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Effects of Resistance Strategies on Rape

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Effects of Resistance Strategies on Rape

A Thesis

Presented to the

Department of Social Work

and the

Faculty of the Graduate College

University of Nebraska

In Partial Fulfillment

of the Requirements for the Degree

Masters of Social Work

University of Nebraska at Omaha

by

Janice M. Zoucha-Jensen

July, 1991

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Thesis Acceptance

Acceptance from the faculty of the Graduate College,
University of Nebraska, in partial fulfillment of the requirements
for the Masters of Social Work degree, University of Nebraska at
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Acknowledgments

I want to acknowledge my family; Mark, Luke and Kate, for their support, encouragement and love throughout the entire process of this thesis from beginning to end.

I also want to thank my friend, Sheila McDermott, for the giving of her time, effort and support in the editing and printing process.

In addition, I extend my thanks to Dr. Ann Coyne for her statistical support and Ms. Margaret Semin as Co-Investigator for her help in the data collection phase of the research project.

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Effects of Resistance Strategies on Rape

Janice M. Zoucha-Jensen, Principal Investigator

Abstract


To determine what was the most effective resistance strategy to avoid rape and the relationship of resistance to additional physical injury, data were examined from 179 sexual assault police report forms. Data were gathered from June 1, 1988 to May 31, 1989 in Omaha, Nebraska. Victims under the age of 13, male victims, incest cases and assaults avoided due entirely to outside intervention were excluded from this study. 115 of the 179 were raped and 64 were rape avoiders. A total of 103 of the 179 were treated in a local hospital emergency rooms. None of the injuries resulted in death. Women who utilized multiple resistance strategies were less likely to be raped but more likely to be injured. Because the temporal sequence of events regarding injury was not noted, one cannot ascertain if additional physical injury occurred as a part of the sexual assault or if the additional physical injury was a result of victim resistance. This study substantiated prior research in that resistance may prevent rape but goes further by illustrating that multiple resistance strategies in particular were the most effective, of those chosen by the subjects in our sample, to utilize in order to avoid rape. Clinical


treatment recommendations for the sexual assault victims as well as interventions to prevent sexual assault/rape in American society are also addressed.

Introduction

A rape is reported in the United States every six minutes and has increased four times as fast as the overall crime rate over the last decade. In fact, when ranked against other nations, the United States leads the way, with a rape rate four times that of Germany, 13 times as much as England, 20 times as much as Japan (Newsweek, July 23, 1990, pps. 46 & 52). Because of these sobering statistics which make noteworthy print in popular publications, extensive work has been done in the area of rape; especially since Medea and Thomson's ground-breaking publication Against Rape written in 1974.

Even though the amount of rapes which occur is alarming, this may be a substantial under-representation of the true population because government estimates suggest that "for every rape reported to police, 3-10 rapes are not reported" (Law Enforcement Assistance administration LEAA 1975, cited in Burgess, 1988, p. 3).

 The YWCA's Women Against Violence program in 1983 reported receiving "7 rape calls for people who did not report for every 1 that notified the police" (YWCA Women Against Violence Counselor Manual, 1983, p. 2).

 In 1987, 53.2% reported rape to the police with more rapes having been completed reported, 59.9%, than attempted, 47.6%. The most common reason given for reporting the rape to

the police was to "Prevent the incident from happening to others", 25.5% (Flanagan & Jamieson, 1988, pps. 285-186).

This paper will analyze rape from a global perspective beginning with (1) the definition of sexual assault/rape, (2) the different types of sexual assaults, (3) information about the medical exam given to raped women, (4) the possibility of contracting AIDS (Acquired Immune Deficiency Syndrome) from a sexual assault, (5) the theories about why men rape women, (6) a portrait of the sexual assault, (7) a portrait of the sexual offender/rapist, (8) the prognosis for rehabilitating sex offenders, (9) a portrait of raped women, (10) the perceptions held about utilizing resistance strategies, (11) the prior research regarding the utilization of resistance strategies, (12) the advice being offered to "potential victims", (13) the history of rape legislation, (14) rape reform legislation in the United States, (15) information about the criminal justice system, concluding with (16) recommendations from literature to combat sexual assaults in the United States.

The research project itself will focus more narrowly on the types of resistance strategies and their relationship to the outcome of the sexual assault. After reporting the research findings, the paper will conclude with a discussion regarding the most effective resistance strategies and recommendations for future research in this area.

Literature Review

Rape Defined

Medea and Thompson's (1974) first chapter in their book, Against Rape, is titled, "What is Rape?". They answered their question by explaining that:

According to Webster, rape is the "illicit carnal knowledge of a woman without her consent, effected by force, duress, intimidation, or deception as to the nature of the act." Rape is a crime against women. Rape is a deadly insult against you as a person. Rape is the deprivation of sexual self-determination. Rape is all hatred, contempt, and oppression of women in this society concentrated in one act (p.11).

They go on to clarify their definition of rape by stating, "We will define rape in a very simple, clear cut way. Rape is any sexual intimacy forced on one person by another" (p.12).

But as Goodchilds, Zellman, Johnson & Giarrusso (cited in Burgess, 1988) discovered, for the adolescent population, the definition of sexual assault/rape was not as clear and precise. They found:

Our teenage subjects clearly understood the difference between consensual and nonconsensual sex. When consensus reigned between partners, the outcome--whether sex or abstention--was not labeled as rape. But respondents did

not label all nonconsensual sex as rape. . . .In our sample, nonconsensual sex and rape were far from synonymous. The closer an instance of nonconsensual sex between acquaintances came to the "classic rape"--in which the assailant was a stranger and violence was used--the more likely it was to be labeled as such. The farther it diverged--as when the actors were dating and only threats of verbal abuse were used--the less likely the situation to be labeled rape. . . .Thus, police, prosecutors, and policymakers unfortunately may be correct when they assume that the general public, jurors, and judges are reluctant to label nonconsensual sex between acquaintances as rape. Victims of nonstranger rape are likely to receive little sympathy from individuals or institutions unless the situation mimics the classic rape (pps. 267-269).

Renshaw (1989) stated, "Rape is an act of both sex and violence, pathologically co-mingled" (p. 261).

For this research project, the accepted legal definition for the State of Nebraska for penetration will be used:

Sexual penetration shall mean sexual intercourse in its ordinary meaning, cunnilingus, fellatio, anal intercourse, or any intrusion, however slight, of any part of the actor's or victim's body or any object manipulated by the actor into the genital or anal

openings of the victim's body which can be reasonably construed as being for nonmedical or nonhealth purposes. Sexual penetration shall not require emission of semen. (NEB. REV. STAT. s 28-318, 1989, p. 72).

Types of Sexual Assaults/Rapes

"Classic Rape" brings to mind a stranger with a weapon jumping out from a dark alley attacking a helpless victim. But in reality, the "classic rape" is only one type of sexual assault. Research indicates that rapes by acquaintances and "friends", including husbands occur just as often. Ruback and Ivie (1988) found, "47% of the assailants were strangers to the victim while 53% were known to the victim" (p. 104).

Kanin and Parcell (cited in Amick & Calhoun, 1987) found, "83% of university females surveyed had experienced offensive sexual advances by males" (p. 153). Amick and Calhoun (1987) ten years later, discovered a similar trend and reported, "These data indicate the alarmingly widespread nature of sexual victimization among university students. Although the vast majority of these women failed to label themselves as rape victims, 58% of the sample had experienced sexual intercourse against their will" (p. 160).

According to Renshaw (1989):

The problem of marital rape. . . although ancient, it has only been recognized as sexual exploitation within recent years. Physical mastery to the point of general or

genital bruising or bleeding may be covered up as "accidental" by a shamed married woman patient or the doctor, even in the 1980's. Despite consciousness-raising via the media, hotlines, and battered wives shelters, marital rape and incest may similarly be kept secret. Family loyalty may fiercely guard the painful secret of domestic sexual violence. Many victims endure it and continue to hope it will stop. Others fear a worse fate if they tell the police or tell the physician (p. 271).

In summary, "classic rape" where a stranger is the assailant is only but one type of sexual assault. Other types include: rapes by an acquaintance, a "friend", a husband or an ex-husband.

The Medical Exam Given To Raped Women

The YWCA's Women Against Violence Counselor Manual (1983) explains the purpose of the medical exam as being:

Twofold: First, to check for any physical injuries, V.D., etc. and to treat the patient accordingly. Second is to gather corroborative evidence for use in prosecution. It is very important for the victim to receive medical attention even if s/he chooses not to report (the sexual assault to the police). Often a victim cannot determine immediately after an assault if

s/he has sustained any injuries, particularly internally (p. 3).

Medea and Thompson (1974) describes the medical exam given to raped women when seeking medical treatment in more detail by explaining:

A gynecologist will examine you. . .to check for sperm or any other signs of recent intercourse. . .will take a smear and examine you for any other injuries. . . .After it has been established that you have had recent intercourse, the doctors will try to determine whether you are likely to become pregnant. . . .If there is any possibility that you may become pregnant, you may be given a synthetic substance related to estrogen and known as DES or the "morning after" pill. . . .Among the possible side affects are nausea and vomiting, abdominal pain and distress, swelling and tenderness of the breasts, a chronic lack of appetite, diarrhea, weariness, tingling sensations, dizziness, headaches, anxiety, the appearance of purple blotches on the skin and various allergic reactions. . . .You may also have the scare of your life when your period fails to appear at the proper time, especially if your doctor fails to inform you that this is a common side affect. . . .You may ask for a "D and C" (dilation and curettage) instead of the "morning

after" pill. . . .After two weeks you should be checked for venereal disease (pps. 115-116).

The YWCA Women Against Violence Counselor Manual (1983) provides women with more hopeful information by reporting that, "Medical personnel are now able to provide an anti-nausea pill in order to help alleviate some of the side affects which may occur when taking the 'morning after' pill" (p. 3).

The Possibility of Contracting AIDS

As frightening as discovering you may have contracted a venereal disease or are possibly pregnant may be, they do not compare with the horror of the realization that you may have just contracted AIDS (Acquired Immune Deficiency Syndrome). In the 1990's, the act of rape in itself, can become murder.

Newsweek (July 23, 1990) explains that:

Research has already shown that many rapists are partial to a number of high-risk behaviors for AIDS, including IV drug abuse and anal intercourse. However, on the other hand many rapists inadvertently practice safe sex by using condoms in order not to leave sperm samples which could be used against them as evidence (p. 53).

The ability to find out if the assailant who attacked you had AIDS or not may not be a simple task or even a legal option. As Linda Fairstein an assistant D.A. and head of the Sex Crime Prosecution Unit in Manhattan explains, "Victims are

really shocked to learn that they can't find out the health status of someone who is convicted of sexually assaulting her" (Newsweek, July 23, 1990, p. 53).

Theories As To Why Men Rape Women

YWCA's Women Against Violence Counselor Manual (1983) clarifies the theories as to why men rape women by stating that:

While traditional analysts continue to view sexual assault as the result of either individual character disorder or of a specific environment, feminist analysts have made important progress in interpreting rape as a product of our antihuman, violent society. Both traditionalists and feminists agree that seething hostility motivates the rapist, but they disagree on the cause of such hostility. Traditionalists base the rapist's hatred for women in his ego deficient personality structure or his family dynamics--often a rejecting, "castrating" wife or mother. Feminists place the major blame for such hostility on our violent and sexist value systems (pps. 13-14).

Williams and Nielsen in 1979, described three causal explanations of why men rape women: "1) The rapist as clinical types or variant personalities, 2) A sociological basis using socioeconomic factors i.e. urban poverty to

explain sexual violence, and 3) Sex-role socialization" (p. 128). They also found that when rapists themselves were asked the question: "Why do men rape women?": "48% focused on some problem in the men and 21% blamed women for initiating or inviting sex. Overall, 55% agreed with the statement that, "some women really want to be raped", and blamed society's sex role expectations for rape. For example, the rapist believed that, "women's antiquated moral upbringing, the fact that they were often socialized to think sex is unclean or dirty, which frustrates men" (pps. 130-131).

Interestingly, the rapists themselves seem to support the sex-role socialization theory as do raped women. Abbey (1987) explains women do not "view themselves as the sole cause of the attack; they may hold other causes--such as the rapist, society, or chance partially responsible" (p. 10).

Lottes (cited in Burgess, 1988) provides the following etiology of rape:

- 1) **The psychopathological explanation of rape.** This explanation assumes that men who rape are psychologically maladjusted and different from other men. . . .2) **A sociocultural explanation of rape.** Supporters of this view agree that rape occurs in cultures characterized by other forms of violence, that rape is largely an act of male domination, and that rape results from social

inequities between the genders. . . .3) **A physiological explanation of rape.** Rape is regarded as the expression of a male's uncontrollable desire for sex. . . .And assumes that sexual repression or a lack of sexual outlets will contribute to sexually aggressive male acts (pps. 194-195).

Lottes, herself, does not ascribe to any one single theory but instead explains that the "interactions and combination of psychological and physiological characteristics with socioculture factors must be investigated for their association with sexual aggression" (pps. 195-196).

Medea and Thompson's (1974) answer to the question of "Why men rape women?" is that, "It appears that there are two dynamics operating: hostility (including such emotions as rage, hatred, contempt, and the desire to humiliate) and gratification" (p.21). They embrace the sociocultural theory while rejecting the psychopathical and physiological theories by stating, "Rapists are neither permanently insane nor temporarily insane with sexual frustration" (p. 32). They place rape in a historical context which supports the sociocultural model. Their argument is that:

In warfare, rape holds a time-honored place. Conquering armies attack the civilian population by murder, looting, and rape. To the victor belongs the spoils, and spoils include women. . . .Army activities in Bangla Desh

emphasized this use as a tactic. West Pakistanes had little money to wage war, so their soldiers were told to do whatever would best destroy the will of the people to resist, and would cost the least money. They raped at least two hundred thousand Bengali women, and they did it purposefully, as a matter of military strategy (Goldman, cited in Medea & Thompson, 1974, p. 32).

Russell (cited in Burgess, 1988) identifies our culture's differential sex role socialization and the American dating system as contributors to rape. Russell claims:

Traditional sex roles have encouraged submissiveness, passivity, weakness, kindness, compassion, patience, acceptance, and dependence in women while promoting aggression, strength, force, dominance, superiority, competitiveness, and toughness in men. . . . This differential gender socialization of both opposite qualities and opposing roles and goals in sexual and dating situations contributes to male sexual aggression against women (p. 201).

Kanin's study of date rape on a college campus (cited in Burgess, 1988) also lends support to differential sex role socialization and consequently the sociocultural explanation of rape. He found, "Date rapists were products of a highly sexually oriented peer-group socialization, which started in the early years of high school. The peer groups of these men

accepted the view that the sexual conquest of women enhanced their self-worth" (p. 199).

Giarrusso, Johnson, Goodchilds & Zellman (cited in Burgess, 1988) identified some of the sexual views held by high school males. They found:

Over 50% of the male high school students they interviewed thought that it was acceptable for a male to hold a female down and force her to have sexual intercourse when she made him sexually excited, when she has led him on, or when she says she's going to have sex with him and then changes her mind. More than a third of these men considered forced sex acceptable if the male had spent a lot of money on the female, if they had been dating for a long time, if the male was so aroused he could not stop, if she let him touch her above the waist, or if she was stoned or drunk (p. 211).

Carroll, Volk, & Hyde's research (cited in Burgess, 1988) looks at how the view of conquest follows clear gender lines by finding:

Male and female college students differed significantly in their sexual attitudes, sexual behavior, and motives for engaging in sexual intercourse. For example, 24% of the males reported more than 16 partners (as compared with 2% of the females) and 84% of males (as compared with 42% of females) reported that they had engaged in

sexual relationships without emotional involvement
(p. 202).

Along the same line, Reiss (cited in Burgess, 1988) lends further support to the sociocultural theory by stating, "Significant predictors of rape-prone societies were endorsement of the macho personality and a belief in the inferiority of females. Macho attitudes included acceptance of physical aggression, high risk-taking, and a casual attitude toward sexuality" (p. 196).

Burt, Brownmiller, and Weis & Borges (cited in Burgess, 1988) go further than the identification of differential sex-role socialization and argue that, "Widely accepted myths about rape support and promote rape" (p. 203). Burt (cited in Burgess, 1988) defines these myths as: "Prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (p. 203).

Koss and Leonard (cited in Burgess, 1988) define the following beliefs as rape supportive:

- 1) Rape is not a serious crime,
- 2) Women are responsible for rape prevention,
- 3) Women provoke and want men to use force in sexual interactions,
- 4) Relationships between men and women are adversarial and manipulative,
- 5) A man's role is to convince a reluctant women to have sex,
- 6) Some amount of force is a legitimate strategy to get sex, and
- 7) Women do not find

offensive the forceful strategies men use to obtain sex (p. 204).

Koss and Leonard stress that the results of studies investigating "the relationship between sexual aggression and rape-supportive attitudes are remarkably consistent" (p. 204).

Rape myths affect not only how the rapist views his crime but permeates into and affects the entire criminal justice system. Weis and Borges (cited in Burgess, 1988) claim: "The mythology of rape allows the man both to engage in the otherwise forbidden behavior and to rationalize and justify it after the event" (p. 203).

Likewise, Scully and Marolla (cited in Burgess, 1988) found:

That the myths that women both enjoy and are responsible for their rape were used by convicted rapists to excuse and justify their crimes and to deny the negative effects of their actions on their victims. They report that the vast majority of rapists in their study never thought of the possibility of prison because they did not define what they had done as wrong (p. 203).

Thus according to Lottes (cited in Burgess, 1988), "Social scientists have argued that rape myths not only facilitate acts of sexual aggression and influence the recovery of rape victims, but also enter into decisions to

arrest, prosecute, convict, sentence and treat offenders" (p. 205).

Violence especially as it is depicted via the media has also become a popular theory as to why men rape women. Newsweek (July 23, 1990) reports that:

Many people blame the escalating violence in popular culture for fueling the growth in rape statistics across the board. After two decades of the newly "sensitive", nurturing male, the macho stud seems to have come back in magnum force. In sexually explicit movies and books, as well as increasingly suggestive music videos and television shows, men flex pectorals and women acrobatically surrender to them (p. 52).

Dr. Thomas Radecki, research director for the National Coalition on Television Violence, based in Champaign, IL explains, "Our insensitivity to the violence of rape is undoubtedly fostered by our massive diet of entertainment" (Newsweek, July 23, 1990, p. 52).

In fact, the Attorney General's Commission on Pornography (cited in Burgess, 1988) confirms this assumption. They discovered one effective method in order to perpetuate rape myths was pornography and they stated, "We are satisfied that the vast majority of depictions of violence in a sexually explicit manner are likely to increase the incidence of sexual violence in this country" (p. 317).

Their findings follow:

In evaluating the results for sexually violent material, it appears that exposure to such materials 1) leads to a greater acceptance of rape myths and violence against women; 2) has more pronounced effects when the victim is shown enjoying the use of force or violence; 3) is arousing for rapist and for some males in the general population; and 4) has resulted in sexual aggression against women in the laboratory (p. 318).

The Commission's findings not only support the sociocultural theory but appear to reject the psychopathological theory with the statement that, "Pornography is arousing to both rapists and some males in the general population" (p. 318).

Baron and Straus (1989) in their book, Four Theories of Rape in American Society, provide the following four theories of rape and their subsequent research findings:

1) **Gender inequality:** Our finding that the lower the status of women relative to men, the higher the rape rate is consistent with feminist theory and suggests that gender inequality contributes to a social climate that is conducive to violence against women (Brownmiller, Clark & Lewis, and Russell; cited in Baron & Straus, 1989). We believe this relationship exists because in a male-dominated society, rape both reflects the low valuation

of women and contributes to their subordinate position in the gender stratification system (p. 185).

2) **Pornography:** A central assumption of the feminist antipornography movement is that pornography inspires violence against women. . . .It sexually objectifies women, eroticizes violence, and fosters male dominance (Barry, Dworkin, MacKinnon, & Ratterman; cited in Baron & Straus, 1989). It is further claimed that depictions of sexual violence are now standard pornographic fare and that men exposed to such images are likely to model the behavior portrayed (Dworkin, Longino, & Morgan; cited in Baron & Straus, 1989, p. 7). . . .Our finding that the higher the circulation rate of sex magazines, the higher the rape rate is consistent with the theory that pornography contributes to a cultural climate favorable toward violence against women (p. 185).

Although this is a plausible interpretation, they warn: Correlations of this type can be produced by many circumstances even when there is no cause-effect relationship. . . .A more likely possibility in our opinion, is that the correlation between the circulation of sexually explicit magazines and the rape rate is due to the presence of a hypermasculine or macho culture pattern (Mosher & Anderson, Parsons, and Toby; cited in Baron & Straus, 1989, pps. 185-186).

Baron and Straus go on to state:

Violence, not sex is the real problem. Empirical research indicates that violence, with or without sexual content, promotes aggressive behavior (Donnerstein, Linz, & Penrod; cited in Baron & Straus, 1989). Thus, if anything is to be regulated, it should be depictions of violence (p. 191).

On the basis of these findings, it might be argued that sexually violent movies and magazines entices men to rape and therefore should be banned. However, Baron & Straus (1989) state clearly and strongly: "Even if portrayals of violence do promote actual violence, censorship is the wrong approach because, as already mentioned, it constitutes a threat to civil liberties. And more important, censorship does not deal with the root causes of rape" (p. 191).

Baron & Straus's third theory of rape is:

3) **Social Disorganization:** Proponents of social disorganization theory argue that crime and deviance reflect conditions that disrupt the integrity of communities and weaken the regulatory power of social norms. Such disorganizing factors as migration, marital disruption, and cultural heterogeneity have been linked to criminal activities (Blau & Blau, Crutchfield, Gurkin & Gove, Shaw & McKay, Smith & Jarjoua, Stark, Doyle & Kent; cited in Baron & Straus, 1989, p. 10). The effects

of social disorganization on rape cuts in two directions. On the one hand, social disorganization can have serious adverse consequences. This is shown by the finding that social disorganization is related to rape directly. . . .On the other hand, social disorganization can have positive effects. This is suggested by the finding that social disorganization contributes indirectly to reducing rape through its relationship with gender equality. . . .It seems that social disorganization tends to erode traditional norms and practices, including traditional pattern of fornication and subordination. The reduction in gender inequality, in turn, contributes to a reduction in rape rate (p 187).

4) **Cultural Support for Violence:** This theory is based on the idea that rape may be influenced by the implicit or explicit approval of violence in various areas of life such as education, the mass media, or sports. Cultural spillover theory predicts a carryover or diffusion from social contexts in which the use of violence is socially approved to social contexts in which the use of violence is considered illegitimate or criminal

(p. 9). . . .Contrary to expectation, we did not find a direct relationship between legitimate violence and rape. Nevertheless, legitimate violence is related to rape indirectly through its inverse relationship with gender

equality. The fact that the status of women is lower in states that have high levels of legitimate violence indicates that women are devalued in more violent societies (p. 187).

In summary, Baron & Straus seem to agree with Lottes in that, "The findings indicate that the combination of sexism, social disorganization, unemployment, economic inequality, and the alienating conditions of urban life constitutes a mixture of societal characteristics that precipitates rape" (p. 193).

Shifting the focus from the characteristics of society to attempting to understand the characteristics within the rapist himself which contribute to sexual violence may provide another clue. Newsweek (July 23, 1990) noted that, "In many cases the rapist's own childhood provided the sense of brutality that numb his conscience and ignite his fury" and documented Eugene Porter's, an Oakland, California psychologist, statement, "I haven't seen a rapist who didn't have a childhood horror story" (p. 52). In fact, a 1982 study of rapists in Oregon found that, "As many as 80% were abused as children, and their own victimization results in a kind of emotional death" (Newsweek, July 23, 1990, p. 47).

Gold (cited in Akers, 1985) would disagree in part, however, claiming, "Violence to the point of brutality and homicide is not simply the result of parental socialization, although it is fairly clear that the kind of socialization

received is relevant to the commission of outwardly violent acts" (p. 265). Akers, R. (1985) expounds by adding:

Persons who commit violent acts have come into contact with other persons and social situations which differentially reinforce such action. Through participation and imitation in certain social and cultural contexts they learn that violence is defined as "all right", and if it is not regarded, at least it is not punished in some situations. When they are confronted with similar situations they are likely to respond violently. Thus, when a person reacts with seemingly senseless violence to something or someone, on examination we may find that the same behavior, or something similar to it, is an already established part of his or her behavioral repertoires (p. 265).

Thus, Lottes along with Baron & Straus may be the most perceptive by hypothesizing the reason men rape women is an interaction and combination of the theories. The culture may provide the weapon for the violence; the home, the ammunition.

Portrait of the Sexual Assault

Research findings paint the following picture of a sexual assault: The majority of rapes (40.5%) occurred inside the home or other building on the property, 65.5% occurred between 6 p.m. and 6 a.m. with the majority of the victims (83.1%)

having used self-protective measures. (Jamieson & Flanagan, 1989, pps. 303, 313-314, & 316). 40% of the assailants were nonstrangers (4% being a relative, i.e. spouse/ex-spouse, parent; 35% being an acquaintance i.e. boyfriend, casual acquaintance), and 55% were strangers (Flanagan & Jamieson, 1988, p. 241).

Portrait of the Assailant/Rapist

When shifting the question from "What does the sexual assault look like?" to "Who is the rapist?", Medea and Thompson (1974) answer the question by breaking down the category of rapist behavior into two separate categories:

1) Anger motivated and 2) Sexually motivated. They state, "With the exception of about 3 percent, rapists seem to be sexually and psychologically normal" (p. 30). For a disquieting affect, they add, "The rapist is the man next door" (p. 36).

William Pithers, Director of the Vermont Center for the Prevention and Treatment of Sexual Abuse, agreed stating, "Rape is a sick act committed by sane people" (Newsweek, July 23, 1990, p. 47).

Gager & Schurr (cited in YWCA Women Against Violence Counselor Manual, 1983) state that:

Certain emotional defects, however, appear to be characteristic of all people who commit sexual assaults: low self-esteem, a feeling of powerlessness which they

are driven to deny, a compulsion to demonstrate their masculinity, hostility toward women, troubled interpersonal relationships, an inability to love in a desexualized manner, a terrible sadness and a sense of loneliness (p. 15).

Along with these emotional defects, Newsweek (July 23, 1990) reported that, "One of the most consistent elements of rape of all kinds is the absence of empathy; attackers are able to persuade themselves that the victim wanted or deserved to be raped" (p. 50).

According to Burgess in 1977 (cited in YWCA Women Against Violence Counselor Manual, 1983) there are three elements involved in the rapist's motivation and intent: "1) Power, 2) Anger, 3) Sexuality (never dominate--is the means for acting out the power and anger)" (p. 12). They further clarify power and anger by explaining that:

- 1) Sixty-five percent of the rapists studied were power assailants. The rapist will use a weapon or force to intimidate the victim in order to gain control of her/him. Usually he will not harm the victim beyond the need to establish control and achieve her/his submission. This type of assailant sees intercourse as an act of conquest. There is usually a great deal of premeditation and fantasy involved. A common fantasy of the assailant is that the victims will initially resist but once

overpowered, s/he submits gratefully and responds to the assailant with abandon. . . .This type of assailant has a high rate of recidivism and will usually follow a similar pattern (m.o.) in all his assaults. Often, he will suffer from some form of sexual dysfunction. Behavior problems usually begin to show up during adolescence (around 12-13 years of age). . . .The power rapist usually has no conscious intent to injure his victims. They have few or no injuries. . . .He may ask to see the victim again and want her/his name and address. This man is motivated by feelings of inadequacy and insecurity; he is often handicapped by impotency or premature ejaculation. 2) Anger assailants are motivated by contempt and hatred and rage. Additional sexual acts, such as sodomy or oral sex are often performed. This type of rapist will use more force than is necessary to control the victim. The attack may be triggered by some type of perceived wrong. . . .Sex is perceived as a way to degrade someone and to humiliate them. There is not as much premeditation as there is in power assaults. . . .The sadistic rapist-murderer would fall into this category (pps. 12-13).

In Williams and Nielsen's (1979) article, "The rapist looks at his crime", a more detailed portrait of the rapist emerges:

- (1) 36% had at least one non-sexual felony conviction prior to the current rape offense,
- (2) 12% had prior sex-related offenses,
- (3) 39% had at least one arrest for a sex-related offense,
- (4) 30% had at least one prison sentence served,
- (5) 10 of the 33 maintained innocence apparently based on their definition of rape,
- (6) Their ages ranged from 21 to 64 years old,
- (7) 46% were Anglo, 36% were Black, and 18% were Mexican,
- (8) 60% were Protestant and 21% were Catholic,
- (9) Level of education attained ranged from 3-15 years with the median of 10,
- (10) 39% were unskilled laborer or service worker and 42% operatives,
- (11) Over half were married, 4 were divorced or separated, and 11 single,
- (12) Most came from homes where their father had less than a high school education and was an unskilled or semi-skilled laborer,
- (13) 70% stated their economic status was "about average",
- (14) 42% stated that early family life was unstable with 70% of their parents divorced, separated or dead. Half reported their parents were divorced or separated, 21% of the subjects reported death of one or both parents in most cases when they were less than 10 years old,
- (15) 40% reported discipline in their families as "very

strict", (16) Reported their first sexual experiences between 5-15 years old, median age of 14 years old, with three having experienced sexual abuse before age 16, (17) 85% stated they did not have a plan, (18) only 5 out of 33 used a weapon, (19) Almost half reported they were under the influence of drugs/alcohol, (20) 6 were gang rapes (or more than one assailant), and (21) 27% stated "they did not know or care what the woman was feeling", 24% felt "the woman was scared", 24% felt "the woman was enjoying herself", and 9% thought she had "revenge or hostility in mind" (pps. 129-130).

According to the authors, "The men clearly failed to understand the significance of rape to women. All women were seen as potential rape victims and all men as potential rapists" (p. 132).

Hazelwood, Reboussin, & Warren's (1989) later research painted a detailed picture of the rapist who is usually a stranger to the victim and who has raped repeatedly (10 or more victims):

(1) The sample consisted of 35 white males, 5 black males, and 1 Hispanic male, (2) At the time of the interviews, their ages ranged from 23 to 55 years with a mean age of 35.2 years. The subject's mean age at the time of the first, middle, and last rape was 21.8 years, 25.8 years, and 29 years, respectively, (3) In total,

29 (71%) of the subjects had been married at least once, with 14 of the 34 individuals having been married more than one time, (4) At the time of last arrest, the respondents had been employed at their last job for an average of 2.4 years. Their reported annual income ranged from \$5,000 to \$52,000 with a mean of \$16,446 a year, (5) 21 (51%) had served in the military, (6) The educational level of the men ranged from 5 to 17 years with a mean of 11.3 years. In total, 22 respondents (54%) had obtained a G.E.D., 3 (7%) had high school diplomas, and 9 (22%) had procured either an associate or a bachelor degree. Formal intelligence testing, available for 33 subjects, indicated that only 4 subjects (12%) scored below average (below 90) and 12 scored with the average range (90-110) of intelligence. Overall, 17 (51%) scored above average, obtaining scores within the bright normal (110-119) and very superior (130+) ranges, (7) Of the 41 men, 15 were participating in some form of sex offender treatment at the time of the interview. Collectively, they had accumulated 200 convictions. However, they admitted responsibility during this study for 837 rapes, more than 400 attempted rapes, and over 5,000 "nuisance" sexual offenses. The length of time over which they raped before the first rape arrest ranged from 3 months to 12 years (pps. 69-70).

They further reported that:

The majority of serial rapists consistently used only minimal force and inflicted only minimal injury on their victims. However, approximately a quarter of the serial rapists (10 out of 41 men) raped significantly more victims, escalated in the amount of force used, and by the end of their "rape careers" were inflicting moderate to fatal injuries (p. 77).

Vinogradov, Dishotsky, Doty & Tinklenberg (1988) provides a picture of the adolescent rapist and found:

(1) In 48 of the 67 rape episodes, the offender described himself as under the influence of one or more psychoactive drugs; 15% reported taking a drug less than 15 minutes prior to the rape; (2) 16% of the subjects reported that the rape was impulsive; 21% reported it was premeditated; 88% reported that the victims had not provoked them with words or actions prior to the rape.

Carter, Prentky & Burgess (cited in Burgess, 1988) separated rapists into four separate categories:

1) For the compensatory rapist, the assault is primarily an expression of rape fantasies. . . .The core of his fantasy is that the victim will enjoy the experience and perhaps even fall in love with him, 2) For the exploitative rapist, sexual behavior is expressed as an impulsive, predatory act. The sexual component is less

integrated in fantasy life. . . .Their sense of sexual entitlement is so high that sexual refusal is an incomprehensible response. . . .Most date rape falls into this category, 3) For the displaced anger rapist, sexual behavior is an expression of anger and rage. Sexuality is in the service of a primary aggressive aim, with the victim representing the hated individual(s), and 4) For the sadistic rapist, sexual behavior is an expression of sexual-aggressive (sadistic) fantasies. . . .As sexual arousal increases, aggressive feelings increase and similarly, increases in aggressive feelings heighten sexual arousal. . . .Unlike the displaced anger rapist, the sadist's violence is usually directed at parts of the body having sexual significance. . . .Sadism is highest in profile due to its bizarre and sensational nature but is lowest in actual incidence (pps. 111-113).

Knight & Prentky (1987) while studying the "Developmental antecedents and adult adaptations of rapist subtypes" included the following four specific rapist types: "1) Sadistic rapist, 2) Antisocial, sociopathic, psychopathic, or exploitative rapist, 3) Compensatory, power-reassurance, sexual aim, "true" sex offender ego-dystonic or remorseful, and 4) Displaced anger or anger-retaliation type" (p. 404).

By trying to clarify between rapists types, they discovered:

That the four types of rapists did show consistent differences in developmental course and adult adaptation. Although some of the differences that emerged were in the expected directions, others directly contradicted speculations in the clinical literature. (1) The compensatory type. . . evidenced the least amount of both sexual and general aggression. . . they shared with the sadists consistently higher paraphiliac symptomatology i.e. more promiscuous and engaged in transvestism, and they showed the least evidence of childhood and adolescent impulsivity (i.e. running away, juvenile penal history, and problems in grammar school). Contrary to the hypothesis, as adults they evidenced the best heterosexual adaptation and achieved the highest employment skill level. They had the most benign developmental histories, coming more frequently from stable families with intact parental marriages, and experiencing a lower percentage of neglect and physical abuse than other types. . . .As a group, the compensatory offenders were the most socially competent of the four rapist types, (2) The data from this investigation corroborated the hypothesis that a distinctive and enduring characteristic of the exploitative group is

impulsivity. These offenders were more likely than other offender groups to have had youth service board contact and to have had a juvenile penal history. They evidenced more severe behavior management problems in grammar and junior high school than both the compensatory and displaced anger offenders. . . .72.4% of the exploitative offenders dropped out prior to high school. . . .The exploitative individuals consistently engaged in troublesome acting out behavior throughout childhood and adolescence. . . .Despite their high level of general unsocialized aggression as adults, they were significantly lower than both the displaced anger and sadistic offenders in their sexual aggression. . . .It might be important to consider the contribution of alcohol abuse in further delineating "impulsivity",

(3) The results of the present study provide a strong challenge to the conceptualization of the displaced anger group. Contrary to the hypothesis, these offenders experienced the most chaotic, unstable childhoods. More of them were adopted or foster children than any of the other groups. They more frequently came from single-parent homes (80%), and along with the exploitative and sadistic groups, a substantial number of them were neglected. The finding that the displaced anger group did not differ significantly from the exploitative and

sadistic groups in their unsocialized general aggression scores also disconfirmed the hypothesis that these offenders have managed to control partially through sublimation their general aggression tendencies. . . .This type is not homogeneous. . .and split into two clusters: a- impulsive aggressives. . .they committed their crimes impulsively. . . and inflicted a significant amount of damage on their victims. Offenders in this group did not show either low lifestyle impulsivity or high social competence skills. . .had more general, unfocused anger and aggression directed at both sexes, b- low competence aggressives who captured the low incidence of antisocial behavior. . .but contrary to the hypothesis, they had poor life management skills and tended to plan their crimes more than was expected. . . .The displaced anger label might be appropriate only for the low competence types, (4) The pattern of the data for the sadistic group. . . .Demonstrate severe behavior management problems in grammar and junior high school and their high level of general aggression as adults, contrary to the hypothesis. . . .Family life, although tempestuous, was not uniquely so. Indeed, a substantial proportion of them experienced physical abuse (64%) and neglect (57%) but these rates were not significantly different from

exploitative and displaced anger offenders. . . .However that almost one half of the sadists, as compared to one quarter or less of the other groups, come from more sexually deviant families, and at some time had been the victim of a sexual assault. Consistent with many reports that sadists are primarily motivated by deviant sexual fantasies, they shared with the compensatory offenders the distinction of consistently manifesting more paraphilias than the other two types. . . .but contrary to others, sadists had the lowest level of heterosexual pair bonding as adults. . . .and the highest level of homosexual pair bonding. Although a pattern of results for the sadists emerged that bore some resemblance to clinical descriptions, the differences that did emerge were either weak tendencies or did not uniquely characterize these offenders. Coupling the tentativeness of these findings with difficulties encountered in reliably differentiating sadists from the displaced anger types and the failure of our cluster analyses to recover a reasonable facsimile of this type, we can make a strong argument that this group, like the displaced anger group, requires some redefinition (pps. 419-423).

In summary, review of the research indicates three categories of rapists consistently emerging: 1) Compensatory, 2) Exploitative and 3) Displaced anger including the Sadistical rapist.

Prognosis For Sex Offender Rehabilitation

Back in 1969, Cohen and Seghorn (cited in Bootzin & Acocella, 1988) stated that, "Although successful treatment of sexual deviants through group therapy, individual psychotherapy, and psychoanalysis has been reported, such cases are the exceptions" (p. 333).

Groth, Longo & McFadin in 1982 agree pointing out:

Although recidivism among dangerous sexual offenders is generally reported to be low, clinical experience suggests otherwise. . . .Results indicated that the majority of the offenders had been convicted more than once for a sexual assault. On average, they admitted to having committed 2-5 times as many sex crimes for which they were not apprehended. Findings suggest that dangerous sex offenders usually commit their 1st sexual assault during adolescence, that they persist in this criminal behavior, but that the offense has low visibility. For this reason, recidivism, as urged by re-arrests, is not a dependable measure of rehabilitation of the sexual offender".

Bootzin & Acocella (1988) further paint a bleak forecast for rehabilitation of the sex offender by explaining that:

A sexual deviant may have committed hundred of offenses before he comes to the attention of authorities. When such men do enter therapy, it is nearly always because they have been caught and required to enter treatment by the courts. Their motivation to stay out of jail, and hence their motivation to lie to the therapist--to claim that they are responding to treatment, thinking normal sexual thoughts, engaging in normal sexual acts--is often high. But their motivation to change may be very low. Having convinced a therapist (and perhaps themselves) that they are "cured", they often slip back into deviant patterns (p. 333).

Wormith (1983) would agree with this poor prognosis noting, "Motivation and self-perception necessary to change were rated as low in most inmates; motivation for programs in a prison setting was rated as particularly low."

Renshaw (1988) offered a similar prognosis by quoting Amir & Groth: "Because death may result from sexual exploitation, physicians, judges, and parole officers must be aware that rape murderers kill again and again, often escape jail and repeat the crime (p. 257). She comes to the stark conclusion, "The only community protection as of 1989 is to

retain rape killers in maximum security prison for life" (p. 257).

From personal experience, MariLou Lawson agrees with the above cited consensus by stating, "Rehabilitation and counseling and all this stuff doesn't work (for the assailant)". Ms. Lawson is an Omaha police detective with 20 years' experience investigating cases of sexual assault and child molestation (Omaha World Herald, May 20, 1990, p. 1).

Interestingly, a recent popular national publication takes the opposite stand and states, "Treatment may not be able to cure rapists, but the majority can be helped. Most programs aim to get patients to stop rationalizing and accept responsibility" (Newsweek, July 23, 1990, p. 50).

Ms. Mary Larson, Director of the YWCA Women Against Violence Program, is also more hopeful. She oversees a Juvenile Re-Offense Prevention group. She explains that the group is:

Based on the premise that unless appropriate intervention takes place, juveniles identified as sex offenders will continue to commit sex offenses. Research indicates that the optimal time to reach sex offenders in order to change behavior is during adolescence. The goal is to prevent re-molestation by the adolescents and the program has had only one participant in three years reoffend.

Recently in 1989, Nelson, Miner, Marques, Russell & Achterkirchen developed a new treatment program for sex offenders. The format design follows:

Relapse Prevention, a self-control program designed to help people maintain behavioral changes by anticipating and coping with the problem of relapse. . .and is aimed not at "curing" the offender but at helping the individual to control his behavior. . . .The indulgent nature of rape or child molestation, with their short-term benefits followed by delayed negative consequences, allows one to compare reoffense with relapse to an addictive problem, such as alcoholism (p.125, 139).

In summary, however, most research presents the picture of prognosis of rehabilitation for the sex offender as being poor. New treatment techniques are being developed in the hope that they can affect some change in the sexual offender's behavior albeit, no "cure". However, the successful results of the Juvenile Re-offense Prevention group detailed above by Ms. Larson provides a brighter outlook for rehabilitation of the younger adolescent sex offenders.

Portrait Of The Raped Woman

In 1984, Riger and Gordon found, "The burden of this fear of crime falls disproportionately on women. In a national poll conducted in 1972, over half the women surveyed compared to 20 percent of the men, said they were afraid to walk alone

in their neighborhoods at night" (p. 139). This fear of crime for women seems to be justified when looking at current statistics which show "Three out of four women will be the targets of at least one violent crime during their lives" (Newsweek, July 23, 1990, p. 50).

The fear of crime may keep some women home but it is clear that staying home does not mean staying safe. According to Cohen (1984), "The largest number of assaults roughly 1/3, occurred in the victim's home with many taking place after the man had either gained entry by some ploy or had broken in" (p. 123).

Ageton (cited in Burgess, 1988) when comparing and contrasting sexual assault victims to other assault victims explains that "no empirical evidence has been found to believe sexual assault victims are any different from other assault victims". She states:

It has generally been assumed that sexual assault is in a special category among violent crimes because of its sexual component. Similarly, victims of sexual assault often have been viewed and treated differently from female victims of other physical assaults. Yet to our knowledge, no empirical data supports this premise. . . .To address this issue, we compared the sexual-assault victims with victims of other physical assaults. . . .Overall, these results imply that sexual-

assault victims are not substantially different from other physical assault victims demographically or on a variety of attitudinal and behavioral measures. There was nothing in the factors analyzed to differentiate the risk of sexual assault from that of other kinds of physical assault (p. 240-241).

According to the YWCA Women Against Violence Counselor Manual (1983), there are only two criteria a person needs to meet in order to become a victim of sexual assault:

1) Accessible to the assailant and 2) Appear vulnerable to the assailant. All other factors are secondary. Becoming a victim has nothing to do with how a woman dresses, the type of job she holds or where she lives. It is not even necessary for the victim to be female (p. 1).

Accepting the fact that many of us may become targets of crime, it is important to understand how crime, rape in particular, affects its' victims. This information is also extremely helpful to the clinician treating a sexual assault victim. Medea and Thompson (1974) explains the traumatic process a victim goes through following a rape:

(1) The initial reaction usually hits as shock, anxiety, and enormous agitation. The victim may respond with crying and hysteria, but more often she may become supernaturally calm. . . .The victim who shows an outward

calm is probably in a state of shock. She isn't unconcerned, just stunned. . . .Usually she gets over this and then goes into a more volatile reaction. . . .The first phase is finished when the woman resolves her general anxiety and returns to her normal life style. This may be a matter of days or weeks, depending on the victim and the circumstances. With most women, it happens very quickly, (2) The second phase is one in which the victim makes what outwardly appears to be a satisfactory adjustment. . . .But the problem is usually only suppressed: she can't go on with her life if she continues to think about what has happened. . . .So in order to go on functioning and to reassure those concerned with her, she outwardly and inwardly denies her strongest reactions. . . . Through-out this time the victim may be conscious of the incident through dreams, daydreams or occasional reminders. . . .At this time the victim has little or no desire for outside help. . . .The normal progression to phase three begins when and if the victim becomes depressed and spends a great deal of time painfully reliving the incident. . . . Depression is psychologically normal for most women who have undergone a rape or severe rape attempt. . . .(3) Phase three is when the victim has to resolve her feelings about her assailant, her world, and herself. She can no longer

deny that her world isn't as safe as it was before, and she has to cope with that fact. . . .The woman has to re-establish her security. . . .Phase three is also the time for the woman to resolve any negative feelings she may have about herself. . . .After she's resolved all the fear and anger, she'll probably feel better than she has in months, or years. . . .She should be making constructive changes in her life (pps. 101-106).

Becker, Skinner, Abel, Axelrod & Cichon (cited in Foa, Steketee & Rothbaum, 1989) also studied the victim's reactions to the sexual assault but explains them in more behavioral terms:

The assault situation is an unconditioned stimulus that evokes fear and anxiety. Sexual activities associated with the rape trauma become conditioned stimuli for anxiety. Via generalization and higher order conditioning, other sexual activities also come to elicit fear. To avoid discomfort, the victim may inhibit sexual feelings or abstain from sex. This theory appears to be a parsimonious explanation for the sexual symptoms of rape victims (p. 158-159).

Foa et al. (1989) explain this further by stating: Stimuli associated with the rape acquire the capacity to elicit fear via classical conditioning. Some cues, such as sexual activity and men, are common to all rape

victims, whereas other are idiosyncratic, depending on the specific rape situation. . . . Women who had previously had good sexual experiences (and perhaps, more generally, good interpersonal experiences) over which they perceived they had control may be expected to fare better following rape (p. 159 & 164).

When studying the specific issue of self-blame for sexual assault victims, Janoff-Buljan in 1979 (cited in Abbey, 1987) reported, "74% of the victims who had been counseled blamed themselves at least partially for the attack" (p. 4). However, in 1987, Abbey directly disputed Janoff-Buljan's findings by reporting, "Attributions of responsibility to the self for the attack occurred at a very low frequency. Victims held themselves only slightly responsible for the attack, held the assailant almost totally responsible, and held society and chance somewhat responsible" (p. 11). She hypothesized this change in attributions was due to the increase in attention given rape. By analyzing research done during three different time periods: Before 1970, from 1970 to 1974, and since 1975, she states, "The authors found a statistically significant decrease in attributions of responsibility to the self in the group of women raped since 1975 as compared to the other two groups of victims" (p. 11).

Abbey (1987) also found:

When victims were asked, "If they ever asked themselves, 'Why did this happen to me?'" . . . sixty-seven percent had asked themselves the question, "Why me?" . . . The most frequent category of response was self-oriented and seemed to be related to self-attributions. Some examples of these responses include: "I had no business being out that late at night" . . . "I just didn't trust my own judgement enough. I knew he was a creep. I should have left his apartment" . . . Yet when asked if she held herself responsible for the attack, she said no and replied, "No matter what I did, he still had no right to do what he did" (p. 12-14).

Abbey concludes that:

Victims can and do distinguish between self factors that might have kept them from being attacked and responsibility for the attack. . . . They hold the rapist responsible for the attack but feel in control because they believe that they can avoid future risky situations. . . . This distinction between personal responsibility and avoidability may provide them with the benefits of self-blame (e.g., a sense of control) without the costs (e.g., reduced self-esteem) (pps. 15-16).

When comparing the psychological outcome for those who sought help and filed police reports, and those who did not, Cohen and Roth (1987) found:

Of the 94 women who responded to their ads, 74% of these sought professional help i.e. emergency room, rape crisis center, physician, therapist, clergy. . . . Seeking professional help after the rape was associated with fewer intrusions. . . . 57% of the 94 women reported to the police. . . . Women who reported their rapes to the police had a significantly better overall adjustment. . . . and also scored lower on all fears (pps. 528 & 530).

Cohen and Roth also included some symptom correlations: Older women were less likely to endorse obsessive-compulsive, depressive, and anxiety items of the SCL-90R. Lower socioeconomic status was correlated significantly with worse outcome on all measures except intrusions. . . . Overall symptoms, obsession-compulsion, anxiety, phobic anxiety, paranoid ideation, psychoticism, intrusions, and rape-related fears were all significantly correlated with level of force used in the assault. . . . The presence of a positive history of prior sexual assault was found to be associated with higher overall symptomatology, somatization, depression,

anxiety, hostility, paranoid ideation, psychoticism, overall fears, and rape-related fears (p. 529).

Foa et al. (1989) stated: "It is reasonable to predict that one is more likely to develop PTSD if a single trauma occurred in a previously safe environment" (p. 166). Kilpatrick, Best, Veronen, Villeponteauss & Amick-McMullan (cited in Foa, et al., 1989) discovered "Rape victims who perceived the assault to be life-threatening were more likely to develop PTSD than those who did not have this perception" (p. 166).

In fact, back in 1981 Bart reported that, "Women were primarily concerned with avoiding murder and/or mutilation in the episodes ending in rape. . . .While when these women avoided being raped, their primary concern was with not being raped" (p. 136).

Burge (1988) "Utilizing PTSD diagnostic criteria to determine relevant symptomatology and two valid and reliable self-report instruments to measure the severity of symptoms" found, "25 out of 29 victims of rape were at least moderately affected by PTSD symptoms" (pps. 205-206).

She believed adopting the PTSD label can help victims on both the treatment and legal levels. Burge states:

The major clinical advantage of conceptualizing victim response as PTSD is that it allows the "Specialist" a broader knowledge base and more treatment options, and

the "generalist" a more specific application of a general treatment model. . . .Legal professionals may find that, because PTSD is sanctioned by American's leading psychiatric organization, it is more widely respected as expert testimony (pps. 207-208).

Foa et al. (1989) in their work on PTSD stated, "Later descriptions of post-traumatic stress responses were labeled according to the type of trauma, e.g., 'rape trauma syndrome' (Burgess and Holstrom, cited in Foa et al., 1989, p. 156).

Burge (1989) lists the following as characteristic symptoms of PTSD:

(1) Reexperiencing the traumatic event, (2) Numbing of responsiveness to the external world, and (3) Other autonomic, dysphoric, or cognitive reactions such as hyperalertness, sleep disturbances, survival guilt, memory impairment, intensification of symptoms when exposed to reminders of the event (p. 194).

Foa & Kozak (cited in Foa et al., 1989) provide specific direction to the clinician on how women can be treated for PTSD. They state:

When physiological responses decrease during confrontation with feared situation, interoceptive information about the absence of arousal is generated. This information is inconsistent with the response information contained in the fear structure and, thereby,

weakens the pre-existing links between stimulus and response elements. . . .Likewise, when encouraged to go out alone into safe places, the rape victim who has been avoiding this because she expects to be attacked will alter her expectation when non- assault occurs (pps. 168-169).

Foa et al (1989) conclude:

The above discussion implies that individuals who develop chronic PTSD will benefit from deliberate repeated exposure, either in imagery or in vivo, to fear producing material. Indeed, for other anxiety disorders such as phobia, agoraphobia and obsessive-compulsive disorder, exposure-based procedures have long been considered the treatment of choice (Foa and Kozak & Marks cited in Foa et al, 1989, p. 171).

Perceptions Held About Utilizing Resistance

Research conducted in the 1970's and early 1980's dealing with the issue of how men and women perceive the sexual assault victim's choice of resistance strategy differently demonstrated how women were still acting in a stereotypical fashion and consequently being harmed directly (by the assailant) and indirectly (by jurors).

Krulewitz's research in 1981 found that men and women perceive victims' responses to an assault quite differently. It seems that women have heard the message to scream; don't fight back. Her results revealed that:

Women and men expected different outcomes for aggressive victim interactions. Women anticipated a worse outcome of the assault than did men, especially for victims who resisted. . . .Women rated rape as a more likely outcome for physically aggressive victims while men considered rape least likely when the victim fought back (p. 460).

Consequently, Krulewitz concludes, "Since men were found to evaluate the non-resistance of female victims more harshly than that of male victims, compliant female victims and rape victims in particular would be penalized by men when they react consistently with their own belief systems" (p. 472).

Riger and Gordon (cited in Burgess, 1988) unfortunately discovered, "On the average, women believed themselves to be weaker and slower than both men and other women" (p. 305).

A shift in perceptions regarding resistance seemed to have occurred during the middle 1980's, perhaps as a result of the feminist movement which emerged in the 1970's. According to Harris and Parsons in 1985, "Women in the sexual assault condition expect to be more active in resisting an assailant than male and female subjects in the theft condition" (p. 127).

This shift in perceptions was also noted earlier in this paper when Abbey (1987) found a statistically significant decrease in attribution of responsibility to the self in the group of women raped since 1975 as compared to the other two groups of victims (before 1970 and from 1970 to 1974).

Krulewitz and Kahn (1983) stated, "Perhaps the most important finding was that attitude toward sex roles was a more pervasive determinant of patterns of perceived effectiveness and desirability (of rape-reduction strategies) than was subject sex" (p. 309).

Again, we witness how differential sex-role typing can affect behavior, in this case the type of resistance strategy chosen.

Furby, Fischhoff & Morgan (1989), more recently analyzed how women, men and experts judged the effectiveness of 16 prevention strategies and 14 self-defense strategies. Their findings revealed, "The women were most convinced and the experts least convinced of these strategies' usefulness, with the men falling somewhere in between" (p. 52). For the self-defense strategies, "Women, men, and experts all attributed greater effectiveness to physically assertive strategies than to less assertive ones" (p. 59). As with rape prevention strategies, "Respondents saw considerable possibilities for effective self-defense. Their mean estimate of risk reduction was about 40% over all 14 strategies. However, here

respondents differentiated much more across strategies, in terms of both their chances of helping and their chances of harming" (p. 62).

Because of this finding, Furby, Fischhoff & Morgan stress, "Better data seem particularly urgent when people disagree about the direction of a strategy's effect. Not only are women left without clear advice, but they are particularly vulnerable to second guessing should they be assaulted and their chosen strategy prove ineffective" (p. 62).

Prior Research On Resistance Strategies

As Abarbanel (1986) clearly states:

Victim resistance has always been an important consideration in the crime of rape. In the criminal justice system, questions about the victim's resistance may dominate the proceedings. In the clinical treatment setting, the victim often re-examines the resistance she offered during the assault. And, in face to face encounters with a rapist, a key question is how victim resistance will affect the outcome (p. 100-101).

With regard to resistance as an effective strategy, Medea and Thompson (1974) encourage physical resistance by stating:

One of the subtle limitations we face as women is the prejudice that a woman is incapable of effective violence. Lady wrestlers are freaks; cat fights funny. A woman fighting a man is Jane beating her fists against

Tarzan's chest. People say that a woman will only get hurt struggling against a man. That's true. Struggling will only get the woman injured; fighting may work (p. 75).

Classic research on resistance strategies and its relationship to outcome conducted by Bart (1981) discovered, "Struggling and screaming were associated with avoiding rape" (p. 136). Furthermore, Bart and O'Brien (1984) state:

That the 1976 Queen's Bench study was the first study to show that "acting like a lady" was more likely to result in rape than rape avoidance. More recently, Sanders, McIntyre, and Block & Skogan (cited in Bart & O'Brien, 1984) have found, that active strategies, notably fighting back, are effective in rape avoidance (p. 84).

Skogan & Block in 1982 compared the different types of resistance strategies to outcome. In their research of resistance and injury in non-fatal assaultive violence excluding robbery and rape, they added the variable of additional physical injury into the resistance strategy/outcome equation being examined. Their findings contradicted earlier research by discovering that:

Offering nonforceful resistance was linked to a lower likelihood of actually being attacked. . . .Attempting either form of forceful resistance detailed in the survey was strongly related to a higher likelihood of attack.

Thirty-four percent of those who did not respond violently to their predicament were assaulted, but 71% of those who did so were assaulted (p. 222).

Temporal sequence of injury and resistance was not analyzed in their study so it is not possible to ascertain if additional physical injury was a result of the assault or a consequence of physical resistance.

Block and Skogan (1986) in their later research of stranger to stranger predatory crime which included robbery and rape reached similar conclusions. Their findings revealed:

Women who resisted non-forcefully were less likely to be raped, attacked, injured or robbed. Women who resisted forcefully were more likely to be attacked and injured, although somewhat less likely to be raped, than were women who did not resist (at all) (p. 250).

Within the robbery situation, Block and Skogan found: Nonforceful resistance in robbery was unrelated to the likelihood that targets would be attacked or non-fatally injured, when compared with offering no resistance at all. On the other hand, forceful resistance was strongly related to the probability that targets would be attacked and injured (p. 248).

Hypothesizing about the relationship between physical injury and resistance, they concluded, "Forceful resistance on

the part of the victim may be in response to an attack, and not an act that provokes an attack" (p. 246).

Additional research including Cohen (1984, p. 127) and Quinsy & Upfold (1985, p. 40) agree with Block and Skogan's 1986 research in that, "Verbal resistance was found to be more likely than physical resistance to result in rape avoidance" (p. 241). However both of these research teams found no association between resistance and further additional physical injury.

Siegel, Sorenson, Golding, Burnam & Stein in 1989 further substantiated prior research by finding that, "Resistance, particularly verbal, reduces the probability of sexual contact. Physical resistance, on the other hand, is associated with increased likelihood of contact" (p.31).

Confirming Block and Skogan's (1986) hypothesis, Siegel, Sorenson, Golding, Burnam & Stein (1989) found: "Physical harm relative to no harm was associated with greater use of physical resistance strategies" and were able to determine that "The majority (79 percent) of those harmed indicate that harm commenced prior to sexual activity" (p. 31). Thus Siegel et al., by analyzing the temporal sequence of events in relation to resistance and additional physical injury, was able to determine that physical resistance is more likely to be a result of the sexual assault instead of causing further injury. These findings occurred using univariate analyses.

But when Siegel et al. (1989) subjected their data to multivariate analyses, "These effects did not emerge" (p. 31). They explained this by stating:

The relation of resistance to outcome is a function of other variables measured in this study, most likely assailant use of force. . . .That use of force acts as a stimulus for victim physical resistance. . . .That physical resistance is most likely a consequence of the sexual assault rather than provoking further injury (p. 31).

Contrary to these findings, but replicating Bart's 1981 findings, Ruback and Ivie in 1988 found, "Women who used stronger physical resistance were more likely to avoid rape than women who used less resistance" (p. 108). They, like Siegel et al. (1989), also found a correlation between resistance and injury. Ruback and Ivie reported: "Physical resistance is more strongly related to injury when the rapist is a stranger than when the rapist is known to the victim. . . .Victims, were less likely to physically resist strangers than non-strangers" (p. 99). They did not, however, ascertain temporal sequence of events regarding resistance and injury.

Atkeson, Calhoun & Morris also in 1989, analyzed resistance strategies and amount of sexual abuse. They did not include rape avoiders in their sample, but their research supports Ruback and Ivie's (1988) research by finding, "Greater resistance was also associated with less sexual abuse" (p. 497). They analyzed victim resistance to rape utilizing three mutually exclusive groups of resisters: no resistance, verbal resistance, and physical resistance. The most extreme form of resistance reported to have been employed during the assault was used to determine the category of resistance.

Atkeson, Calhoun & Morris's findings revealed:

78% of the victims assaulted by friends and relatives resisted physically and none of the victims assaulted by friends and relatives offered no resistance. . . .When victims were threatened with a weapon, they were less likely to resist physically. . . .50% of the victims in the No-resistance group reported a history of sexual victimization as an adult. . . .compared with 42% of the victims in the Physical Resistance group and 32% of the victims in the Verbal Resistance group. . . .Location was not related to degree of resistance in this study (pps. 501, 503, 506).

In addition, they found:

Victim resistance was significantly predicted by 6 of the 14 assault variables. . . .Victims physically restrained, type of sexual abuse, victim physically injured, victim's prior relationship with the assailant, victim verbally threatened, and victim under the influence of alcohol and/or drugs. . . .Only 13% of the victims who resisted physically were subjected to sexual abuse other than vaginal penetration, whereas 44% of the No-Resistance group was (p. 503-504).

In summation, review of the literature so far has revealed that the majority of the research supports the premise that resistance is associated with rape avoidance. The most effective type of resistance strategy (verbal versus physical) is less than clear.

Advice Offered to Potential Victims

Perhaps because of this inconsistency regarding the effectiveness between different types of resistance strategies in prior research studies, much inconsistency is to be expected regarding the advice given to "potential victims".

Back in 1974, Medea and Thompson recommended both physical and verbal resistance strategies for preventing rape; including, "You might take a very good self-defense course. . . .Try to understand what rape is" (p. 60). They talk about making your house safe by having "Strong locks on

all accessible doors and windows, and to use them. . . .Have a peephole installed in the door and accustom yourself to using it" (p. 60). In dealing with men who say crude things or try to pick you up, Medea and Thompson recommend, "It is best to respond with all the annoyance, boredom, and contempt you can muster" (p. 61). They go on to warn, "If you're walking down a dark street, it is best to walk near the curb, away from alleys. . . .Beware of strange men out to protect you" (p. 62). On public transportation when encountered with a molester on the subway, they encourage women to: "Don't pretend his hand is only accidentally touching you. Don't make a subtle shift and retreat against the wall. Don't take his hand off your leg only to have him touch you again. No. Stand up and yell, You Goddam pervert, you're disgusting!" (p. 63).

Medea and Thompson further recommend, "If you see a woman hitchhiking, stop and pick her up. . . .If you have to use an elevator at night, avoid getting on one occupied solely by a man" (p. 65). As advocates for physical resistance strategies, they also recommend:

Carrying some sort of weapon when you go out is very good for paranoia. It is something to back you up if you ever need it. It might also give you the self-confidence to stand up to a man who is bothering you. You should of course take stock of the situation before you start

asserting yourself, but if you feel secure, let him have it. When enough women do this, things will start to change (pps. 67-68).

Although Medea and Thompson advocate physical resistance, they offer step by step advice about the amount of resistance to use:

First, keep strangers at a certain distance; if you can't keep them away entirely, keep them from making contact with you. Scream. If they manage to grab you anyway, break away; if you can't break away, immediately attack, if you can't attack, wait and see what can be done (p. 79).

Their advice is practical by recommending to keep your house safe but also goes further by empowering people to plan ahead, be assertive and fight back when necessary.

Dr. James Selkin (cited in YWCA WAV Counsel Manual, 1983) has conducted a number of studies on rapists' behavior and agrees with utilizing physical resistance explaining:

An assailant will test a potential victim before committing himself to the assault. This testing can be quite subtle--asking for directions, assistance, or a match; bumping into you on the street and seeing how you react, etc. If you react assertively and aggressively the rapist will tend to look for an easier target (p. 4).

Sanders (cited in Burgess, 1988) also advocated resistance back in 1980 when he stated, "In addition to thwarting the assault, resistance may help some women to preserve their self esteem and lessen the psychological damage done by rape" (p. 299).

Bateman (1986) six years later agrees with Sanders about resistance but looks beyond the psychological damage. She states:

Not only has much of the research not been published in the popular press, but, even though the weight of the evidence indicated that resistance is a successful strategy, the findings pale significantly when juxtaposed to the threat of murder. The fear that to resist is to risk murder is the single most important factor inhibiting women from defending themselves against rape attempts. . . .That if, indeed, resistance to rape incites a rapist to murder, we would expect to find few living survivors of rape attempts who had resisted. But we know that's not the case. Even among women who are raped, we find resistance common and murder rare (p. 106).

Bateman goes on by self-disclosing, "My personal feelings about injury and rape are that there are a lot of injuries I'd be willing to risk in order to avoid rape, because I think they would be a lot easier to recover from" (p. 108) and

hypothesizes, "If a violent criminal is the worst sort, who is likely kill to his victim, she may have no way to save her life if she can't fight back" (p. 110). Bateman reaches the stark conclusion that those "Factors reducing the potential victim's ability to resist or avoid the rape" condemn many of us to rape, but they also condemn some of us to death" (p. 110).

She offers the following advice:

Many women do successfully resist rape, the more immediate the resistance, the more likely it is to be successful. The responsibility for the violence in a rape attempt is that of the offender, women who resist do not pay for their resistance with serious injury, rape itself is a serious injury; each woman needs to evaluate the relative risk of rape and various levels of physical injury and the threat that a resisting woman will be murdered or injured greatly because she resisted is an empty threat, not supported by evidence (pps. 110-111).

Prentky, Burgess & Carter (1986), however, disagree and do not recommend immediate resistance but instead in their article, Victim Responses by Rapist Type, recommended a "decision-making process" which is similar to Medea & Thompson's (1974) formula for increasing resistance step by step. Their decision-making process is described as:

The first response should always be to attempt to escape.

If escape is not possible, the second response is to start talking. . . .Disrupt the fantasy. . . .persist in verbal attempts to make herself "real" to him. . . .If there is a clear escalation in aggression, the victim should try to distinguish between a displaced and sadistic motive. . . .If it is a displaced anger rapist, the victim should keep conversation in the here and know and underscore the message that she has not abused him. . . .If the victim determines that the individual is a sadist, she should do whatever is in her power to escape or to attract help (p. 94).

Prentky, Burgess & Carter add, "This requires the victim to convert fear into rage and a sense of helplessness into a battle for survival" (p. 93). However, they admit "That it may seem cavalier or even insensitive to suggest that a victim can perform a quick mental status exam as she is being assaulted" (p. 95). By noting Bart and O'Brien's (1984) research that "Victims have often been noted to use multiple strategies over time until one works" (p. 95) became the justification for their recommendation.

Fischhoff, Furby & Morgan's (1987) recommendations are also similar to Prentky, Burgess & Carter's (1986) and Medea & Thompson's (1974). In their "Rape Prevention Strategy

Topology" under the section of "Defend yourself during an assault", their recommendations included:

Manage yourself in ways that maximize ability to implement self-defense measures successfully. . . .Increase actual chances of outside intervention. . . .Establish distance or barrier between self and assailant. . . .Physically impede or incapacitate assailant (p. 305).

Amick and Calhoun (1987) alert us to an interesting phenomena in that resistance strategies may vary with the type of sexual assault. Because it is an acquaintance relationship, they recommend verbal over physical resistance. Amick and Calhoun justify their recommendation by explaining:

That the stimulus, or cue, to elicit self-protective behavior is much less ambiguous in the case of an armed stranger in a dark alley than in the case of a boyfriend in a dimly lighted living room. Clearly, effective resistance tactics must differ across these situations. Whereas screaming, fleeing, and/or fighting are effective with stranger rapes, more subtle social skills are required in these dating situations. For the modal incident reported by our victims, verbal tactics to gain intercourse (moderate victimization level), verbal self-protection strategies were most often used. Another difference in acquaintance vs. stranger victimization is

in probable reinforcement for successful resistance. Fighting off a strange rapist is likely to result in more social support than is resisting a boyfriend (pps. 161-162).

An article on Personal Safety for Women which appeared in a local women's newspaper also supported verbal resistance over physical resistance. The article stated, "Screaming is often suggested as a woman's best defense and that it's usually best to avoid physical combat" (Contemporary Women's Newspaper, Byrne, July/August 1987, p. 20).

A pamphlet entitled, "What every woman should know about Rape" (1989), which was still on the shelves at a local university for public distribution in the Summer of 1990, again supports verbal resistance over physical resistance. The pamphlet clearly states:

If you are attacked, be realistic about your ability to protect yourself. An immediate reaction of yelling, hitting, or biting may give you a chance to escape, but be aware that these reactions could expose you to further harm. If your life is in danger, passive resistance (vomiting, urinating, telling the attacker you're diseased or menstruating) may be your best defense (p. 10).

Renshaw's (1989) article helping to sensitize physicians to the needs of sexually assaulted women offered 17 specific

rules in order to avoid being raped. These rules included:

Never hitchhike or pick up hitchhikers. . . .Try to shop with friends rather than alone. . . .Do not ride in an elevator with only one person in it. . . .On public transportation, try to sit near the driver. . . .When going for a job interview, take a friend along. . . .Use the buddy system whenever you must walk someplace, such as home after school, to the library, or shopping (pps. 269-270).

Renshaw concludes by stating there are "Two keys to lessen your chances of becoming a victim of a sexual crime are common sense and caution" (p. 270).

Dr. Renshaw does not deal with the issue of what to do during the rape itself by proceeding from "Do not play games with your own life. Plan ahead, avoid dangerous situations." to "Avoid being an easy victim." to "Should it unavoidably occur, get help" (p. 270).

This type of advice lends itself to encouraging women to begin living and moving about in packs in order to avoid becoming unsuspecting prey. Is this the advice we are to offer women in the 1990's? If the two keys to avoid rape are truly common sense and caution, where has the blame for rape once again been placed? These types of recommendations demonstrate stereotypical thinking and fails to address the type of resistance strategy controversy by conveniently

ignoring providing women with advice during the sexual assault. However, this advice may be better understood when reviewing the literature on rape in medical journals from 1880 to 1960 as Anne Mills (cited in Sapiro, 1986) did and found:

Consistent support for the belief that there is no such thing as rape, or at least that a "real" rape is extremely rare. Rather, it was the doctors' view that women (and even children) make false charges out of revenge, to force marriage, to punish men, or out of hallucination. Doctors were counseled to interrogate women carefully because, they are told, women sometimes get so hysterical they show false physical signs of struggle or hurt themselves to lend evidence to their lies (p. 160).

At best the professional advice being provided today is confusing and contradictory, at worst we've taken a gigantic step backward.

The History of Rape Legislation

Brownmiller (cited in YWCA WAV Counselor Manual, 1983) provides a historical background of rape laws:

Babylon: Code of Hammurabi, 2300 B.C.

Capture of women by force was acceptable and not a crime as long as the women were from another tribal or city group. This was a normal way of procuring a bride (bride

capture). If a virgin was raped, the man was slain and the woman considered guiltless. If a married woman was raped, it was considered to be adultery and she was drowned with her assailant. The husband of the woman could save her from drowning if he wished to give her a second chance.

Deuteronomy: (Hebrew Law)

If a woman was raped within the city walls: She was considered at fault and was stoned to death with her assailant. If a woman was raped outside the city walls: she was not considered at fault because even if she had screamed it was possible that no one would hear her. In this case the assailant had to pay the father 50 pieces of silver, the accepted bride price for a virgin, and then would be stoned. The woman would then be offered in marriage to anyone who would still have her, at a reduced price. A second option was that the woman would be required to marry her assailant with no possibilities for divorce. In all cases, only a virgin could be raped. A married woman was not protected under the laws and, as in Babylon, it would be considered a form of adultery.

Later Jewish Law:

Virgins were no longer required to marry their rapists. If the virgin was between the ages of 3 and 12 1/2, it was possible for her to receive the fine of 50 pieces of

silver herself. This was the first major change in the concept of rape as the theft of virginity. In time the fine was seen as punitive damages for bodily injury, rather than for the father's damaged property.

Early English Law: (10th-12th centuries)

The penalty for rape was death and dismemberment, but the law only protected propertied, highborn virgins. Forcible abduction was still an accepted method for obtaining a wife. In order to protect virgins of property from bride capture the rape laws were written. The rapist could still avoid the punishments for his crime if the victim would marry him. There could be a great deal of pressure for the woman to marry the rapist in order to save the family honor, etc.

William the Conqueror:

The penalty was reduced to castration and blinding. The mode of trial was also switched from ordeal to combat, thus limiting a woman's capacity for suing because of their inability to fight. The rape itself was still considered to be a civil suit and rapist could still avoid punishment if found guilty by marrying his victim (pps. 8-9).

Largen (cited in Burgess, 1988) further updates the history of rape legislation:

1) Criminal laws of the United States regarding the crime of rape were derived from British common law that had been carried over into the laws of the colonies. According to common law, the crime consisted of carnal knowledge of a woman by force and against her will. Under the common-law concept of carnal knowledge both rape. . . and fornication or adultery. . . were criminal. Rape was distinguished from the other forms of illicit sex by the nonconsent of the victim. . . .2) Sexual relations with minor females was prohibited under statutory laws. . . .3) Both offenses were treated as heinous offenses, often carrying a maximum penalty of life imprisonment or, in some instances, death, 4) Both the fine distinction between carnal knowledge offenses and the severity of punishment for rape gave rise to a legal tradition permeated with fear of false accusations of rape. . . .Gave rise to the corroboration doctrine and influenced such practices as the routine polygraph examination of victims. . . .5) As a result, criminal law in the United States would reflect a concept of rape as sexual, rather than a violent, offense. . . .6) The imposition of a resistance standard reflected the difficulty of the courts in determining how force should

be established. . . .The courts settled upon resistance as the outward manifestation of nonconsent. . . .In some states, only such resistance as was reasonable under the circumstances was expected. In others, nothing short of resistance "to the utmost" (i.e., resistance to the point of death or serious injury) would satisfy the requirement. . . .The nonconsent element of the offense gave rise to presumptive admissability of evidence concerning the victim's past sexual conduct and reputation (pps. 271-272).

The concern of false accusations of rape may have been for naught, the national commission on the causes and prevention of violence reported only 4.4% of all rapes are precipitated by the victim (Mulvihill, Tumin, and Curtis, cited in Abbey 1987, p. 5).

Unfortunately, the tremendous repercussions of this fear have remained with us in our present day rape legislation; i.e. consent, resistance, victim's past sexual conduct and reputation, corroboration doctrine and prompt reporting requirement.

Medea & Thompson (1974) plainly state, "We believe it takes a brave woman to follow a rape charge to the end. In our society, prosecuting a rapist is an act of courage" (p. 21). They go on to explain:

The reasoning behind this corruption of justice is that

men must be protected from unjust accusations of rape. . . .The idea is that if laws regarding admissible evidence in rape cases were utilized, there would be wholesale prosecution of innocent men by hysterical, vindictive women. As a result, rape laws are designed to protect men rather than women (p. 121).

The State of Nebraska's definition of the different degrees of sexual assault along with the penalty and sentences for each are described below:

Sexual assault; first degree; penalty. (1) Any person who subjects another person to sexual penetration and (a) overcomes the victim by force, threat of force, express or implied, coercion, or deception, (b) knew or should have known that the victim was mentally or physically incapable of resisting or appraising the nature of his or her conduct, or (c) the actor is nineteen years of age or older and the victim is less than sixteen years of age is guilty of sexual assault in the first degree. (2) Sexual assault in the first degree is a Class II felony. The sentencing judge shall consider whether the actor shall have caused serious personal injury to the victim in reaching his decision on the sentence. (3) Any person who shall be found guilty of sexual assault in the first degree for a second time shall be sentenced to not less than twenty-five years and shall not be eligible for

parole. The maximum sentence for a Class II felony is fifty years imprisonment and the minimum is one year imprisonment.

Sexual assault; second or third degree; penalty. (1) Any person who subjects another person to sexual contact and (a) overcomes the victim by force, threat of force, express or implied, coercion, or deception, or (b) knew or should have know that the victim was physically or mentally incapable of resisting or appraising the nature of his or her conduct is guilty of sexual assault in either the second degree or third degree. (2) Sexual assault shall be in the second degree and is a Class III felony if the actor shall have caused serious personal injury to the victim. (3) Sexual assault shall be in the third degree and is a Class I misdemeanor if the actor shall not have caused serious personal injury to the victim. The maximum sentence for a Class III felony is twenty years imprisonment, or twenty-five thousand dollars fine, or both, the minimum sentence is one year imprisonment. The maximum sentence for a Class I misdemeanor is not more than one year imprisonment, or one thousand dollars fine, or both and there is no minimum sentence for a Class I misdemeanor (NEB. REV. STAT. s 28-319, 28-320, 28-105, & 28-106, pps. 54-55, 72-74).

Rape Reform Legislation

Largen (cited in Burgess, 1988) states that rape reform legislation included:

1) Rape shield laws restricting the scope of cross-examination about the complainant's prior sexual conduct. . . .And were eventually adopted by every state. . . .2) Repeal of prompt reporting requirements and corroboration doctrine. . . .3) Effort to abolish cautionary jury instructions. . . .4) Approximately 38 states still impose a resistance standard but statutory or case law redefinition of force to include coercion and intimidation has brought a general lowering of that standard. Nonetheless, the stringent "resistance to the utmost" standard still exists in a number of states. . . .5) The spousal exemption has been totally or partially abolished through the actions of either the courts or the legislatures of 29 states. . . .6) Approximately 24 states repealed their common-law statutes, but the crime of rape with its traditional formulation is still to be found in 25 states and the District of Columbia (p. 276).

Largen goes on to state:

Very few states departed radically from common law in redefining the rape offense. Of those who did, the most commonly emulated law-reform model was that of the

Michigan criminal-circumstance model, enacted in 1974. The Michigan criminal sexual conduct statute defines criminal conduct as penetration or contact occurring under certain circumstance that presume criminal intent and lack of consent. . . .Nonconsent is presumed, making victim resistance and corroborating evidence irrelevant under law. . . .Force is presumed and is treated as an aggravating factor for determining charges and penalties. . . .Evidence concerning the complainant's prior sexual conduct with others than the accused is also generally irrelevant and is admissible only under severely limited circumstances (p. 277).

Additional reform was noted by Renshaw (1989):

The reform occurred when a landmark precedent occurred in Oregon in 1978 when a woman brought a rape suit against her husband. In Salem, Massachusetts in 1979, James K. Chretien, 32, was convicted of marital rape and sentenced--a conviction that could affect all persons: cohabiting, married, separated, or divorced. This decision in criminal court recognized equality of consent for the woman at the time of each coitus rather than a blanket consent for upon-demand compliance endowed at the wedding ceremony. No marriage contract binds partners to intercourse on demand (p. 271).

Largen (cited in Burgess, 1988) believes the positive results of reform may be:

1) Encouraging reporting, 2) Reports of crimes involving acquaintances, incest and to a lesser degree, spouse or male victims were seen as increasing. . . .3) A greater sensitivity on the part of police in dealing with complainants. . . . 4) A change in attitudes among many defense attorneys. . . .Specifically, a significant number expressed the view that badgering victims was counterproductive to their client's interests. . . .5) Trials involving injurious assaults against strangers were now more likely to result in convictions (pps. 279 & 282).

However negative findings in spite of the reform legislation were also reported by Largen (cited in Burgess, 1988). They include:

1) Convictions in less injurious assaults or cases involving acquaintances remained a problem in most jurisdictions, and 2) Most respondents, particularly those in the southern states, were not gracious in their assessment of juries. . . .As one judge put it, Juries still think good women don't get raped and bad women deserve it (pps. 282-283).

Largen summarizes rape legislation and rape reform by stating:

Despite the new statutory appellations applied to rape by many states today, rape remains the only crime in the United States for which the determination of criminality in most states rests on the proven lack of consent of the victim. Regardless of any "reasonableness" standards now applied, rape remains the only crime that victims are expected by law to resist (pps. 289-290).

She goes on to warn:

However inadequate the previous reform efforts, they are now thought of as having been a final solution. . . .The Michigan experience with rape-law reform provides evidence that law reform that distills and advances new concepts of unacceptable behavior can work. It suggests that a shift in the burden of proof from the victim's conduct and state of mind to the offender's conduct can be beneficial to the system as well as to the victim (p. 290).

Renshaw in her recent 1989 article to sensitize physicians, agrees with Largen that reform has not been successfully achieved by explaining:

That minimizing or trivializing family violence is centuries old. It becomes "messy" for authorities (police, courts, physician, health services) to intervene

in the special primary social unit of the family, which is expected to protect, not harm, its members. It becomes too complicated and time-consuming for the physician to sort out the details as when incest presents. The patient may be ignored, while the lesions are medically and surgically attended to (p. 271).

Information About the Criminal Justice System

In the State of Nebraska, medical personnel are required by law to report the rape to the police whether the victim wants them to or not (NEB. REV. STAT. 28-902, 1985, p. 152). The victim does have the choice to speak with them, or not. If the victim chooses to speak with the police and file a police report, a woman officer may be available to take the description of the assailant and the victim's account of the assault. Many police departments have been provided with special inservices in order to sensitize the officers to the special needs and concerns of raped women.

The YWCA's WAV training manual (1983) clearly explains the police report and police procedures which are followed in sexual assault cases:

1. The Police Report

The police report is the first step the victim takes in initiating the criminal prosecution of the assailant. The media has often depicted the police report and interview as a cruel, debasing, third-degree. While it

is true that such harassment has occurred in the past, the victim should be assured that the Omaha Police Department does not harass victims. During the police interview, the victim will be asked specific questions as to what occurred. While such questioning is obviously embarrassing and traumatic for the victim, it should be explained to the victim that this is necessary since the method of operation of sex offenders can often be as telltale as their fingerprints. The victim's cooperation also helps create a strong court case.

2. Types of Reporting

There are two separate types of report forms used by the Omaha Police Department for sexual assaults.

1) **Crime Against Person:** This is the standard report form used for any crimes against persons, as opposed to property crimes. This form must be used if the victim is willing to prosecute. It will lead to a full investigation, possible arrest, and a formal charge. 2) **Information Report:** This type of report is strictly for informational purposes. It is considered confidential and will only be used within the police department for assistance in identification of a suspect for another case. It does not lead to a full investigation or prosecution, but will be kept on file and compared with current and future cases.

3. Process of Reporting

- 1) A report is received by the police department.
- 2) A uniformed officer or officers respond.
- 3) If probable cause exists and the suspect can be located, an arrest is made.
- 4) The victim is interviewed at the place where the complaint is being made (usually at the hospital emergency room) or at Central Police Headquarters.
- 5) The rape scene is searched for any evidence pertaining to the case. The crime lab will be called for photographs and/or fingerprints.
- 6) If the victim is not already at the hospital, s/he will then be transported to the nearest emergency room where a physical examination will be made.
- 7) After the examination the officer may talk to the doctor to determine what evidence is present.
- 8) The doctor's physical findings are then picked up by the officer to be placed in evidence.
- 9) The victim may then be taken home where clothing or any other items that are evidence in the case can be obtained.
- 10) The uniformed officer will then complete the necessary reports pertaining to his/her investigation.
- 11) The case is assigned to a detective for follow-up investigation, who is responsible for conducting a thorough interview with the victim.
- 12) The detective will examine the case and follow all leads, using all the resources at his/her disposal.
- 13) The

detective will, in some cases, re-interview the victim. Sometimes valuable information is obtained that was not brought out in the first interview. 14) If the investigator is able to identify the suspect, the case is then presented to the deputy county attorney for complaint. 15) The victim will on occasion be asked to take a polygraph test. This procedure can be used as leverage to obtain a polygraph from the suspect and to encourage the deputy county attorney to file charges. The test is administered by an official, licensed examiner. Before the test is actually given, the examiner may interview the victim to determine "control group" questions. "Control group" questions are used to measure the responses made by the victim to other questions. The victim may ask to read all questions which will be asked during the exam before being connected with the lie detector. Polygraph examiners view the polygraph as accurate in 97% of the cases. If a victim "fails" the test, the police will probably reinvestigate to corroborate the victim's report.

4. Proceeding Criminally

(1) Once the police complete their investigation and arrest a suspect, the information is turned over to the county attorney's office. If the evidence is sufficient, a criminal complaint is made charging the suspect with

the crime. The defendant is arrested and arraigned on the charges, which means the complaint is read to the defendant and a preliminary hearing date is set. (2) The preliminary hearing is the first stage of the prosecution. It is held to determine if there is reason to believe that a crime has been committed and that the defendant was the person responsible for committing the crime. The hearing is NOT to determine guilt or innocence, but merely to decide if there is sufficient evidence to warrant a trial. The victim always testifies at the preliminary hearing. The deputy county attorney representing the victim will question her/him in detail about the assault, the events leading up to it, and the identity of the assailant. The defense attorney will also cross-examine the victim on these issues. After the defense attorney has cross-examined the victim, the deputy county attorney will have an opportunity on re-direct to clear up any issues that may have become confused during the defense questioning. If the Municipal Court judge rules that there is probable cause, the case will be bound over to District court. The judge will re-examine bail at this time. (3) Once the date for the court trial has been set, a subpoena will be served to the victim and all other witnesses which will list the date and time for the trial. The

deputy county attorney will request that the victim come in early the day of the trial so they again will have an opportunity to discuss the case. This is necessary because the deputy county attorney handling the court trial is often a different person than the attorney who handled the preliminary hearing. Witnesses for both the prosecution and defense will most likely be sequestered. This means that the witnesses, including the victim, cannot be in the courtroom while the trial is going on until it is their turn to testify. Once they have finished testifying they can stay in the courtroom if they so desire, but it is advisable that they don't. The victim will be sworn in when called as a witness. At this time s/he will be asked for her/his name and address. If the victim is concerned about giving her/his address in court, s/he should discuss this with the deputy county attorney in advance. Also, if the victim is not sure of the proper legal and /or medical terms to use while testifying, this should also be discussed with the deputy county attorney in advance. (4) At the trial the victim will be asked about the assault in detail. Questions will also cover the events prior to and after the assault, the identification of the victim and related areas. Once the deputy county attorney has finished the direct questioning, the defense attorney representing the

defendant will cross-examine the witness. Usually the defense will not ask questions in a chronological order but will skip around. This is done partially to confuse the witness and to check for any inconsistencies. Any differences in testimony between the court trial and the preliminary hearing will also be questioned. Once the defense attorney has completed his/her questioning, the deputy county attorney will have an opportunity to ask further questions of the witness to clarify anything that may seem confusing to the jury. It is important that the victim not get shook up during the defense questioning. The victim should take her/his time answering the questions. (5) Once the victim has finished testifying s/he can either stay or leave for the rest of the trail. Sometimes the victim will be recalled as a rebuttal witness after the defense has presented its case, so it is a good idea for the victim to let the deputy county attorney know how to get a hold of her/him if s/he chooses to leave. In any event, the deputy county attorney will call the victim with the jury's verdict. After the prosecution and the defense have rested their cases, each attorney will have the opportunity to make closing arguments to the jury. The prosecution makes its argument first and is followed by the defense. After the defense has completed its argument, the prosecuting

attorney has another opportunity to argue this case with the jury. The judge will then read to the jury a set of jury instructions relevant to the case. (6) After the jury instructions have been read the jury will retire to a room to discuss and deliberate on the case. It is difficult to estimate how long the jury may be out, but usually the quicker they return with a verdict, the better the chances of a conviction. The victim should understand that a "not guilty" does not mean the jury did not believe her/him (the most common reaction). It only means they may have had a reasonable doubt. The victim should be prepared for an acquittal even if the case looks good to the counselor. Juries represent the general community with diverse backgrounds and levels of information. It is possible that members of the jury will have misconception about sexual assaults and apply those myths to the trial. (7) Additional criminal justice points to be aware of include: a) the defendant (assailant) will be present during all aspects of the preliminary hearing and court procedure; b) both the preliminary hearing and the court trail are conducted in open court which means it is open to the public, c) if the defendant is found guilty, s/he will be sentenced by the judge, not the jury, after a presentence investigation is held, and d) although it may seem at

times that the defendant has more protection than the victim in court, the victim should keep in mind that s/he (the assailant) is the one that is on trial. Since the American system is set up on the principle that a person is innocent until proven guilty beyond a reasonable doubt, the courts are required by law to protect the defendant's legal rights (pps.1-10).

In summary, the criminal justice system is thorough and abides by the required rape legislation throughout the entire process.

Recommendations Offered from the Literature Review

When considering recommendations, it is important to remember what Connell & Wilson, Csida, Selkin, Storwka (cited in Krulewitz and Nash) back in 1978 said. They warned:

At an applied level, the focus of antirape efforts further emphasizes the belief in womens' responsibility since it is directed, not toward changing society or potential rapists, but rather toward teaching women, the victims and potential victims, various rape prevention strategies (p. 559).

Krulewitz and Kahn (1983) provide a justification as to why rape prevention strategies for women developed:

The strategies involving women changing their behavior were seen as more effective than men/society changing, and sex-role congruent strategies were perceived as more

effective but less desirable than sex-role incongruent ones. These findings seem predicated on beliefs about what will actually work. Since women are the usual victims of rape, they are assumed to be more motivated to end it. In addition, people tend to believe that rapists are unusual, mentally disturbed men (Homstrom & Burgess and Krulewitz & Payne, cited in Krulewitz & Kahn, 1983) who cannot control their sexual impulses (Bardwick, Byrne, & Gross cited in Krulewitz & Kahn, 1983) and who cannot then be expected to accept responsibility for their actions and voluntarily change. Thus, subjects may not have believed that educational programs directed toward the general male public would deter rapists (p. 310).

However, Deitz, Littman & Bentley (1984) do target societal changes by pointing to Hilbermann and Ruessel: "Hilbermann and Russell have advocated the need for extensive restructuring of societal values and attitudes, and ultimately the elimination of stereotypic sex roles as a means of abolishing sexual assault in our society" (p. 278). They go on to quote Hilberman (cited in Deitz, et al, 1984): "Only when the sex roles of both men and women are defined by individual needs and talents rather than by stereotypic expectations based on sex and power motives will there be an end to rape" (p. 278).

The YWCA's Women Against Violence training manual for crisis line volunteers in 1983 also agreed with Hilbermann and Russell. They stated, "To reduce the incidence of rape we must not only impact upon the individual offender, but on the prevailing sexist attitudes that molded his destructive value system" (p. 14).

Fischhoff et al. (1987) also recognized the need to change both society as well as the individual but forged much further by providing a framework in order to accomplish this. They state:

The parallel structure for individual and societal strategies may help maintain awareness that action is possible on both levels and reduce the tendency to view rape as only individual women's problem. It may also encourage consideration of the long-term benefits to women of societal strategies that reduce the overall rate of rape rather than focusing solely on the immediate benefits of individual strategies that can at best reduce the risk of rape only for certain women (p. 307).

Their Rape Prevention Strategy Topology for preventing an assault from ever occurring follows on the next page:

Stage	Action Level	Intended Effect
Prevent assault from ever occurring	Societal	1-reduce visibility of women to potential assailant
		2-reduce accessibility of women to potential assailant-
		3-increase womens'perceived ability to cope with potential assailant
		4-increase perceived chances of outside intervention
		5-increase perceived chances of punishment
		6-reduce men's propensity to rape
		7-increase women's ability to implement prevention measures successfully
		8-alter societal beliefs and attitudes that promote rape
		9-Alter structural characteristics of society that promote rape
	Individual	1-reduce visibility of woman to potential assailant
		2-reduce accessibility of woman to potential assailant
		3-increase perceived ability to cope with assailant
		4-increase perceived chances of outside intervention
		5-increase perceived chances of punishment
		6-reduce potential assailant's propensity to rape
		7-mange yourself in ways that maximize ability to implement prevention measures successfully
8-contribute to societal action (pps. 300-301).		

The above illustration is only a partial table of their rape prevention strategy topology. In order to learn more about how to react to an assault and how to defend yourself during an assault, please refer to the author's original work.

A popular method proclaimed by many professionals which may impact on both individual and societal levels was a call for more educational programs.

Renshaw (1989) states:

Addressing the cause of sexual trauma gives the patient an opportunity in the special confidential doctor-patient relationship to gain relief through telling the story; to seek help; to receive recognition that she is worthwhile, especially at the time when her self-esteem is as damaged as her injured body; to direct her to needed assistance physically, legally, emotionally, and socially (p. 272).

Renshaw (1989) goes on to strongly recommend:

Sexual education because "kidnapping, murder, and rape--crimes against people or property--are complex. They may seem distant (in the newspapers) but they rapidly become more real with television depiction and news coverage, especially when child rape-murders make headlines. . . .So far, this dearth of sex education has engendered sexual shame, anxiety, and guilt even within the context of marriage. Like every other vital function, sexuality is instinctual. In addition, there

is social learning about what is acceptable or not. Suppression of masturbation is still prevalent in childrearing today and causes many needless problems of anxiety and guilt in children and adults. Appropriate privacy for this natural and normal self-expression must be taught in the same way as toilet habits are taught, with comfort and acceptance of the recurrence of sexual tension (p. 285).

Renshaw appeals to fellow physicians by explaining:

The word "physician" is a title synonymous with the words "teacher" and "healer". Both endow community leadership, authority, and the responsibility to direct the parents of today and tomorrow toward a healthier approach regarding the role of sexuality physically as well as emotionally in the lives of their children growing up in an ever more open society (p. 273).

Guyton, Corbin, Zimmer, O'Donnell, Chervin, Sloane & Chamberlain (1989) in their report, "College Students and National Health Objectives for the Year 2000: A Summary Report" identified "five primary health issues":

The overwhelming majority (90% of those experts) identified sexual health concerns as a primary threat to the physical and emotional health of young adults. The other four health concerns included: a) 78% selected substance abuse (alcohol, drugs, tobacco and food),

b) 59% selected stress; anxiety, pressure to achieve, fear of failure, low self-esteem, lack of social supports, and superficial relationships, c) 26% selected food i.e. nutrition, weight management, chronic disease prevention and emphasized eating disorders, and d) 19% selected how to use financial resources more effectively and efficiently to help students and their families" (pps. 9-11).

Again in order to deal effectively with these health objectives 50% of the respondents recommended, "The presence of health education programs as the primary vehicle for health-prevention strategies" (p. 11).

Cotten-Huston (1983) compared sex offenders and non offenders regarding their attitudes toward masturbation and female fantasy. They recommended, "Education in human sexuality may be one viable approach in preventing sex offenses and rehabilitating sex offenders".

Mary Larson, Director of the YWCA Women Against Violence program in Omaha, Nebraska recommendations also included education. She explains:

There is a need for more money to provide services to child sexual abuse victims, a need to provide reoffense programs for adult sex offenders and a need for the criminal justice system to give stiffer penalties in sexual assault cases so that offenders can become

involved in reoffense programs in prison as well as keeping the community safer from the rapists.

A very specific example of how to change society through education was provided by Cherry (cited in Sapiro, 1986). She reported on how she tackles the misconceptions of sexual assault in her teaching:

When I have introduced the topic of rape in my classes, students often snicker when I raise the possibility that a man can be raped by a woman. Some of the men have sat back in their desks, opened their arms, and sighed, "rape me." When I further suggest we consider that men are raped by men, the men's chortles and sighs abruptly turn to nervous laughter, downward turning of the head and closing of the legs and arms (pps. 302-303).

Recommendations addressing the role of the mass media were also noted. Heath, Gordon and LeBailly (cited in Burgess, 1988) point out, "In a study of the presentation of rape in major metropolitan newspapers, newspapers reported 13 completed rapes, often with sensational and grisly details, to every 1 rape attempt, although victimization survey data show a ration of 3 attempts for every completed rape." They go on to say, "Such a skewed media presentation of rape may elevate women's fear and risk estimates and lessen their belief that they can successfully resist an attack" (p.306). Based on this information, a logical recommendation would be to educate

and persuade the national and local news agencies to present a more realistic picture of sexual assaults.

In addition, a different recommendation involving the media focused on the role of pornography. Dines-Levy (cited in Burgess, 1988), states:

Research into pornography has yielded important findings regarding the relationship between pornography and violence against women. The studies have also been instrumental in causing the reopening of the pornography debate since the 1970 commission report. They recommend that future research must focus on the long-term effects that pornography is having on our society (p. 322).

And although banning pornography could be seen as a logical first step in the solution, Baron & Straus (1989) strongly discourages against this. They state, "Experimental studies suggest that the most efficient way to deal with the negative effects of violent pornography is through educational programs that dispel myths about sexual violence" (Linz et al., cited in Baron & Straus, 1989, p. 192). They also point out that, "The weight of scientific evidence is that pornography without violent content, no matter how impersonal, does not increase aggression against women (Donnerstein, Linz, and Penrod, cited in Baron & Straus, 1989, p. 190). They go on to state that "Violence, not sex, is the real

problem. . . .Pornography is less violent than other media. . . .Thus, pornography is more a symptom of sexism than a cause of it (p. 191).

Ross & Faustini (1989) focuses on individual clinical interventions and recommends a program based on the interaction of the physical and psychological components of the individual:

On a therapeutic level the general goals are: 1) to increase confidence levels, 2) to decrease anxiety levels and feelings of guilt, and 3) in cases where trauma has occurred, to alleviate its initial effects, and work through other accompanying residual problems that have resulted. On a preventive/psychological level are: 1) identifying personality variables directly related to a person's predisposition for becoming a victim, 2) enabling the person to attain the insights and abilities needed to change his or her behavior, 3) enabling each individual to become emotionally ready to acquire any defensive skills that are desired; and on a preventive/physical level the goal is to enable the client to adequately defend himself or herself should the need arise. . . .This aspect of the program has been designated "defense therapy" (pps. 108-109).

Baron & Straus (1989) summarizes the societal interventions well by stating:

Primary prevention does not seek to prevent a specific person from committing rape; instead, it seeks to reduce the risk for a whole population. . . .Primary prevention therefore requires policies aimed at reducing the root causes of rape. These policies affect every aspect of social behavior ranging from how male and female children are socialized to huge military expenditures that legitimate violence in society:

1- We can construct a society in which women have equal rights with men in all sphere of life. Passage of an equal rights amendment is one step in that direction. Another important step is to eliminate the gender gap in income, which results from the lower wage rates in "female occupations" compared to "male occupations", despite the same level of training an skill. This can be remedied by adopting the principal of equal pay for jobs of comparable worth. . . .2- The demoralizing and brutalizing conditions of poverty and economic inequality can and should be eradicated. . . .3- The alienation and stress of urban life can be reduced by strengthening family and community ties and creating new neighborhood-based institutions which provide the social support and social control of traditional institutions without their

stultifying conservatism, and 4- Male gender roles, in both sexual and nonsexual relationships, can be restructured to emphasize warmth, equality, and supportiveness rather than aloofness, dominance, and violence. (pps. 193-194).

In addition, Baron and Straus add, "The changes we listed, in addition to their potential for reducing the rape rate, may also help to counteract other forms of criminal violence. In fact, some of the same social condition that influenced the rape rate also influenced the homicide rate" (p. 194). They caution, however, about society's ability to change itself and state:

In their opinion, the major obstacle standing in the way of primary prevention of rape lies in the fact that there are powerful segments of society with a vested interest in preserving a social system that generates a high rape rate. Policies favoring full employment and the elimination of poverty are reared as too expensive, not just in government expenditures but in the higher wage rates that such programs imply. Similarly, proposals to ensure gender equality are regarded as a threat to both the family and the system of gender stratification that keeps women in a subordinate position (p. 194).

Summary of the Literature Review

Because of the inconclusiveness of the research data to support a single effective resistance strategy to help avoid rape resulting in contradictory expert advice being provided to women, this research project was born. The purpose of the present research is to clarify which type of resistance strategy is most effective in avoiding rape. Incest, male rapes, rapes avoided entirely by environmental intervention, and women under the age of 13 were excluded from this study in order to focus more narrowly on types of resistance strategies. In no way does their exclusion lessen the impact that violence has on these particular populations.

Methodology

Sample

The sample consisted of 179 women ages 13 and above who had reported a sexual assault to the Omaha Police Department in Omaha, Nebraska from June 1, 1988 to May 31, 1989. The sample was somewhat biased because it consisted of only those women who reported the assault to the police. In the State of Nebraska the law requires medical personnel to report any injury sustained because of violence to the proper legal authorities. Specifically, the law reads: "To report the injury of violence when it is seen by a physician, surgeon, emergency room attendant or first aid attendant to the police" NEB. REV. STAT. s 28-902, 1985, p. 152). Because of this law, the sample bias may have been lessened. Excluded from this sample were women who did not seek medical attention, women who did not contact the police in order to report the sexual assault and women who sought medical attention but were not reported to legal authorities by the medical personnel.

The data were coded from the initial police report forms that are completed by the investigating police officer called to the scene and any supplemental forms which are completed by the sexual assault and robbery unit. The data was coded approximately one month after the sexual assault occurred in order to allow time for the supplemental forms to be filed. To test for coder reliability, the author and co-investigator

coded 29 randomly sampled cases. Inter-rater agreement was high. The variable of resistance had 100% agreement on 24 of the 29 randomly sampled cases and the variable of outcome had 100% agreement on 28 of the 29 randomly sampled cases.

Variables

Fourteen independent variables were coded from the initial crime report form and any supplemental forms: Race, Age, Relationship of Victim to Rapist, Time, Date, Weapon, Method of Initial Assault, Location, Amount of Additional Physical Injury, Treatment, Circumstances Surrounding the Assault, Status of the Case, Resistance Strategies, and Outcome.

The dependent variables were: Outcome of the assault (raped vs avoided rape), Amount of additional physical injury (injury vs no injury), and Medical treatment obtained (none vs treated).

The Outcome Variable, "Raped" was operationalized as two categories: Raped, penetration by penis or by oral, digital, or instrumentation under force or threat of force and Avoided Rape, no sexual contact.

Relationship of the victim to rapist was divided into six categories: Stranger, Acquaintance (knew first name), "Friend" (knew full name), Ex-husband/ex-boyfriend, Relative, and Mother's boyfriend.

Time was operationalized into three categories: Daytime

as 7 a.m. to 4:59 p.m., Early Evening and Evening Hours as 5:00 p.m. to 9:59 p.m., and Late Evening and Early Morning Hours as 10:00 p.m. to 6:59 a.m.

Seasons was operationalized with March, April, and May representing Spring; June, July, and August representing Summer; September, October, and November representing Fall; and December, January and February representing Winter. Data was gathered for an entire year in order to avoid the potential confounding variable of season.

Weapon was divided into five categories: None, Scarf/rope, Knife (cutting instrument), Gun, and Threat of violence to others.

The method of initial assault was divided into six categories: Threat, Grab, Choke, Push, Victim approached while she was asleep, Struck victim, and Displayed weapon to victim.

Location was operationalized into three categories: Inside other than home (buildings, office, automobiles), Outside (open areas, parking garages or parking lots), and Victim Residence.

Amount of additional physical injury was divided into three categories: No injury, Complained of injury, and Treated in a local hospital emergency room.

Treatment was divided into two categories: No treatment and Treated in a local hospital emergency room.

Circumstances surrounding assault were divided into 23 distinct categories: Breaking and entering (home/car/office) by assailant, Hitchhiking, Walking to car/waiting for bus, Doing laundry (apartment/laundromat), At a bar or party, On a date with a "friend" (someone who she knew their full name), Ex-relationship (with an ex-boyfriend or ex-husband), Accepted a ride from a stranger, Accepted a ride from a non-stranger, Walking, Babysitting, Giving a ride to someone, At a friend's house, Car problems, Lives in the same house as assailant (tenant, mother's boyfriend, sister's husband), Let a stranger into the home (to use the phone or because he said he was her husband's/boyfriend's friend), Victim was a runaway staying with the assailant, Relative of the victim, Let a girlfriend and her friend into the house, Agreed to go out with a stranger (man called "wrong number" but set up a date with the victim), Entering/leaving a car, Visiting with a friend of the opposite sex but not on a date, and Other.

Status of the case was divided into four categories: Cleared by arrest, Cleared by exception (victim or county attorney refuses to prosecute), Open file (assailant is known but not yet arrested), and Information report (information is taken but the police cannot confirm that a crime occurred).

The variable of Victim Resistance Strategy was divided into four categories: Verbal (scream/yell, plead/cry, claim undesirable, assertive refusal, blew whistle, multiple verbal

strategies), Physical (wrestle/struggle, strike (hand or foot), pushed, bite assailant, used a non-lethal weapon (mace), used a lethal weapon (gun, knife), multiple physical strategies), Fleeing (ran, walked away, fled in car, multiple fleeing strategies), Multiple resistance strategies (verbal and physical, verbal and fleeing, physical and fleeing; verbal, physical and fleeing.)

Analysis

Frequency tables on all variables were first obtained using SPSSX. Second, the data were subjected to chi square analyses. The data were also subjected to a multiple regression for outcome and physical injury.

Results

The results of this research study clearly indicate that women who utilized multiple resistance strategies were less likely to be raped than if no resistance or verbal resistance only were utilized. Women who utilized multiple resistance strategies were no more likely to be injured than if other resistance strategies were used. However, it was found that if a woman resisted at all she was more likely to sustain physical injuries, generally minor.

There were a total of 179 women in the sample. Sixty-four were rape avoiders. Thirty-five of these sustained no injuries and 29 (45.3%) sustained some injury. One hundred and fifteen of the 179 women were raped. Seventy of these sustained no injuries and 45 (39.1%) sustained some injury. (See Tables VII and XI).

One hundred and one (56.4%) of the women in this study were White and 78 Non White (Black, Hispanic, Indian, and Oriental) (see Table II).

Fifty-nine (33.0%) of the 179 women were under the age of 19. The data revealed 142 (79.3%) of the 179 women were 30 or younger with only 37 (20.7%) above the age of 30.

A fairly even distribution of assaults occurred in each season: Fall (27.9%), Spring (26.3%), Summer (25.7%), and Winter (20.1%) (see Table X).

Portrait of the Assailant

The assailant was equally likely to be a stranger (49.4%) or a non-stranger (50.6%) (see Table VIII). Most likely he was not carrying a weapon (68.2%) (see Table V). The most common circumstance surrounding the assault was breaking and entering either the home, car or office (20.7%) (see Table XIV). The most common location of the assault was inside but not at the victim's residence (41.4%) (see Table IV). The assault was most likely to occur during the late evening/early morning hours (between 10 p.m. and 6:59 a.m.). One hundred and eight of the 179 assaults (59.4%) occurred during this time (see Table III). The assailant's most common method of initial assault was to grab the victim (45.9%) (see Table XII).

Portrait of the Victim

The victims were usually young (142 of the 179 were under age 30) (see Table I). For girls between the ages of 13 and 15, 75.9% knew their assailants (see Table VIII). Less than half of the women in the sample (41.3%) sustained injuries beyond the sexual assault itself (see Table VII). More than half (58.9%), however, were treated at local hospital emergency rooms in order to have medical attention for their injuries and/or to have a rape kit completed to use as evidence. Also medical advice regarding pregnancy, venereal

disease and AIDS were addressed. None of the assaults resulted in death (see Table VI).

Relation of Resistance to Outcome, Injury & Weapon

The most frequently chosen form of resistance was multiple resistance strategies; a combination of verbal, physical and fleeing (38.6%) (see Table XIII).

Although the majority of women were raped whether or not they resisted (57.6% and 87.5%), those who resisted were significantly less likely to be raped ($X^2 = 12.13$; $p = .0005$) (see Table XV). The effectiveness of physical resistance, fleeing or multiple resistance strategies over verbal resistance or no resistance was very evident (see Table XVI). Those who resisted only verbally were as likely to be raped (85.3%) as those who did not resist at all (87.5%). Among those who resisted physically, tried to flee, or used multiple resistance strategies, fewer (49.0%) were raped (see Table XVI). To resist, however, was associated with a higher risk of injury. Only 27.5% of those who offered no resistance were injured, while 44.9% of those who resisted were injured ($X^2 = 3.89$; $p = .048$) (see Table XVII).

While the majority of women resisted (77.7%), the presence of a knife or gun made a difference. When a knife or gun was present, only 63.0% resisted. Whereas, when there was no knife or gun, 82.7% resisted ($X^2 = 7.62$; $p = .0058$) (see Table

XVIII). When a knife or gun was present, rape was more likely to occur as well (78.3%) than in the absence of a knife or gun (59.4%) ($X^2=5.29;p=.021$) (see Table XIX).

Relation of Physical Injury to Age

Physical injury increased with age. For girls (13-15), only 13.8% were injured. For young women (16-24), 36.3% were injured. While for older women (25-90), 58.6% were injured ($X^2=18.5;p=.0001$) (see Table XX).

Relation of Age to Assailant's Identity

There were differences in the identity of the rapist based on the age of the victim also. Among girls (13-15), 75.9% knew their assailant. For the young women (16-24), only 48.8% knew him. Likewise, for the older women (25-90), only 42.0% knew him ($X^2=9.54;p=.0085$) (see Table XXI).

Girls (13-15) were significantly less likely to have a knife or gun used against them (6.9%) than young women age 16-24 (22.5%) or older women age 25-90 (37.1%) ($X^2=10.60;p=.0050$) (see Table XXII).

Predictions of Outcome and Injury

Stepwise multiple regression analyses were conducted. The only significant predictors of outcome (raped vs avoided rape) was "resistance". However, it accounted for only 14.4% of the variability in outcome ($F=30.6; p=.000$). Likewise, "resistance" was the only significant predictor of physical

injury, but it only accounted for 2.9% of the variability in physical injury ($F=6.3;p=000$).

Law Enforcement Response

With regards to the outcome of the cases or the status of the cases: 34.5% were "cleared by exception" and subsequently dropped by the police, 26.9% were "cleared by arrest", 23.4% remained "open files", with the police actively seeking the assailant's arrest, 15.2% were listed as "information reports" and 1.0% were "unknown" (see Table IX). Cases were more likely to be pursued by the police if the assailant was a stranger (93.8%) than if the assailant was known to the victim (40.0%) ($X^2=54.66;p<.000$) (see Table XXV). Cases were also more likely to be pursued if they occurred inside the victim's home (70.4%) or outdoors (85.3%), rather than at an inside location which was not the victim's residence (53.0%) ($X^2=11.08;p=.004$) (see Table XXVII).

Cases in which the assault involved either a knife or gun were more likely to be pursued (88.1%) than if a gun or knife was not used (58.1%) ($X^2=12.58;p=.0004$) (see Table XXVI).

Surprisingly there was no relationship between outcome (raped or avoided rape) and the decision to pursue the case. The case was just as likely to be pursued if rape was avoided, 61.7%, as if completed, 67.6%. There were 59 cases which were dropped and not pursued. Of those 59 cases, in 42 of them it

was known who dropped the case. When looking at those 42 cases, there was a relationship between outcome and who dropped the charges, however. If a rape was completed, the victim was more likely to have dropped the charges (65.2%) than the police (34.8%). Whereas if the rape was avoided, the police were more likely to have dropped the charges (78.9%) than the victim (21.1%) ($X^2=8.19;p=.004$) (see Table XXIV).

Discussion

This research project was focused on clarifying the most effective resistance strategies against rape. The results illustrated that multiple resistance strategies, as well as fleeing and physical resistance strategies alone were the most effective in avoiding rape. Verbal resistance and no resistance were equally ineffective in avoiding rape. Because of these results and similar past research findings, multiple resistance strategies, fleeing and physical resistance strategies are recommended over verbal resistance alone or no resistance. Even though this research project dealt strictly with the effects of resistance strategies on rape, Abarbanel's (1986) warning rings clear and is well heeded. She warns:

Although we must increase the information available to guide people's choices about resistance, we must never deprive them of the right to choose the strategy that is best for them. Finally, we must not revive the archaic views of the crime of rape, and the attitudes toward women, that were embodied in the discriminatory victim resistance expectations. We have worked too long and hard to eradicate these standards in both public attitudes and state laws (p. 105).

Recommendations for training and public education include disseminating information regarding the effectiveness of multiple resistance strategies, fleeing and physical

resistance strategies and informing women of the lack of evidence to conclude that resistance results in severe physical injury, because most of the injuries seen in this study were minor. Also it will be important to impart the ineffectiveness in avoiding rape of both no resistance and verbal resistance only. Relaying this information is imperative in order to counter the preponderance of advice being provided to women today which recommends verbal resistance or no resistance.

Due to the contradictory results of research studies involving the relationship of resistance strategies and rape, additional research is needed in this area. Special attention is needed to maintain temporal sequencing of the physical injury so that the relationship between additional physical injury and resistance strategies can be further verified.

Because the temporal sequence of events regarding injury was not noted in this study, one cannot ascertain if physical injury occurred as part of the sexual assault and the victim fought back because she was injured or if the physical injury occurred after victim resistance. Both Siegel et al. (1989) and Block & Skogan (1986) found that the assailants use of force acted as a stimulus for victim physical resistance and not that physical resistance was a stimulus for additional physical injury. This study does not contradict their findings.

In future research including women in the sample who do not seek medical attention and/or do not seek legal retribution is also needed in order to lessen the sample bias of the research being conducted. The women who physically resisted, as in previous research, were not seriously injured. This thesis supports Bateman's (1986) message that to resist a rapist is NOT to risk murder. It also supports Sanders (1980), Bart (1981), Ruback and Ivie (1988) and Atkeson et al. (1989) who advocated physical resistance.

Skogan and Block (1982), Cohen (1984), Quinsey and Upfold (1985) and Block and Skogan (1986) found less forceful or verbal resistance to be more effective in rape avoidance. This research showed, however, that verbal resistance was comparable to using no resistance at all in its ineffectiveness of avoiding rape.

According to Sanders (1980), even if resistance does not prevent rape, resistance may help women psychologically during the recovery process by helping preserve their self-esteem and lessen the psychological damage done by the sexual assault. Furthermore, multiple resistance strategies may also help women when their cases come to trial, especially if resistance is required for proof of nonconsent in that state.

Prentky, Burgess and Carter (1986) state, "Knowledge may be the only weapon a victim has in such a highly dangerous situation. As such, knowledge can provide a sense of power as

well as the confidence necessary to act rather than resign out of helplessness" (p. 95). The knowledge provided by this study about the effects of resistance strategies on rape can help women to act rather than re-act.

The initial hypothesis that physical resistance is more effective than verbal resistance or no resistance was upheld. But the lack of finding significant differences among multiple resistance strategies, physical resistance strategies and fleeing was somewhat surprising.

In future research, ascertaining the temporal sequence of resistance and injury would be important, as would broadening the sample size to include women who had not reported the assault to the police or to medical personnel.

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Appendix

Table I
Frequency of Assault by Age

<u>Age</u>	<u>Frequency</u>	<u>Valid Percent</u>
13-20 years	79	44.1%
21-30 years	63	35.2%
31-40 years	28	15.6%
41-50 years	4	2.2%
51-60 years	1	0.6%
61-70 years	0	0.0%
71-80 years	3	1.7%
81-90 years	1	0.6%
Total	179	100.0%

Table II
Frequency of Assault by Race

<u>Race</u>	<u>Frequency</u>	<u>Valid Percent</u>
White	101	56.4%
Black	67	37.4%
Indian	7	3.9%
Mexican	3	1.7%
<u>Oriental</u>	<u>1</u>	<u>0.6%</u>
Total	179	100.0%

Table III
Frequency of Assault by Time of Day

<u>Time of Day</u>	<u>Frequency</u>	<u>Valid Percent</u>
10pm-6:59am	108	63.5%
7:00am-4:59pm	33	19.4%
5:00pm-9:59pm	29	17.1%.
Unknown	9	missing
Total	179	100.0%

Table IV
Frequency of Assault by Location

<u>Location of Assault</u>	<u>Frequency</u>	<u>Valid Percent</u>
Inside, not victim's home	67	41.4%
Victim Residence	60	37.0%
Outside	35	21.6%
Unknown	17	missing
Total	179	100.0%

Table V
Frequency of Assault by Type of Weapon

<u>Type of Weapon</u>	<u>Frequency</u>	<u>Valid Percent</u>
None	118	68.2%
Knife	35	20.2%
Gun	11	6.4%
Other	8	4.6%
Threat of Weapon	1	0.6%
<u>Unknown</u>	6	<u>missing</u>
Total	179	100.0%

Table VI
Frequency of Assault by
Victim Seeking Medical Treatment

<u>Medical Treatment</u>	<u>Frequency</u>	<u>Valid Percent</u>
Sought Treatment	103	58.9%
Did Not Seek Treatment	72	41.1%
<u>Unknown</u>	<u>4</u>	<u>missing</u>
Total	179	100.0%

Table VII
Frequency of Assault by
Additional Physical Injury

<u>Physical Injury</u>	<u>Frequency</u>	<u>Valid Percent</u>
No Injury	105	58.7%
<u>Injured</u>	<u>74</u>	<u>41.3%</u>
Total	179	100.0%

Table VIII
 Frequency of Assault by
 Relationship of Victim to the Assailant

<u>Relationship to Assailant</u>	<u>Frequency</u>	<u>Valid Percent</u>
Stranger (did not know)	88	49.4%
"Friend" (knew first and last name)	58	32.6%
Acquaintance (knew first name only)	15	8.4%
Ex-husband or Ex-boyfriend	12	6.7%
Mother's Boyfriend	4	2.2%
Relative	1	0.6%
Unknown	1	missing
Total	179	99.9%

Table IX
 Frequency of Assault by
 Police Status Of The Case

<u>Police Status</u>	<u>Frequency</u>	<u>Valid Percent</u>
Cleared by Exception (dropped)	59	34.5%
Arrest	46	26.9%
Open File (still seeking assailant)	40	23.4%
Information Report (not seeking)	26	15.2%
Unknown	8	missing
Total	179	100.0%

Table X
Frequency of Assault by
Season Assault Occurred

<u>Season</u>	<u>Frequency</u>	<u>Valid Percent</u>
Fall	50	27.9%
Spring	47	26.3%
Summer	46	25.7%
Winter	36	20.1%
Total	179	100.0%

Table XI
Frequency of Assault by
Outcome of Attempted Rape

<u>Outcome</u>	<u>Frequency</u>	<u>Valid Percent</u>
Penetration	115	64.2%
No penetration	64	35.8%
Total	179	100.0%

Table XII
Frequency of Assault by
Method of Initial Assault

<u>Method of Initial Assault</u>	<u>Frequency</u>	<u>Valid Percent</u>
Grabbed	78	45.9%
Asleep when attacked	23	13.5%
Other	16	9.4%
Showed weapon	14	8.2%
Pushed	13	7.6%
Struck	13	7.6%
Threatened	9	5.3%
Choked	4	2.4%
<u>Unknown</u>	9	<u>missing</u>
Total	179	100.0%

Table XIII: Frequency of Assault by Resistance Strategy

<u>Type of Resistance</u>	<u>Frequency</u>	<u>Valid Percent</u>
<u>No Resistance:</u>	40	22.3%
Multiple Resistance:	69	38.6%
Verbal and Physical	38	21.2%
Physical and Flee	15	8.4%
Verb, phys, and Flee	10	5.6%
Verbal and Flee	6	3.4%
Verbal Resistance:	34	19.0%
Assertive Refusal	17	9.5%
Plead/cry	7	3.9%
Scream/yell	6	3.4%
Multiple verbal	4	2.2%
Physical Resistance:	19	10.6%
Wrestle/struggle	7	3.9%
Multiple physical	5	2.8%
Push	4	2.2%
Strike	2	1.1%
Bite	1	0.6%
Flee:	16	8.9%
Run	11	6.1%
Walk away	4	2.2%
Flee in car	1	0.6%
Other:	1	0.6%
Total	179	100.0%

Table XIV

Frequency of Assault by Circumstances Surrounding Assault

<u>Circumstances</u>	<u>Frequency</u>	<u>Valid Percent</u>
Breaking & Entering	37	20.7%
Other	26	14.5%
Walking	23	12.8%
At Bar/Party	18	10.1%
Accepted a Ride from Nonstranger	12	6.7%
Accepted a Ride from Stranger	9	5.0%
Lives with Assailant (tenant)	7	3.9%
Walking to Car/Bus	6	3.4%
Ex-relationship	6	3.4%
On a Date	5	2.8%
At a Friend's House	4	2.2%
Let Stranger Into House (phone)	4	2.2%
Agreed to Go Out with Stranger	4	2.2%
Babysitting	3	1.7%
Let Friend's Friend into Home	3	1.7%
Entering/Leaving Car	3	1.7%
Visiting Friend Not on a Date	3	1.7%
Car Problems	2	1.1%
Runaway Staying with Assailant	2	1.1%
Offered a Ride	1	0.6%
<u>Relative</u>	<u>1</u>	<u>0.6%</u>
Total	179	100.0%

Table XV
Outcome by Resistance

	Penetration	No Penetration	Total
No Resistance	35	5	40
Offered	87.5%	12.5%	22.3%
	30.4%	7.8%	
Resisted	80	59	139
	57.6%	42.4%	77.7%
	69.6%	92.2%	
	115	64	179
	64.2%	35.8%	100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	12.12632	1	.00050

Table XVI

Outcome by Type of Resistance

	No	Verbal	Physical	Flee	Multiple	Ttl
Raped	35	29	11	8	32	115
	30.4%	25.2%	9.6%	7.0%	27.8%	64.6%
	87.5%	85.3%	57.9%	50.0%	46.4%	
Avoided						
Rape	5	5	8	8	37	63*
	7.9%	7.9%	12.7%	12.7%	58.7%	35.4%
	12.5%	14.7%	42.1%	50.0%	53.6%	
	40	34	19	16	69	178
	22.5%	19.1%	10.7%	9.0%	38.8%	100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	27.42685	4	.00002

*There was a total of 64 rape avoiders, however, one rape avoider did not fit into a resistance category and was excluded from this chi-square.

Table XVII
Physical Injury by Resistance

	No Physical Injury	Injured	Total
No Resistance	29	11	40
	72.5%	27.5%	22.5%
	27.6%	15.1%	
Resisted	76	62	138
	55.1%	44.9%	77.5%
	72.4%	84.9%	
	105	73	178
	59.0%	41.0%	100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	3.89331	1	.04848

Table XVIII
Resistance by Presence of Weapon

	Knife, Gun	No Weapon	Total
No Resistance	17 42.5% 37.0%	23 57.5% 17.3%	40 22.3%
Resisted	29 20.9% 63.0%	110 79.1% 82.7%	139 77.7%
	46 25.7%	133 74.3%	179 100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	7.61553	1	.00579

Table XIX
Outcome by Weapon

	Penetration	No Penetration	Total
Knife, gun	36	10	46
	78.3%	21.7%	25.7%
	31.3%	15.6%	
No Weapon	79	54	133
	59.4%	40.6%	74.3%
	68.7%	84.4%	
	115	64	179
	64.2%	35.8%	100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	5.29392	1	.02140

Table XX
Age by Physical Injury

<u>Age</u>	<u>No Injury</u>	<u>Injured</u>	<u>Total</u>
13-15	25 86.2% 23.8%	4 13.8% 55.4%	29 16.2%
16-24	51 63.8% 48.6%	29 36.3% 39.2%	80 44.7%
25-90	29 41.4% 27.6%	41 58.6% 55.4%	70 39.1%
	105 58.7%	74 41.3%	179 100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	18.50020	2	.00010

Table XXI

Age by Relationship of Victim to Assailant

<u>Age</u>	<u>Stranger</u>	<u>Non-Stranger</u>	<u>Total</u>
13-15	7	22	29
	24.1%	75.9%	16.3%
	8.0%	24.4%	
16-24	41	39	80
	51.3%	48.8%	44.9%
	46.6%	43.3%	
25-90	40	29	67
	58.0%	42.0%	38.8%
	45.5%	32.2%	
	88	90	178
	49.4%	50.6%	100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	9.54098	2	.00848

Table XXII
Age by Weapon

<u>Age</u>	<u>Knife, gun</u>	<u>No Weapon</u>	<u>Total</u>
13-15	2 6.9% 4.3%	27 93.1% 20.3%	29 16.2%
16-24	18 22.5% 39.1%	62 77.5% 46.6%	80 44.7%
25-90	26 37.1% 56.5%	44 62.9% 33.1%	70 39.1%
	46 25.7%	133 74.3%	179 100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	10.59922	2	.00499

Table XXIII

Resistance by Relationship of Victim to Assailant

	No	Verbal	Physical	Flee	Multiple	Ttl
Stranger	19	22	6	4	36	87
	47.5%	64.7%	31.6%	25.0%	52.9%	49.2%
	21.8%	25.3%	6.9%	4.6%	41.4%	
Known to Victim	21	12	13	12	32	90
	52.5%	35.3%	68.4%	75.0%	47.1%	50.8%
	23.3%	13.3%	14.4%	13.3%	35.6%	
	40	34	19	16	68	177
	22.6%	19.2%	10.7%	9.0%	38.4%	100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	9.80739	4	.04380

Table XXIV
 Outcome by Who Decided to Drop Case
 (for closed cases)

	Penetration	No Penetration	Total
Victim Dropped	15	4	19
	78.9%	21.1%	45.2%
	65.2%	21.1%	
Police dropped	8	15	23
	34.8%	65.2%	54.8%
	34.8%	78.9%	
	23	19	42*
	54.8%	45.2%	100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	8.19221	1	.00421

*There were a total of 59 cases which were dropped and not pursued. Of those 59 cases, who dropped the case was known in 42 of the cases and the above relationship was found.

Table XXV

Status of the Case by Relationship of Victim to Assailant

<u>Status of Case</u>	<u>Stranger</u>	<u>Non-Stranger</u>	<u>Total</u>
Pursuing	76	36	112
	67.9%	32.1%	65.5%
	93.8%	40.0%	
Dropped	5	54	59
	8.5%	91.5%	34.5%
	6.2%	60.0%	
	81	90	171
	47.4%	52.6%	100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	54.65835	1	.00000

Table XXVI
 Status of the Case by Weapon Used

<u>Status</u>	<u>Knife, gun</u>	<u>No Weapon</u>	<u>Total</u>
Pursuing	37	75	112
	33.0%	67.0%	65.5%
	88.1%	58.1%	
Dropped	5	54	59
	8.5%	91.5%	34.5%
	11.9%	41.9%	
	42	129	171
	24.6%	75.4%	100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	12.58126	1	.00039

Table XXVII

Status of Case by Location of Assault

Status of Case	Inside, not victim's			Total
	Outside	Home	Home	
Pursuing	29	35	38	102
	28.4%	34.3%	37.3%	66.2%
	85.3%	53.0%	70.4%	
Dropped	5	31	16	52
	9.6%	59.6%	30.8%	33.8%
	14.7%	47.0%	29.6%	
	34	66	54	154
	22.1%	42.9%	35.1%	100.0%

<u>Chi Square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	11.08088	2	.00392