent in rape victims after their assault. These reactions include fear, anxiety,

anger, aggression, hostility, guilt, shame, doubt, self-blame, depression, disruptions in self-esteem and grief.

4.3.1. Fear

Fear is by far the most prominent psychological reaction to rape, and trauma in general. Herman (1996) refers to the most common denominator of psychological trauma as the "feeling of intense fear, helplessness, loss of control and threat of annihilation". Burgess and Holmstrom found in their 1973 study on rape victims in the emergency ward that the "primary reaction of all women was fear" (Burgess & Holmstrom, 1973, pg. 1743). They also reported in 1975, "again and again victims stressed how fearful they were" (Holmstrom & Burgess, 1975 pp. 1290). Fear and anxiety, in many of the initial studies of rape, were reported to be prominent symptoms experienced after a rape (Burgess & Holmstrom, 1974a; Burgess & Holmstrom, 1974b; Notman & Nadelson, 1976; Sutherland & Scherl, 1970).

Lewis (1994) describes feeling frightened as a very normal reaction after being raped. The fear can range from fear of being raped again, that the rapist may kill the victim or hurt her family. She may also be afraid of being left alone; leaving loved ones or breaking down emotionally. Longitudinal studies have shown that the intense fear of being in rape related situations have been reported up to 16 yeas after the assault (Ellis, Atkeson & Calhoun, 1981; Kilpatrick, Resick & Veronen, 1981; Calhoun, Atkeson & Resick, 1982). Rothbaum, Foa, Riggs, Murdock and Walsh (1992) also found that intense fear of rape related situations was among the most persistent rape related symptom.

As stated in chapter three, fears can become extreme and may even turn into phobias. Burgess and Holmstrom (1974) reported such phobias as: fear of indoors, outdoors, of being alone, of crowds, of people coming up behind them and of sexual fears as being experienced by rape victims. In a study conducted that compared rape victims to victims of robbery, Resick (1988) found that rape victims reported significantly more sexual fears than robbery victims.

4.3.2. Anxiety

Along with fear, anxiety is one of the most frequently observed symptoms following a rape (Resick, 1993; Rothbaum, Foa, Riggs, Murdock & Walsh, 1992; Atkeson, Calhoun, Resick and Ellis, 1982; Foa, Riggs & Gershuny, 1995). Anxiety is defined as a mood state characterised by marked negative affect and somatic symptoms of tension in which a person apprehensively anticipates future danger or misfortune (Barlow and Durand, 1995). According to Kilpatrick and associates (Resick, 1993) anxiety was found a more significant long-term problem in rape victims than in any other group of crime victims. Burnam and associates (Resick, 1993) found similar results in a survey of 3 132 households. They found that of the 13.2% of the sample of victims of sexual abuse, these victims reported a significantly greater onset of phobias and panic disorders after the assault. These syndromes are classified by the Diagnostic and Statistics Manual of Mental disorders (American Psychiatric Association, 1994) as belonging to the category of anxiety disorders. This means that the most predominant symptom in this group of disorders is anxiety. PTSD belongs to this category. The prevalence of PTSD in rape victims has been discussed in the preceding chapter and will not be expanded on here.

4.3.3. Anger, Aggression and Hostility.

Anger is one of the possible reactions to rape. The victim may resent the unfairness, senseless, shame and humiliation of the assault (Lewis, 1994). The anger may even be expressed in other areas of her life. Kilpatrick and Veronen (1984 as cited in Resick, 1993) found that victims of sexual violence reported more anger and hostility on the profile of mood states subscale than non-victims.

Anger can manifest itself in several behaviours, including aggression. Carlson (1997) talks of aggression being both a core and secondary response to trauma. Aggression could be seen as a re-experiencing symptom or it could be considered

as a behaviour resulting from the anger over inability to modulate the anxiety felt after a trauma.

4.3.4. Guilt, Shame, Doubt and Self-blame

Guilt and shame are closely related emotions that can be powerful reactions to trauma (Carlson, 1997). Guilt reflects a person's sense of self-blame or responsibility for the events, and shame represents a sense of responsibility accompanied by embarrassment or disgrace. Herman (1996) finds that the feelings of guilt and inferiority are practically universal to trauma survivors. She understands guilt as being an attempt by the victim to draw some useful lesson from the disaster and to regain some sense of power and control. Guilt can arise from the feeling that the victim has that she is to blame for her assault.

Self-blame has been discussed as a factor that can influence how a victim may react to rape. In this discussion the notion of self-blame as a reaction is discussed. The conversation follows on from the issue of guilt. The two are linked in that self-blame is usually the driving factor behind the guilt that a victim experiences.

Self-blame has been discussed in the previous chapter as having an influence on the responses a victim has after a rape. It must be noted that self-blame also impacts the victim psychologically. Meyer & Taylor (1986) explored self-blame as a factors associated with adjustment after rape. They remarked in their discussion of their results, that Beck noted that negative thoughts such as self-blame are often associated with and casually related to depression.

Frazier and Schauben (1994) too investigated self-blame and its relation to adaptation and recovery after rape. They found that those who blamed themselves reported more anxiety and hostility and greater disruption in basic beliefs about themselves and the world.

4.3.5. Depression

Depressive symptoms have been found to be reported frequently by rape victims (Katz & Mazur, 1979 as cited in Atkeson, Calhoun, Resick and Ellis, 1982). As Rothbaum, Foa, Riggs, Murdock and Walsh (1992) note it is a common reaction to rape, but not as persistent as fear and anxiety. Depression can be marked by feelings of worthlessness, sadness, hopelessness and frustration. These feelings can develop out of the victim's experience of loss and anger (Lewis, 1994). Carlson (1997) comments that a traumatised person may express their depression cognitively, emotionally, behaviourally or physiologically. The depression could take the form of inactivity, lethargy, negative thinking, problems concentrating, depressed mood, feelings of apathy, sleep problems, or loss of appetite. Suicidal thoughts or behaviour can also manifest.

In 1979 Frank, Turner and Duffy (Resick, 1993) found that 44% of their 34 rape victim sample, scored in the moderately or severely depressed range on the Beck's Depression Inventory (BDI). A later study by Frank & Stewart (1984) found that 56% of their sample fell into the moderately or severely depressed range on the BDI. They also found that 43% of the women were diagnosed as suffering form major depression based on a semi-structured interview.

Atkeson, Calhoun, Resick and Ellis (1982) investigated depressive symptoms in rape victims 1 year after their assault. They established that rape victims do exhibit depressive symptoms after the assault and that these symptoms are significantly greater than those reported in non-victims. They also found that the average duration of symptoms is similar to that of outpatient reactive depressions. It can be presumed that the depression experienced by rape victims is comparable to that experienced by non-victims in reaction to an event. Mayer and Taylor (1986) bring to attention the point that in order to conclusively address reactions, like depression, after a rape or traumatic event, one needs to be able to understand pre-existing patterns. This is obviously a difficult task to achieve empirically.

4.3.6. Disruptions in Self-esteem

Self-esteem is the evaluative component of an individual's self-concept and implies personal assessment of worth or competence (Burgess & Holmstrom, 1979). Many traumatic experiences indirectly impair self-esteem (Carlson, 1997). Low self-esteem would be experienced subjectively as a lack of self-confidence, poor self-image, or negative evaluations of oneself and one's accomplishments (Carlson, 1997). Rape survivors may experience a loss of self-respect and self-confidence (Lewis, 1994); they evaluate themselves as worth less than others. This evaluation is incorporated into their self-esteem.

Burgess and Holmstrom (1979) found that victims who gave positive statements (an indication of high self-esteem) had a higher rate of recovery than those who gave negative statements (an indication of low self-esteem). They acknowledge the influence of a previously high or low self-esteem that could influence the rate of recovery and also that the way a victim has dealt with the rape could produce a high or low self-esteem.

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As self-blame is a prominent theme in the reactions of rape victims, it is expected that self-esteem (an evaluation of one's self) could be affected by being raped. Murphy and associates (Resick, 1993) found that victims reported significantly lower self-esteem than non-victims on most subscales of the Self-Report Inventory, up to one year after the assault. At that time the self, others and parents were sources of lower esteem. At 18 months after the rape, only the self-scale was a source of low esteem.

In the exploration of rape victims seeking treatment, Resick and associates (Resick 1993) found that the average score of rape victims on the Tennessee Self-Concept Scale (TSCS) was one-half to one standard deviation below the population norms for the scale. Schnicke and Resick (Resick, 1993) found that attributions of self-blame in treatment –seeking rape victims predicted higher self-criticism scores on the TSCS, showing a relationship between self-blame and self-esteem.

4.3.7. Grief

Being raped may leave the victim with the feeling of loss. This includes the loss of dignity or loss of control over one's life. Grief can become a strong reaction for the rape victim (Lewis, 1994). Burgess and Holmstrom (1978) define grief as a psychological process that occurs after loss. They make an analogy between the psychological work of grief resolution and rape trauma resolution. This process allows a person to cope in a gradual way with an overwhelming situation so that it can be accepted as a reality (Burgess & Holmstrom, 1978).

The resolution of grief as it pertains to the rape trauma will be discussed further in the later chapter on recovery from rape.

4.3.8. Co-morbidity of Rape Related Reactions and other Psychological Disorders.

Some victims of rape and sexual assault already experience other physical, psychiatric or social difficulties (Burgess & Holmstrom, 1974a). It is documented in Burgess and Holmstrom's (1974a) study of rape victims that they developed additional symptoms such as depression, psychotic behaviour, psychosomatic disorders, suicidal behaviours as well as behaviours that are seen as socially undesirable such as alcoholism, drug use and excessive sexual activity (also cited in Burgess & Holmstrom, 1978).

Cohen and Roth (1987) explored the presence of symptoms subsequent to an extended period after the rape. They ascertained that the level of force used in the rape was significantly correlated to the presence of over-all symptoms, obsession-compulsion, anxiety, phobic anxiety, paranoid ideation, psychoticism, intrusions and rape-related fears (Cohen and Roth, 1987). Resnick, Kilpatrick and Lipovsky (1991) warn that sexual assault in general and rape in particular are risk factors for a host of major mental health disorders and problems, including major depression, other anxiety disorders, substance abuse and sexual dysfunction.

Research (Kilpatrick & Veronen, 1984 and Kilpatrick, Veronen, Saunders, Best, Amick-McMullen and Paduhovich, 1987 as cited by Resick, 1993) has found that rape victims are more likely to have obsessive-compulsive symptoms than non-victims. Resick (1988) found that in the first month after assault there was no difference between rape and robbery victims, in terms of obsessive-compulsive symptoms, but after 3 months rape victims reported more of these symptoms.

Burnam and associates (Resick, 1993) reported that sexual assault victims were more likely to develop alcohol use and dependence than non-victims. In a survey done by Kilpatrick, Edmunds and Seymour in 1992 (Resick, 1993), when compared to non-victims, rape victims were 3.4 times more likely to have used marijuana, 6 times more likely to have used cocaine, 10 times more likely to have used other hard drugs and 5 times more likely to have used prescription drugs non-medically.

Although psychosis is not typically evaluated in rape victims (Resick, 1993) it has been found that rape victims frequently score higher on the psychotisicim and paranoid ideation subscales on the Derogatis Symptom Checklist-90-Revised (SCL-90-R) (Kilpatrick & Veronen, 1984 and Resick, 1988). These elevations however could be reflective of symptoms such as flashbacks, feelings of fear, alienation or confusion (Resick, 1993).

One of the clinical implications of the above is to be aware of co-morbidity of other syndromes with rape trauma, as this awareness would be valuable in the therapeutic setting, firstly to be aware of possible other symptoms when dealing with a rape victim or secondly to be aware of the possibility of a history of sexual assault with the presentation of these symptoms.

4.4. Disturbances in Social Interactions after Rape

The rape victim is not only faced with the possible physical and psychological trauma after a rape, but she also has to face the social implications of her trauma.

As well as experiencing the psychological impact discussed previously which may influence her functioning on a social level, the victim will also have to deal with the impact the rape has on her place in society and societies place in her own psyche. Although there is little research of the impact of rape on society, there has been a body of work that considers the victims social withdrawal after rape as well as her sexual functioning. These matter are discussed below.

4.4.1 Social Withdrawal

Herman (1996) talks of the oscillation that occurs regarding intimacy after a traumatic experience such as rape. Trauma impels people both to withdraw from close relationships and to seek them desperately. There rape causes a profound disruption in basic trust. Along with that is the need of the victim to avoid reminders of the trauma, to avoid the shame, guilt and inferiority that they are experiencing after the rape. All of these feelings foster social withdrawal (Herman, 1996).

Burgess and Holmstrom (1974) include behaviour such as taking trips, changing telephone numbers and changing residence as motor activity symptoms evident in RTS. These can be described by social acquaintances of the victim as a form of social withdrawal.

4.4.2. Sexual Functioning after Rape

Although rape can be described as an act of violence, sex is the weapon of choice. It is understandable that the victim's sexuality will possibly be influenced by her assault. It is possible that a rape victim finds that she does not enjoy or have an interest in sex anymore (Lewis, 1994).

Resick (1993) notes that sexual dysfunction is among the longest-lasting problems experienced by rape victims. Sexual dysfunction can include sexual aversion, flashbacks, vaginismus and orgasmic dysfunction (Burgess & Holmstrom, 1979). Researchers have found that the most immediate reaction was an avoidance of sex

followed by decline in the frequency of sexual activity (Burgess & Holmstrom, 1979 and Ellis, Calhoun & Atkeson, 1980 as cited in Resick, 1993). However, most women who had frequent or somewhat frequent sexual activity before the rape were able to return to normal levels after about one year after the rape.

4.5. Conclusion

As should be apparent by now, the impact that rape has is multifaceted. No one theory is adequate to explain the array of reactions that are observed and the range of variables that may affect rape victims' reactions to their assault. The victim's context can be seen to play a major part the impact that a rape trauma can have. Her context is likely to determine her access to the justice system, her social support and the way she will appraise what has happened to her. As this chapter has shown, these are factors that will influence the victim's reactions.

Although this chapter has cited many possible reactions a victim may experience, it is important to keep in mind that not each victim will experience each reaction. Some may not experience any psychological or social impact at all. The value in the knowledge of what impact the rape may have is that the clinician is able to be equipped with an understanding of how various psychological phenomena may present in the aftermath of rape and sexual abuse. By understanding the possibilities for co-morbidity and other impacts of rape trauma, they may be better able to provide effective treatment.

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Chapter Five

THE VICTIM BECOMES THE SURVIVOR…

The Road to Recovery after Rape.

5.1. Introduction

Rape is an experience that challenges or destroys a woman's identity, assumptions about the world and how one operates in it. Along with the disruption there is also the possibility that these shattered elements will be put back together in new ways as the woman recovers (Burt & Katz, 1987). If one can isolate the elements of a victim's life that are shattered, then one is closer to identifying the outcomes of her journey to recovery and becoming a survivor.

Rape challenges a victim's sense of invulnerability and of immortality. It is in the recovery process after rape that the victim is able to name her feelings and endure them. The questions that can be asked about recovery from rape are: what factors influence the victim's recovery? How will she and others know when she has recovered? The following discussion reviews the answers to these questions and other relevant issues regarding their recovery from rape, as they are presented in the literature.

Recovery shall be defined from different perspectives found in the literature. After a discussion of the various definitions, the process of recovery will be explored, particularly the period for the victim to recover and the stages of recovery, which have been identified by various authors. Recovery from a rape experience is affected by various variables or factors. Some factors can facilitate and enhance the recovery process while others are identified by research as hindering the recovery process. These factors are explored in relation to research findings on the effects that they have on recovering from rape.

5.2. Defining Recovery

Disempowerment and disconnection from others are the core experiences of psychological trauma (Herman, 1996). According to Herman, (1992), recovery, therefore is based on the empowerment of the survivor and the creation of new connections. Recovery cannot take place in isolation; it requires a context of relationships.

Harvey (1996) notes that in the literature "recovery" is generally poorly defined and criteria indicative of trauma recovery is seldom specified. She points out that generally, clinicians speak of recovery from trauma in global terms, equating trauma recovery to the abatement of symptoms (Harvey, 1996). One example is the absence of flashbacks or nightmares. In response to this criticism, Harvey (1996) has presented a multidimensional definition of recovery. According to this ecological model, recovery is hallmarked by the following outcome criteria:

1. *Authority over the remembering process* – this is achieved when the recovered individual can choose to recall or not to recall events that previously intruded uninvited into awareness.
2. *Integration of memory and affect* – The past can be remembered with feeling.
3. *Affect tolerance* – The individual can now experience affects associated with the traumatic incident, without feeling overwhelmed or the threat of becoming overwhelmed. In this aspect of recovery feelings can be named and endured.
4. *Symptom mastery* - The recovered survivor may continue to experience symptomatic arousal, but he or she has mastered and practices helpful coping routines to reduce arousal and manage stress. Avoiding an area of known triggers is an example of symptom mastery.
5. *Self-esteem and self-cohesion* – In recovery, self-injurious behaviours and impulses are replaced by healthy, self-caring routines, and a more coherent and consistent experience of the self.
6. *Safe attachment* – recovery from trauma entails the development, repair and restoration of a survivor's relational capacity. As a response to trauma is to

isolate and withdraw from others, the recovery process replaces this with the new or renewed capacity for trust and attachment.

7. *Meaning making* – The survivor must assign new meaning to the trauma, herself as a survivor and the world in which the traumatic event occurred.

From this framework, Harvey (1996) claims that recovery is apparent whenever a change from a poor outcome to a desired one is realised in any domain affected by traumatic exposure. Relating this to rape trauma, perhaps the desired outcome is the victim's wishes to be able to reestablish intimate relationships. Recovery, according to this model, would therefore be achieved when the victim realizes that she can pursue and possibly maintain an intimate relationship.

Burgess and Holmstrom (1978) define recovery in terms of the psychological work that is required by the victim. It includes "freeing oneself from the fears caused by the rape, acknowledging and bearing the pain caused by the rape, redefining the feelings of vulnerability and helplessness, and gaining control of one's life again" (Burgess and Holmstrom, 1978, pg. 166). These tasks echo aspects of the criteria mentioned above in Harvey's (1996) model. These include affect tolerance, symptom mastery and meaning making.

Smith and Kelly's (2001) existential-phenomenological research criticises Harvey's (1996) model because it lacks the rape victim's perspective of the recovery experience. They believe that the victim herself should define recovery, and that this definition depends on where she is on her journey of healing (Smith & Kelly 2001).

In spite of the criticism from Smith and Kelly (2001), much of the research existing on the recovery process of rape highlights and compliments Harvey's (1996) model. These complementarities will be explored and referred to throughout this discussion of the recovery process.

5.3. The Process of Recovery

5.3.1. Length of Recovery from Rape

One cannot predict how long or if a person will be able to recover from PTSD. It therefore makes sense that Smith and Kelly (2001) describe rape recovery as being an arduous journey. They do not describe the period of time that it could take for recovery. Other research has been able to give empirical evidence and estimates of how long recovery from rape is observed to take.

Burgess and Holmstrom (1979) divided their sample of rape victims into three groups, based on the time they reported their recovery to be complete: 37% felt that they had recovered within months, 37% felt that it had taken years to recover, and 26% did not feel that they had recovered by the time of the study's follow up (4-6 years later). Therefore on follow-up, 4 to 6 years later, these researchers found that a majority of the victims felt that they had recovered.

Gilboa-Schectman and Foa (2001) report that recovery from rape is a slower process than recovery from non-sexual assaults. Apart from commenting that rape gives rise to more severe reactions than non-sexual assaults, they are unable to give a reason for why sexual assault recovery is slower than non-sexual assault recovery.

Rothbaum, Foa, Riggs, Murdock and Walsh (1992) established that rape victims, from their sample that did not show evidence of substantial recovery within 1 month post rape were likely to continue to suffer from PTSD. Their research did not reveal how long the predicted PTSD symptoms would persist and how substantial recovery would be operationalised.

In Resick's (1992) review of rape studies she found that, in general, by 3 months post rape, much of the initial turmoil had decreased and stabilized. Some victims continued to experience problems for indefinite periods of time. It must be mentioned

that this view on recovery is very much based on the assessment of symptom abatement and not on the testimony of the survivors themselves or the criteria discussed previously as outlined by Harvey (1996).

5.3.2. The Stages of Recovery

Various researchers describe the process of recovery form rape and trauma in stages. Even the theory of Rape Trauma Syndrome itself is phase related.

Herman (1996) describes recovery from trauma as taking place over three stages. The first stage of the process requires the victim of trauma to establish safety. This stage is marked by the victim naming the problem and restoring control (Herman, 1996). The second stage involves reconstructing the trauma story. The most important tasks of this stage are to remember and mourn. These tasks are achieved by the retelling of the story, transforming traumatic memories and mourning the traumatic loss the person had gone through (Herman, 1996). The final stage of this process involves the restoration of the connection between the survivor and the community. Much like some of the tasks in Harvey's model, the survivor needs to develop a new sense of self, and new sense of relating and a new way of viewing the world. This is achieved by learning to fight, reconciling with oneself, finding a survivor mission and resolving the trauma (Herman, 1996). Herman (1996) notes that the trauma is never fully resolved. Harvey's (1996) notion that the trauma must be integrated into memory and affect is echoed in the stages of recovery as described by Herman.

Gilboa-Schectman and Foa (2001) explain that emotional engagement with the traumatic experience is a necessary condition for successful processing of the trauma. They also indicated that early reactions, which are associated with emotional engagement is associated with more rapid recovery. However, it must be noted that Gilboa-Schectman and Foa (2001) do not clearly describe what exactly is required for emotional engagement, and how they would measure this occurrence.

Smith and Kelly (2001) also describe a three-staged process of recovery in their research. Firstly, they recognise that the woman must first be willing to risk "*coming out of her cocoon*" before the recovery process can begin. The journey of recovery is comprised of three interrelated and interdependent themes: reaching out, reframing the rape and redefining self. Smith and Kelly (2001) describe the journey as a spiralling movement, from a larger circle inwards. They acknowledge that during this spiralling process, the survivor has to often revisit feelings, such as fear and anger. Theme one entails reaching out to others. This period focuses on external needs and desires. By reaching out to others the woman accomplishes the following tasks: getting back into normal routines, talking without crying, being in control of obsessive thought and gaining the ability to move about freely in her environment. The second theme involves the survivor reframing what happened to her. In this stage she challenges herself to see the positives of recovering from the trauma, to gain a new perspective on life and to no longer need people to believe what she is saying regarding her rape experience. The tasks of this theme are very similar to those achievements attained in the seventh criteria of Harvey's model (1996), i.e. that of meaning making. The survivor is able to use the reframes to provide and integrate new meaning of the trauma with herself, and her view of the world. The final phase involves the survivor redefining herself. This allows for internal understanding. This process involves self-love, forgiveness of self and rapist and inner peace. These ideas are reflected in the fifth criteria of Harvey's ecological model (1996), namely Self-esteem and self-cohesion.

5.4. Factors Influencing Recovery from Rape

Burgess and Holmstrom (1978; 1979) note that there are many factors that can influence recovery from a rape experience. These factors are present before the rape, during and after the rape. They include: prior life stress (including factors such previous victimisation, chronic life stress, family grief and recent life change), nature of the attack (the level of violence, number of assailants), relationship between the victim and the assailant, institutional responses to the rape, social network and subsequent victimisation.

Resick (1993) lists further factors that influence recovery. They include: demographic variables of the victim, functioning before the rape, life stressors, relationship with the assailant, initial reaction of the victim, social support received and the meaning the victim makes of her assault. Frazier (1990) adds to this list that the attribution that the victim makes influences her recovery.

Many of the factors listed above will be discussed in more detail below. The factors may theoretically overlap each other and many represent the same, or similar concepts and are therefore grouped together in one section.

5.4.1. Demographic Variables of the Victim

Resick (1993) comments that the role of demographic variables is somewhat equivocal at the time of the writing of her article. She reports that some researchers found that demographic variables have little effect on victims' responses and do not play a role in recovery. However, other research has produced different results.

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Ruch and Chandler (1983) reported that, although any woman can be a victim of rape, regardless of employment status or age, there is evidence that the victim's demographic variables are related to trauma. According to their study, older, non-Caucasian, married women are especially at risk for severe trauma reaction. However, they do not delineate exactly which ages fell within the "older" range, but rather that in their sample the ages were from 14-72 with a mean age of 25. Sales, Baum and Shore (1984) also found that older women had more difficulty adjusting psychologically after an assault. From these results, one could envisage that older woman who have been raped are more likely to have a more severe reaction to the rape and therefore a slower or more complicated recovery than younger women.

When reporting on studies they carried out in the 1990's, Thornhill and Thornhill (2000) found that reproductive-aged women suffer greater distress after a rape than did children or women who were past reproductive age. Therefore, in this particular

study, they operationalised age according to pre-reproductive, reproductive and post-reproductive women (Resick, 1993).

Foley and Davis (as cited in Smith & Kelly, 2001) describe older women's reluctance to tell others about their trauma, because of their fear of how others will respond, as the reason for the phenomenon of older women being less able to get the social support needed for recovery.

Cohen and Roth (1987) convey, in their study of 72-raped women, that age and socioeconomic status are variables that relate to psychological functioning up to 8 years after the rape. The older the women in the study, although not necessarily older at the time of the rape, showed fewer overall symptoms than the younger participants. They also found that lower socioeconomic status was correlated significantly with worse outcomes. Burgess and Holmstrom (1978) also found that less economically advantaged rape victims also had more symptoms, and therefore were less recovered than others.

Harvey (1996) elucidates trauma in the ecological view discussed previously. She understands the ecology of trauma and recovery as interplay of person, event and environmental factors, and therefore cites, among other things, that the age, developmental stage, intelligence, and personality of the victim are personal variables influencing traumatic response and recovery. She also notes that there are other factors that are usually excluded in the clinical assessment that are influential in the recovery process. These factors include the individual's culturally based understanding of the experience of victimisation and her comfort and familiarity with various kinds of care (Harvey, 1996).

5.4.2. Previous Victimisation

Burgess and Holmstrom (1978) studied prior victimisation with the intent of finding out if there was a correlation between previous victimisation and length of recovery. They found this to be the case. They established that with prior victimisation only

20% of their sample recovered within months, compared to 47% that had not been previously victimized. 47% of previously victimized participants were not yet recovered at the 4-6 year follow up sessions, compared to only 14% of the non – previously victimized sample.

In response to various studies (Burgess & Holmstrom, 1978; Marhoefer-Dvorak, Resick, Hutter & Girelli, 1988; Frank, Turner & Stewart, 1980; Frank & Anderson, 1987; McCahill, Meyer & Fisherman, 1979 - as cited in Resick, 1993) Resick conducted research in 1988, in which she extensively studies prior victimisation (Resick, 1993). She concluded that although it appeared that the victimisation factors were related to recovery, there were no obvious and consistent factors.

5.4.3. <u>Chronic Life Stressors, Prior functioning and Family Grief</u>

Life stressors as defined by Burgess and Holmstrom (1978) are stressors that have persisted over time, from which there is no relief and over which the person has little control. They describe these factors as: economic stress, lack of social support and pre-existing biological, psychological, and/or social problems. They found that chronic stress is related to a longer recovery time. In their sample they found that 37% of the participants who had chronic life stress were not recovered in the 4-6 years follow up. This is in comparison of 16% who had not recovered but did not have chronic life stress.

Atkeson et al (1982) found that in terms of long-term recovery, depression, suicidal history, and sexual adjustment prior to the rape significantly predicted depression at 4 months after the rape. Prior anxiety attacks and prior obsessive-compulsive behaviors predicted depression at 8 and 12 months after the rape and psychiatric treatment history predicted depression at one year after the rape.

It has been noted earlier in this dissertation that an analogy can be made between the psychological work of grief resolution and rape trauma resolution or recovery. It is therefore interesting to consider the effect of dealing with grief, such as loss of a

family member, due to separation, loss or death on the ability to recover from a trauma such as rape. It was found in Burgess and Holmstrom's (1978) study that this kind of loss could allow one to learn coping skills that can relate to a more rapid recovery. In their sample they found that of the victims who had experienced family grief 56% recovered within months, whereas those who did not experience family grief, 33% had not recovered by the time of the 4-6 year follow up. It must be noted that the study does not elaborate on whether the 56% who had recovered in months had experienced any other kinds of trauma from which they may have learnt more adaptive coping skills. Burgess and Holmstrom in their study also do not note if the 33% of the sample that had not experienced any family grief may have experienced any other kind of trauma.

5.4.4. Nature of the Assault

Kilpatrick and Resick (1993 – cited in Gilboa-Schechtman and Foa, 2001) found that after controlling for the presence of life threat and injury, victims of sexual assault suffered from more symptoms of PTSD than victims of non-sexual assault. When victims of rape and victims of non-sexual assault were compared it was found that there was no difference between the periods of recovery between the two groups (Gilboa-Schechtman and Foa, 2001). The length of recovery was related to the amount of emotional engagement that took place after the incident.
Resick (1993) reports that studies examining the assault variables on the responses and recovery of the victim yield mixed results. Some studies found that aspects of the assault such as threat and injury produced initial influences on responses but these effects disappeared over periods such as 6-12 months after the rape (Cluss, Boughton, Frank, Stewart & West, 1983; Sales, Baum & Shore, 1984 an Resick, 1988 – all cited in Resick, 1993).

5.4.5. Relationship of the Victim to the Assailant

Rapes are often distinguished from each other in terms of the relationship between the assailant and the victim. Date rape and stranger rapes are examples of these

instances. It can therefore be hypothesised that the relationship between the assailant and the victim could have an effect on the recovery of the victim.

Herman (1996) explains that often the victim may remain in jeopardy after the attack, particularly if she knows the offender. This may mean that she is forced to withdraw, in part from her social world.

Hassell (1981, as cited in Resick, 1993) compared victims of stranger and non-stranger rape and found that after 3 months post-rape there were no differences in reactions or recovery. Kilpatrick, Veronen, Saunders, Best, Amick-McMullen and Paduhovich (1987) (as cited in Resick, 1993) also found no differences in mental health between groups of stranger, marital and date rapes. Koss, Dinero and Seibel (1988) found similar results. They found that there was no difference between victims raped by strangers, nonromantic acquaintances, casual dates, steady relationships or spouse or family members in depression, state anxiety or sexual satisfaction.

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5.4.6. Social Support

Social support, and especially the support of family, lovers or friends can have a strong healing influence on survivors (Herman, 1996). This could be because social support has been found to be associated with better adjustment after rape (Frazier & Burnett, 1994). It is difficult to measure and interpret the effect of social support on recovery, as the results would be confounded by the quality and quantity of the relationships before the rape (Sales et al. 1984).

Burgess and Holmstrom (1978) reported that social support is related to the length of recovery. They found that 45% of victims in their sample with social support recovered within months, whereas of victims without social support, 53% had not recovered after several years.

Sales et al (1984) reported that although the initial reactions of significant others were not related to the reaction of the victim, they did find that victims who reported greater closeness to family members had fewer symptoms. Ruch and Chandler (1980) also found that victims who experienced lower levels of trauma soon after the assault had supportive families. In a later study (Ruch & Chandler, 1983) it was found that the living situation of the victim was more important to the victim's response than whether the victim had supportive friends or families. However this study did not take into account the long-term effect of support variables.

5.4.7. Meaning that the Victim makes of the Assault, including Attributions.

Harvey (1996) describes the process of meaning making that the victim goes through in her recovery, as a deeply personal and highly idiosyncratic affair. The process usually entails some victims discarding their sense of a damaged self and embrace the belief that the misfortune endured has yielded newfound strength and compassion, others may pursue creative or social action paths, while others yet may find spiritual answers (Harvey, 1996).

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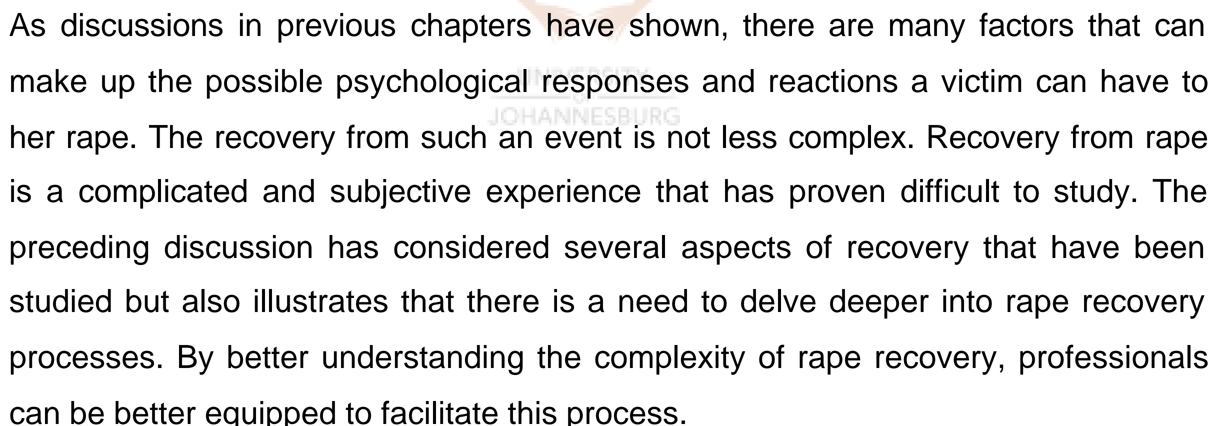
Women who reported that they were able to make sense of their experience reported less psychological distress, better social adjustment, greater self-esteem and greater resolution of the experience of sexual abuse than women who were still searching for meaning (Silver, Boon and Stones, 1983).

Finding a positive meaning in an assault can be seen as a coping strategy for the victim (Frazier & Burnett, 1994). Thompson (as cited in Frazier & Burnett, 1994) identified five ways that a victim can find positive meaning:

1. Finding side benefits
2. Comparing oneself to others in worse situations
3. Imagining that the situation could have been worse
4. Forgetting the negative aspects of the situation
5. Redefining one's goal following a trauma so that important goals are no longer blocked.

When a victim tries to make meaning of her assault, she usually experiences some sort of process of attribution – how the victim decides where the cause for the assault lies. Frazier (1990) believes that attributions are an important predictor of adjustment. If the victim makes attributions of self-blame (both behavioral and characterological self-blame) she is more likely to have poorer adjustment than those victims who could attribute the rape to societal aspects or to the rapist. The one factor that is associated with better recovery is the belief that future rapes are less likely (Frazier & Schauben, 1994) and neither behavioral self-blame or perceptions of past control are associated with the belief that future rapes are less likely. Brickman and his colleagues (Frazier & Schauben, 1994) describe having this positive belief as *taking responsibility for solutions* (i.e., the future) rather taking *responsibility for problems* (i.e., the past).

5.5. Conclusion



As discussions in previous chapters have shown, there are many factors that can make up the possible psychological responses and reactions a victim can have to her rape. The recovery from such an event is not less complex. Recovery from rape is a complicated and subjective experience that has proven difficult to study. The preceding discussion has considered several aspects of recovery that have been studied but also illustrates that there is a need to delve deeper into rape recovery processes. By better understanding the complexity of rape recovery, professionals can be better equipped to facilitate this process.

Chapter Six

CONCLUSIONS AND RECOMMENDATIONS

Reviewing the literature involves classifying and evaluating what accredited scholars and researchers have written on a topic. The intention of such an exercise is to define and clarify concepts relating to the research problem, to summarise previous investigations in order to inform the reader of the state of current research, to identify relations, contradictions, gaps and inconsistencies in the literature and to suggest next steps in solving the problem (Bem, 1995).

Understanding rape from the perspective of the rape victim has been one of the main aims of this thesis. The rape victim's experience can be divided into processes surrounding the actual assault, the responses the victim has after the rape, the psychological and social impact of the rape and the recovery process. In each instance the factors, which have been identified by research to influence these elements, were explored. However, by dividing the rape experience into processes and then examining these processes in terms of what factors influence them and in which way, has factorised the experience. The aim of this study was to gain further understanding of the rape as experienced by the victim, and although the preceding discussions have allowed for a greater understanding of the processes and factors involved, it is important to note that the voices in this dissertation were those of researchers and authors, and not those of victims. It is acknowledged that it is important to understand the empirical information regarding the subject of rape and that this exercise is a step in the process of understanding the victims' experience. The next step being to understanding the experience from the victim's perspective

6.1. Reflecting on the Research Presented

As the analysis of the data showed, many researchers linked the responses of a victim of rape to those responses seen in people experiencing PTSD (Foa, Riggs & Gershuny, 1995; Kilpatrick, Saunders, Veronen, Best & Von, 1987). Factors that were specific responses to the sexual assault that differed from PTSD were also identified. These factors include blaming the victim, problems with sexual functioning and disruptions in self-esteem and body image.

Although the theory shows much alignment with the trauma the rape victim experiences and PTSD, rape victims cannot be universally classified and treated homogenously. The elements of the rape victim's experience mentioned above distinguish them from other trauma survivors. It is therefore relevant to the clinician to keep in mind that rape victims present with "classic" trauma symptoms, but that they have also experienced a very unique kind of trauma that needs to be addressed specifically in treatment.

Of the factors that were identified and discussed as influencing the responses of the rape victim after her assault, the reaction of others was seen to have a substantial impact. The perception of victim precipitation has been studied and discussed, along with how the victim is re-victimised by the systems she enters into after the rape, such as the law enforcement, legal, medical and social systems. These circumstances are unique to rape victims and not to victims of other crime. In no other crime is the victim blamed for her participation (White & Sorenson, 1992). This only occurs when rape and sexual assault has taken place. .

Although inferences are made from these studies and implications for therapy are taken into account, it must be kept in mind that these studies, in the most part, were conducted in the United States of America. Although there is a universality of trauma responses that professionals rely on when applying international research to the South African context, the uniqueness of any context must be given cognisance. Of the South African literature on rape that was reviewed, the focus of these papers

and books was on the prevalence of rape, the difficulties in researching rape in South Africa (Jewkes & Abrahams, 2002, Steenkamp, 1996 and Collings, 1987), the factors within our society that influence the prevalence of rape (Vetten, 1997), rape myths (Hazan & Grobbelaar, 1994 and Jewkes, 2002), how rape influences the significant other (Van den Berg & Pretorius, 2000), the rapists themselves (Vogelman, 1990), sentencing of convicted rapists (Webster, 1997), police attitudes towards rape (Peltzer, 2002), child rape (Van As & Rode, 2001 and Jewkes, 2002), HIV related issues (Lunt, 1995, Ncayiyana, 1999, Caesar, 2001 and Meel, 2003) and the culture of violence (Mokwena, 1991 and Coetzer, 2002).

Another aim of the thesis was to be able to identify areas that require further investigation and clarification, as well as areas that would need elucidation within the particular context of South Africa, such as responses and reactions that are specific to the South African victim or issues regarding recovery that may be unique to the region.

Although studies that consider some of the factors influencing the rape victim's experience exist in South African (Burke, 2003, Jewkes & Abrahams, 2002) there is still a requirement for a much more comprehensive body of evidence that would enable the South African professional to better understand the South African rape victim.

The rape victim, be she a victim of stranger rape, acquaintance rape, gang rape or marital rape, will experience some impact that the rape has had on her life. Evidence presented in this dissertation shows that rape produces various responses and reactions. The results of studies presented here also indicate that there are many factors that influence these responses and reactions. The factors present in each victim's rape experience may enhance or hinder her recovery opportunities and processes. The social context with in which the rape occurs must have an effect on these factors. Rape myths and victim precipitation are both factors that have roots in social meanings.

6.2. Recommendations for Future Research

The avenues for future research from this initial review of existing research are diverse. This mini-dissertation has shown there to be three distinct aspects in which the rape victim can be understood: her responses after the rape, the psychological and social impact the rape has had on her and her journey of recovery to becoming a survivor. In each of these aspects, factors that influence these processes are identified in previous research, but are in the most part constrained to overseas samples. Within the South African context there are numerous areas that can be recommended for future research.

The prevalence of rape is so high in South Africa that it is probable that the incident of rape can be as high as 500 per 100 000 (Zeelie, 2002). That is 1 in 20 (understanding that statistics can only reflect the rate of rapes that are reported). It would be important for clinicians dealing with rape victims to be able to understand the victim's responses to a rape. Due to the prevalent nature of sexual violence in our country, it can be conceivable that a South African rape victim may not respond in the same way as a rape victim in Boston, United States of America (the location of the groundbreaking Rape Trauma Syndrome research). Along with the prevalence of sexual assault, South Africa has a culture of violence and especially a culture of sexual violence against women that can have a strong influence on the factors which have been identified in the previous chapters, such as victim blaming, social support, participation in the justice system and rape myths.

As psychologists we need to be equipped to face the social issues of our time and have a theoretical and conceptual understanding of what clients are experiencing. If 1 in 20 South African's have been raped, then it is imperative for health care workers in general, and psychologists in particular, to have a thorough understanding of rape as experienced by the victim. This understanding would need to include an understanding of the responses, psychological reactions and recovery processes of the victim. It also needs to include an understanding of the factors present in the context that will influence the responses, reactions and recovery processes.

This mini-dissertation has referred to rape as a journey, one that may take various twists and turns, and one that hopefully ends in recovery. However, recovery is not always the final destination. The complexity of the rape victim's experience is evident in the complex descriptions of the responses and reactions that have been recorded in this mini-dissertation. Each of the responses and reactions are influenced by many factors. With so many variations, it is no wonder that Smith and Kelly (2001) remark that we need to understand rape from each victim's point of view and acknowledge that there is no neat box into which we can accurately place a rape victim. With empirical discovery we are able to make generalisation with which to guide our understanding and treatment. However, no body of evidence can possibly begin to capture the suffering a person goes through when they have been raped.

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