

rape

A Guide to victim care

The Swedish Association for Sexuality Education (RFSU), is a politically and religiously independent non-governmental organization promoting an unprejudiced, tolerant and open approach to sexuality and partnership. RFSU comprises experts, member organizations, local societies and private members. The association also runs a clinic offering reproductive health services. RFSU is a member association of the International Planned Parenthood Federation (IPPF).

Text: Eva Hedlund and Marianne Göthberg, RFSU 2005

Translation: Jon Kimber

Graphic design: Meta Dehlin

Print: EO-Print, Skarpnäck, September 2005, second edition



Rape

A Guide to Victim Care



Table of contents

Foreword by Katarina Lindahl	4
Introduction	6
Chapter 1. Patterns of rape	8
Chapter 2. Incomprehensibility of the perpetrator's behavior	11
Chapter 3. Driving forces underlying rape	13
Chapter 4. Coping behavior of the victim	21
Chapter 5. Characteristics of the rape crisis	24
Chapter 6. Encountering the victim	27
Chapter 7. Strong emotions aroused in the counselor	30
Chapter 8. Crisis therapy	32
Chapter 9. Domestic violence	37
Chapter 10. Other aggravating circumstances	40
Chapter 11. Closely related persons in need of help	42
References	45



Foreword

Sexual abuse is an issue that is being increasingly discussed ever more openly all over the world. Sexual violence and sexual abuse occur everywhere – regardless of cultural environment. Women and children are the most common victims, but boys and young men also suffer abuse.

In the mid-1970s, Sweden's first rape-crisis center was set up at the clinic run by the Swedish Association for Sexuality Education (RFSU) in Stockholm. Over the decades, the scope of its program has been expanded. Today, the overall perspective is much wider, and psychotherapy is also provided for sex offenders. This booklet, which highlights the lessons we have learned, has been produced by two of the most experienced psychotherapists at the RFSU Clinic. Both have worked with offenders as well as victims.

Through the booklet, RFSU is striving to share its experiences from its lengthy participation in clinical work in the field. It covers descriptions of methods that have proven to be effective, and points to key aspects of the traumatic experience of sexual abuse that have to be borne in mind by both clinical staff and others confronted by people who have suffered abuse.

RFSU is well aware that traditions and cultures vary between societies, and that there are differences in the extent to which it is possible to speak openly about issues related to sexuality and gender-based violence. In particular, there are strong gender-related aspects to issues of sexuality, and considerable variations between cultures and social contexts in this respect. Power relations between men and women are similar all over the world, even if there are cultural differences in how they are expressed and what is accepted. But everywhere, suffering and injury are considerable and painful. Everywhere, the costs can be measured in individual suffering, and also in hard figures and money.

Bearing all this in mind, we still believe that it is possible to share and utilize experiences that cross cultural and religious boundaries. When it comes to the core of sexuality and the emotions aroused by oppression and abuse, there are many similarities between individuals regardless of where they happen to live. Cultural differences are often concerned with which actions give rise to the strongest feelings of fear, rage, shame, guilt and abandonment. But the feelings aroused by rape and

other forms of abuse are not culture-specific.

People all over the world – and especially women and children – suffer from sexual abuse. Some of them are expected simply to accept it in one way or another, or at least not to talk about it. But there is ample testimony to the harm and pain it causes. We know that, everywhere, it is difficult to speak to others or ask for help after such events. Many victims feel ashamed, soiled, or even personally guilty or responsible. This is common to all societies, and not related to culture. Legislation concerning rape varies, but the victim's pain and need for help is the same all over the world.

To provide help in the best and most efficient way, it is of key importance for health professionals to be able to recognize the signs of sexual abuse, and to acquire skills in receiving and treating people who have suffered from it.

I hope that this booklet will promote understanding of the issues involved, and enable them to be spoken about more openly. Hopefully too, it will provide a methodological input for professionals directly concerned with offering treatment and assistance to sexually abused persons. They face the arduous tasks of overcoming the pain and learning to live with their experiences. They need people of skill and empathy in their struggle. I hope this booklet will promote further comprehension of their specific needs.

*Katarina Lindahl, Secretary-General
The Swedish Association for Sexuality Education
(RFSU)*



Introduction

Anyone who has been subjected to a sexual assault – as either a child or an adult, male or female – needs support and help, most often involving medical, psychological, social and legal aid. Awareness of this is growing all over the world.

All victims do not receive the support and help they need. This may be because they do not talk about their ordeal. It may also be because sexual assault arouses such strong feelings that people in the victim's immediate environment are unable to cope with them. Even experienced midwives, social workers and doctors can feel inadequate when meeting a woman or adolescent girl who has been raped, or whom they suspect has experienced a sexual trauma in childhood.

This booklet is envisaged as an aid for persons meeting adolescents and adults who have been a victim of sexual assault. How can I help her? What questions can I ask? What kind of help does she need most? Why doesn't she remember more? How do I know if she's telling the truth? Why has she not talked about it before? What have been the reactions of her family, her siblings, her boyfriend or husband/partner? In our experience, these are the kinds of questions and queries aroused in the mind of the counselor. We discuss them here.

Our target group consists primarily of people working in social care, health care and in schools. Staff at youth centers, at crisis centers and on victim support help-lines may also find this booklet helpful, as may people close to the victim.

For a woman's self-healing process, the way in which she is received by personnel within the caring and legal systems is often of great importance.

We also touch on the driving forces underlying rape. What makes the perpetrator behave in the way he does? Without such knowledge, it is scarcely possible to understand what the victim has been exposed to. This is why we have chosen to describe different rape patterns as well as the perpetrator's possible motives.

Here, we have not described what the essential components of medical care after rape should be. Instead, we refer to the WHO's manual, "Clinical Management of Survivors of Rape" (see the reference list at the end of this booklet).

The booklet is based on more than twenty-five years of our shared experiences of working with both victims and perpetrators of sexual assaults. Some of the victims were suffering from a physical or mental disability. A number of them were men. We believe that the traces left by sexual violation are the same the world over. But they can still vary from person to person. It is our conviction that if the victim receive good care from the start, this will facilitate the recuperation process.

Stockholm, January 2005

*Eva Hedlund and Marianne Göthberg,
Counsellors and psychotherapists at the RFSU Clinic*



Patterns of rape

Chapter I

To be raped is to be exposed to violence, threat or humiliation on both a sexual and personal level. A person who is subjected to rape will invariably experience an emotional crisis and, for a time, may lose a footing in life. As with other people in crisis, the rape victim may lose confidence in the meaning of life, and be full of bitterness and despair over having lost control over it. If she does not get help to share and understand her feelings, her self-confidence can turn into self-rejection and feelings of worthlessness. At worst, this may lead to self-punishing behaviors.

For the staff of the various organizations meeting a woman who has been raped, it is of the utmost importance that they possess knowledge and understanding of what rape means to the woman. Knowing something about rape typology, the victim's behavior, her immediate reactions and more durable consequences enables them to approach the victim in the right way, and can make it possible for her recovery to start at once.

How the woman reacts during and after a rape may be connected with what type of rape she has been subjected to. Here, we describe two kinds.

Blitz rape

One type is the so-called “blitz rape”, which is characterized by a lack of warning. A blitz rape is sudden. The man has not made any attempt to approach the woman before.

Usually, the woman has never seen the man previously. If she will not submit, he threatens her, “If you cry out, I’ll beat you to death”. Or, he gives an order, “Get undressed or I’ll rip your skirt apart”. Perhaps, he uses physical violence, even an implement, if she resists. This is the type of rape that many women are subjected to when they come home late one evening, and very few people are out and about. Rapes associated with hitchhiking are also of this kind. Suddenly, the man turns off the road, and uses violence to prevent the woman from leaving the car.

An example of blitz rape:

A woman was walking home from the bus station when she heard someone behind her. She turned around, and without any social interaction was knocked to the ground and raped by an unknown assailant.

This is a common type of blitz rape. Another type is when an assailant has gained entry to a woman’s home or hotel room.

What characterizes blitz rape is that it happens in places and at times when few people are about. Usually, there is no one around to come to the woman’s rescue.

Confidence rape

Another type of rape is so-called “confidence rape”. The man has first approached the woman to gain her “confidence”, but has then unexpectedly become threatening and violent. Since he has not made any explicit sexual advance, she has no idea at all of his intentions. Nor has anything suggested that violence or threats would be used against her.

An example of confidence rape:

A 27 year-old woman was at a club, where people she knew were dancing and talking. She herself talked with a man she did not know – a charming man with an apparent interest in her. She had recently broken up a relationship and had decided not to involve herself in a new one, so she did not show any particular interest in him. When she was leaving, he asked if he could take her home. She rejected his proposal, but the man asked her at least to stay in the club for half an hour because he wanted to talk with her. She decided to stay and described afterwards how the man changed during the talk that followed. He turned out to be a problematic person, appealing for her help and understanding, particularly about his problems at

work. When they left the club she invited him into her home for a cup of coffee. Suddenly he changed and started to threaten her, with a knife among other things. In the end he raped her.

There are many examples of how a rapist has obtained access to his victim under false pretenses, by using deceit, betrayal and violence. What characterizes this kind of rape is that the woman has had no reason to mistrust the man. He may be a neighbor, a friend of her boyfriend, a workmate, or perhaps a superior in her workplace.





Incomprehensibility of the perpetrator's behavior

Chapter 2

The behavior of the perpetrator is usually incomprehensible to the woman, regardless of whether he has made a sudden attack or raped her after first gaining her confidence. Using various physical and verbal strategies, he has succeeded in obtaining power and control over her. For example, he might have induced fear in her. A woman who had hitched a lift from a man who later raped her said that the first thing he said after closing the car door and driving away was that he had a knife in his pocket. That scared her immediately. On other occasions, as in the example immediately above, the man may have tried to gain the woman's sympathy or empathy before suddenly being transformed into a threatening person.

His behavior after the assault can also be bewildering, and even make her question what she has been through, cause her to doubt her own judgment. He might, for example, have asked if she enjoyed it, if she wants to meet him again. Or have driven her home after raping her in his taxi. Some women have reported that the man started to clean up,

empty ashtrays, put everything back in order after the rape. As if nothing had happened!

Through different physical and verbal strategies, the perpetrator gains power and control over the victim. Or, he may lace her drink with some drug in a bar or disco. This frequently seems to lead to memory loss on the part the woman after a certain time, at some point in the evening. She knows when she wakes up that she has had sex, but does not know how it happened. She remembers everything up until she had the drink, then it is all a blank.





Driving forces underlying rape

Chapter 3

To understand what the woman has been exposed to, it is helpful to be aware of the factors that can lead a man to commit a rape. We focus here on the individual reasons underlying rape. Rape is a crime in which sexuality and aggression interact. Most rapists are not deprived of access to a sexual life of their own when the rape is committed. The crime can often be seen as an expression of a wish for control, power and dominance. For the rapist, sex represents the woman's primary means of power. By forcing her to submit and obey, he robs her of her integrity. The compulsion in the sexual act is often more important than the violence.

Classification of offenders

Although there are a wide variety of individual differences among persons who rape, such offenders can be differentiated on the basis of the motivational intent underlying the assault and the dynamics of the offense. In conceptualizing rape as the sexual expression of aggression

(following Groth, 1985), a typology of rapists can be constructed, based on its predominant manifestation.

The “Anger Rapist”

An “anger rape” has some of the following general characteristics:

- aggression – more physical force used than is required to overpower victim; victim is battered and suffers physical trauma to all areas of her body,
- assault is more impulsive, spontaneous and unplanned,
- offender’s mood is one of anger and depression,
- offenses are episodic,
- language is abusive – cursing, swearing, obscenities, degrading remarks,
- assault is of relatively short duration,
- victim selection determined by availability,
- dynamics – retaliatory aggression, retribution for perceived wrongs injustices or “put-downs” experienced by the offender.

The anger rape is an unpremeditated, savage, physical attack prompted by feelings of hatred and resentment, precipitated by some altercation in which the offender feels demeaned, and (in so-called “stranger assault”) misdirected against a substitute victim. It is characterized by excessive and uncontrolled violence and constitutes an act of revenge or retaliation. The offender uses more force

than would be necessary simply to overpower his victim; his mood is one of intense anger and rage, which has been activated by some precipitating stress just prior to the assault.

Since the sexual assault is not premeditated, the offender will typically not employ a weapon in the commission of the crime, and any weapon that is used will be a weapon of opportunity, something the offender either picks up at the crime scene (such as a pocket knife, or some tool he uses at work or keeps in his car).

Since the offender is under intense stress, he may use alcohol to calm himself down. If he does not deny his offense, the rapist may regard the anger as a product of his drinking.

In cases of assault on a stranger, he may have little awareness of what his victim looked like and an incomplete memory of the details of the assault. His sexual assaults are episodic, and may be separated by a number of months or even years. Most of the time, they do not reflect any regular cycle or schedule; the offense occurs more spontaneously and unpredictably in response to some triggering event. The rape takes place in a state of disappointment, sorrow or rage.

Sometimes, the assault is preceded by an upsetting event, which may be connected with a woman who means something in his life. The man has been wounded, insulted, misunderstood or unjustly treated. In rape he is taking revenge for all the injustices he considers that he has had to bear, especially from women. The anger rapist uses sex as a weapon, as a means of hurting,

humiliating and degrading his victim. Sex is used to communicate hostility.

Consequences of anger rape for the woman

A woman subjected to anger rape usually sustains physical injuries that require medical care. Since she is so visibly injured, the evidence that she has been raped is concrete, which means that people in her immediate surroundings will show her understanding and offer her comfort. Suggestions of complicity on the part of the woman are not credible. The woman has experienced mortal danger, but has survived – perhaps because her defense strategies have succeeded. Accordingly, the risk of her developing feelings of guilt and shame is less. The aggressive aspects of the rape are so much to the fore that they obscure its sexual side, which can be of “advantage” for the victim in that people around her do not focus on the sexual component. In crisis treatment, the exposed position of the woman and her vulnerability make up the key theme. It may also be important to help her understand the dynamics of the act, that the motives and feelings of the perpetrator need not have anything to do with her.

The “Power Rapist”

A “power rape” has some of the following general characteristics:

- aggression – the offender uses whatever

threat or force is necessary for control of his victim and to overcome resistance; the victim may be physically unharmed, since physical injury would be inadvertent rather than intentional,

- assault is often premeditated and preceded by persistent rape fantasies,
- offenses are repetitive and may show an increase in aggression over a period of time,
- language is instructional and inquisitive – giving orders, asking personal questions, inquiring as to victim’s responses, etc,
- the assault may extend over a period of time, usually but not always fairly short, with the victim held captive for a number of hours,
- victim selection is determined by vulnerability,
- dynamics – compensatory aggression in order to feel powerful and deny deep-seated feelings of insecurity and inadequacy.

The power rape is a premeditated offense aimed at achieving sexual submission on the part of the victim through intimidation or force. It is a compensatory effort at mastery and control, preceded by fantasies of sexual domination and activated by some challenge to the offender’s sense of authority (power-assertive rape), or some threat to his feelings of adequacy (power-reassurance rape).

For the power-assertive rapist, the offense is an expression of his virility, mastery, and need of control. He operates by taking what he wants,

for this demonstrates that he is in charge or in command. He does not want the woman to give sex to him. He wants to take it. What he achieves is obtained through force rather than through accomplishment, and resistance on the part of the victim may activate his anger and increase his aggression.

For the power-reassurance rapist the offense is an effort to resolve disturbing doubts about his sense of manliness and worth. In an effort to combat deep-seated feelings of insecurity and vulnerability, he attempts through the sexual offense to reverse the situation by placing his victim in a position of helplessness.

The power rapist usually only uses whatever force he feels is necessary to get his victim to comply. This may consist of verbal threats, intimidation with a weapon or co-offender, or physical aggression.

It can happen that he abducts the woman and holds her in confinement for a fairly long period of time, which reinforces his sense of control and power. For the same purpose, he may subject her to repeated assaults over periods of several hours.

What triggers off the assault may be something that the man perceives as a challenge from the woman or a threat from another man, something which undermines his self-esteem and awakens feelings of insufficiency or insecurity. It can be a conflict with his employer or perhaps he has lost his job. The man might no longer have the means to support himself – and his family. The man acquires a sense of potency by virtue of his act of violence.

The intention is not specifically to hurt the victim but to achieve control over her. The offender's mood is not one of anger, but of anxiety and fear. His offenses are premeditated in that he has rehearsed such crimes in fantasy. He may specifically set out with the intention of finding a victim. Or, he may take advantage of an opportunity or situation that presents itself; for example, while committing a burglary, the offender finds a woman at home and sexually assaults her.

The rape fantasies may date back to his adolescent years, and usually involve taking a woman by surprise, forcing her to have sex, and her ultimately enjoying the encounter. Ultimately, he feels controlled by rather than in control of his fantasy. In his offense, the power rapist attempts to re-enact the fantasy, and the language in his encounter with the victim is one of inquiry (asking personal questions) and instruction (giving orders or commands).

Consequences of power rape for the woman

The woman subjected to power rape often has no visible physical symptoms of having been raped, in any case seldom physical injuries that require medical care. This can pave the way for a less understanding attitude on the part of people around her. Her description of the course of events can make others wonder whether she herself participated in the act.

Her survival strategies, such as responding to the man or assuring him that he is attractive, can later be used against her. Often, she has cooperated with the man in order to regain her freedom, to escape from captivity. She has been afraid of provoking him. In crisis treatment therefore, it is the woman's helplessness that becomes the key theme. Her sense of self-determination has to be re-created, and it must be affirmed that the strategy she adopted was the right one. There will be nothing to suggest that any other strategy would have been more successful.

The “Sadistic Rapist”

A “sadistic rape” has some of the following general characteristics:

- aggression – physical force is eroticized; if power is eroticized, the victim is subjected to ritualistic acts as bondage, or shaving if the anger is eroticized; the victim is subjected to torture and sexual abuse,
- assault is calculated and preplanned,
- offender's mood is one of intense excitement,
- offenses are compulsive, structured, and ritualistic, generally involving bondage, torture, or bizarre sexual acts,
- language is commanding and degrading, alternately reassuring and threatening,
- assault may be for an extended duration in which victim is abducted, held hostage, assaulted, and disposed of,

- a weapon is generally employed to capture the victim, accompanied by instruments for restraint and/or torture,
- victim selection determined by specific characteristics or symbolic representation; usually complete strangers,
- dynamics – eroticized aggression, symbolic control, elimination or destruction of threat or temptation in order to regain psychological equilibrium,
- if prior criminal record, bizarre ritualistic or violent offense.

While anger and power (described above) are the most predominant sexual expressions of aggression in the act of rape, there is a third type of offender for whom such aggression is an erotic experience. The sadistic rape is a preplanned, ritualistic assault, frequently involving bondage, torture and sexual abuse, in which aggression and sexuality become inseparable. The offense is experienced by the offender to be the result of forces within himself over which he has no control, and is regarded by him as an act of psychological preservation and survival.

Unlike the anger rape, in which there is an uncontrolled explosion of violence, the abuse in the sadistic rape is specifically directed towards the sexual parts of the victim's body; for example, the breasts, genitals or buttocks may be bitten or burned with cigarettes, and the like. The abuse is specific and intentional, for such activity enhances the offender's erotic excitement.

Victims of a sadistic rapist may often share

some common feature or characteristic. It may be their age, appearance or profession. The offender will generally use some instrument of restraint (gag, tape, handcuffs, etc.) and/or abuse, as well as using a weapon in the commission of the offense. And he may render his victim helpless by using strangulation to render her unconscious. In many such cases, the offender will have no prior criminal history. Although he has harbored such fantasies since adolescence, he has kept such interests secret from even those closest to him.

Consequences of sadistic rape for the woman

Sometimes, the victim does not survive the rape. For some sadistic rapists, killing is sexually exciting. In cases where the victim does survive, the treatment required extends beyond conventional crisis therapy.

The terror and fear that the victim experienced during the assault may have made her prefer dying to being compelled to endure continued abuse. Afterwards, she may be afraid of “losing her mind”.

Sometimes she goes into a deep depression. Suicidal thoughts are not uncommon. If the woman has incurred permanent injury from the assault, this will constantly remind her of the nightmare experience.

Combinations of forms of aggression in rape

The various forms of aggression in rape – anger, power, and sadism – do not exclude each other. In most cases of rape, some combination of them will be evident. However, with persistent offenders, where rape is the product more of inner psychological determinants than of external situational factors, one component is usually predominant in the series of assaults. A particular kind of aggression is characteristic of the perpetrator, and therefore his pattern of offenses will be consistent over time. His aggression may increase or decrease over time, but its modality (anger, power or sadism) generally will not. Power rape tends to be regarded as the most common form.

Personality traits of the rapist

The high-risk individual, who is most likely to commit a rape, tends to exhibit a number of personality defects. A sense of worthlessness and low self-esteem, combined with deep-seated feelings of personal insecurity and inadequacy, result in a negative self-image. The man does not feel he has control over his life. He perceives himself as the pawn or victim of external persons, situations, or events.

His perceptions of other men as competitors or adversaries, and his perceptions of women as

untrustworthy, manipulating, and exploitative preclude interpersonal relationships based on warmth, trust, empathy, mutuality, reciprocity, and affection. Psychologically, the offender is a loner. A general mood of emptiness, dull depression, and hostility underlies his functioning. But, when activated, he produces displays of irritation, resentment, and anger.

Men who rape experience their world as one filled with overwhelming stresses, perceive others as adversaries, and believe that aggression is necessary for survival. As children they were usually physically and/or psychologically battered, abused, neglected, exploited, abandoned, etc., which interfered with their emotional maturation and development

The role of alcohol and drugs

Several men who have confessed to, and been sentenced for, rape blame alcohol for the assault. “I was so drunk I didn’t know what I was doing.” In other words, they turn the situation around – “If it hadn’t been for the drink, nothing would have happened ...” – instead of pondering over the mood that they hoped drinking would dispel. Rape researchers generally view alcohol as a factor contributing to rape. But it is not sufficient as the sole factor. Since it is known that alcohol and drugs can help overcome shyness and inhibitions, alcohol may also be envisaged as something that supports the man in going ahead with a rape he has already planned.

Other explanations of rape

There are explanations of rape other than psychological ones. Rape is also committed by men suffering from brain damage or the after-effects of mental illness, or by men lacking impulse control due, for example, to organic injuries. Nor can the driving forces underlying rapes committed in the course of war be explained by the personal characteristics of perpetrators.

Group rapes

Any rape involving two or more perpetrators is usually counted as a group rape. The dynamics underlying group rapes are often different from those involved in the case of a single perpetrator and a single victim. A rape that is performed by a gang of youths, even if it is jointly planned, generally has a single person as its originator or conceiver, i.e. a leader. It may be the leader who starts, who commits the first rape, and from whom the others take their orders. A number of girls have told us of “the other men” waiting passively until it is “their turn”. Sometimes, they help to hold her fast. Despite intermittent problems with erection, they keep on going, urged on eagerly by the others. Or, they humiliate her in some other way. There are also group rapes where the leader of the gang never commits rape himself, but forces others to do so.

In the case of group rape, no-one takes personal responsibility. This reflects mutual relations of dependence within the group. Many take part

in group rape in order to maintain their position in the gang, and to assert their manliness before the others. It can be discussed whether the leader of a group rape is using the victim as a means of governing and controlling his fellow gang members.

Group rapes are common during war and in refugee camps. During war you can see the act as a way of demoralizing and showing contempt for your opponent/enemy and his culture. The same thing can apply in a society where certain groups become socially excluded and cannot share the established society's norms and values.

Treatment of sex offenders

If the perpetrator is trying to resolve his problems of insufficiency by committing sexual assaults, he needs help to work out what he can do instead of committing such crimes. The assault is not a solution, but rather an attempt to solve problems he cannot put into words, and which in many cases date back in time. If committing rape was the solution, he would never have needed to repeat the assault. Thus, in both his own and his future victims' interest, society needs to have the capacity to offer treatment to men who have committed sexual crimes, where they learn to identify their difficulties and take responsibility for their actions.

Over the last decade, in many places all over the world, attempts have been made, with various degrees of success, to rehabilitate the perpetrators

of sexual crimes. Treatment has been either psychological or medical. Group therapy is one method that has been frequently tested.

It is especially important to access the men who seek help because they are afraid they might commit a sexual crime.

When the reasons for sexual assaults are regarded as biological, an anti-hormonal treatment that lessens sexual interest on the part of the perpetrator has been tested. Psychotherapeutic treatment may sometimes need to be supplemented by pharmaceutical measures.





Coping behaviour of the victim

Chapter 4

How do women defend themselves and try to avoid being raped? Women under threat of rape behave just like other people in danger. They try to get away or defend themselves. How a woman defends herself depends on the situation, e.g. on the length of time between threat and assault, and on where she is. Virtually all female victims tell of their fear, often mortal fear. The feeling of mortal fear has no relationship with whether the perpetrator has said he would kill her. He may have seemed strangely detached, as if in a trance, unreachable. At first open and pleasant, he then strikes terror into his victim.

Most women seem to make a reasoned assessment of the chances of getting away: “Can I get the car door open?”, “Is there any way out of this room?”. Many employ a technique based on not escalating the violence: “I think it’s best to keep completely calm here. If I don’t agree to have sex, he can get a stranglehold on me. I don’t have a chance”.

There are men who have threatened the woman by saying they “know where she lives, or that “no-one will hear you scream”, which can be good reasons for a woman just to obey his orders.

Women usually try out both physical and verbal strategies – first the one, then the other. Trying to talk one’s way out of the situation is a form of verbal resistance: “I tried to divert him by suggesting I make some coffee. It was a way of gaining time”, “I said I needed to go to the toilet”. They may try to put him off: “Remember I have a tiny baby at home”, “I’ve got HIV”. They may try to distract him: “Why me, when there are so many other, much more attractive women than me around!” They may try to bribe him: “Take all the money in my wallet, and leave me alone.” Or, to scare him off: “My neighbor will knock on the door at any moment”, “My boyfriend is just about to call”. Or, to talk sense into him. “I talked to him as if he were a little child”, “I’m old enough to be your mother”.

Women also put up physical resistance – everything from twisting out of the man’s grip to pushing, kicking or scratching. The extent to which there is physical resistance depends on the situation, i.e. on whether the woman is alone with the man, on how threatening he is, and also on whether she is afraid of defending herself physically.

The reaction of some women is passivity. They can neither scream, run, fight nor divert the man verbally, quite simply because they are paralyzed by fear. The sight of a weapon, perhaps a knife, may have terrorized them. Or, the woman may have felt that the man was completely unreachable: “I could see in his eyes that he had made up his mind. I couldn’t get away”.

When the woman realizes that she cannot avert the rape – whether she has tried resisting or acted passively – she usually screens herself off emotionally from what is happening, thinks about something else: “I thought of the flowers in grandma’s garden”, “I looked at the pattern on the curtains”.

Some women remember what happened up to a certain point, after which they lose recall of the course of events. The woman does not remember what either she or the rapist did. Memory gaps and “screening-off” attempts become a way of enduring or defending oneself against the inevitable. Sometimes, the woman has been paralyzed by thoughts of death, making her a powerless victim of the man. One woman believed that the man would kill her afterwards, another that she would never see her child again.

How often women succeed in averting imminent rape is unknown. But, in a Swedish interview study of 60 convicted rape offenders (Hedlund & Lundmark, 1983), the following question was posed: “Would the woman have been able to stop you?” The responses of the men showed that there was no standard effective behavior. Some of the men would have needed tenderness and softness: “She should have shown that she cared about me”, “She should have been soft and sweet”. Others would have required definite opposition: “She should have talked me out of it”, “She could have screamed”.

Some of the men said that no strategy in the world could have stopped them at just that

moment. That the woman did what the man commanded simply because she was afraid of him had occurred to very few of the men.

Generally speaking, research about rape shows there are no specific defense methods that work. In some cases, the odds of the violence not escalating is greatest if the woman manages to convince the man not to go through with the rape. In other cases, a combination of physical resistance, cries for help and talking calmly to the assailant have given results.

Second-guessing what it would take for a man about to commit rape to change his mind is beyond the bounds of reasonableness on the basis of the experiences and knowledge of these acts that is currently available.

Factors other than the woman's way of defending herself, such as the phone ringing, a knock on the door, someone entering the room, and so on, seem to play a greater role in whether the rape is performed. Quite simply, the man is interrupted.

When it becomes clear to the woman that sexual assault is unavoidable, the coping task becomes one of surviving the rape and enduring the many demands imposed upon her.





Characteristics of the rape crisis

Chapter 5

Fear is the emotion by which the woman is dominated during and immediately after the rape. Fear and shock can mean that she becomes bewildered and incapable of taking care of herself. For example, the concept of time can become unclear. But there are women who, at this first stage of the crisis, behave in a calm and controlled manner despite the chaos inside them.

The victim needs protection from the police and care from health providers. Rest, warmth and kindness are the three key words at emergency wards or clinics. Whether the first person the woman sees is a man or a woman seems to be of less importance than the way she is treated. If she is met calmly, with empathy and understanding, her self-healing process can start, at least in the best of cases.

How afraid the woman feels and for how long the feeling remains may be related to what type of rape she has been subjected to and whether or not the man has been arrested. Sometimes, she is afraid of running into him, and also of reprisals if she reports him, or if he has been released for lack of evidence. Fear of acts of revenge on the part of the man makes many women refrain from reporting the rape to the police. This seems to be the case especially with young women who have

been subjected to rape by more than one man, and with women who have lived in a long-term abusive relationship where their partner is the perpetrator. Nor do they dare to tell anyone even within their closest social circle.

Sometimes, the woman's anxiety finds expression in the development of physical complaints and other symptoms. The victim suffers from lack of appetite, sleep disturbances and nightmares in the first weeks following the assault. Phobias are also frequent. She is afraid of leaving her house, of being alone; she may feel watched or think that she is being followed if someone walks behind her or stands behind her on an escalator.

Mood swings during the first weeks following the rape are common in most victims. Increased suspiciousness, a tendency towards irritability and uncontrollable outbursts of rage have been described by many victims.

Others develop non-specific anxiety, brought on by the sense of having lost control over existence. They may say that they are afraid of "going insane" or that they have "lost themselves".

The sexual assault can also bring back memories of earlier traumas or situations when the woman has been afraid, or felt abandoned and unprotected. Such memories reinforce the reaction to the rape.

Some women believe they bear visible signs of what they have been through. Many want to move; changing residence can feel like a way of liberating oneself from the assault if it took place in the home. The woman may also be afraid of being pregnant

or having a sexually transmitted infection.

It will contribute to the woman's anxiety if she was fearful that the perpetrator was going to kill her at the time of the sexual assault, or if she feels that he would be capable of doing so as revenge, because she has reported him or left him.

Irritability and suspicion – especially towards those who are closest to the victim – are not uncommon reactions. That it is the people closest to the victim who bear the brunt of her emotions is primarily due to it being least risky to direct aggression at people with whom she feels secure. This is not calculated, but happens intuitively. No matter how well disguised or concealed it is, being raped must arouse aggression in the victim.

Lasting reactions

One common lasting reaction to an assault is a changed attitude to men, resulting from a lack of confidence in other people and a transformation in way of life.

Some women may develop sexual problems, since their basic sense of trust is damaged by the sexual assault. They can no longer rely on either themselves or others. They have lost their belief in the ability to say "No" and their sense of integrity has been destroyed, at least for some time.

Other women become depressed, which may be an expression of suppressed anger. Long-term reactions include nightmares and flash backs (i.e. re-experiencing the assault or parts of it time and time again), and developing tortured recall images

and thoughts related to the event. Some women say that they suddenly and unexpectedly can see the perpetrator's face in front of them. This state is called Post Traumatic Stress Syndrome and is a specific diagnosis (PTSD, according to DSM IV, 1994). It often leads to those affected avoiding places and people that trigger memories of the trauma, and it can limit their capacity to hold out hope for the future. The woman may become indifferent to both herself and others.

It is not unusual for a woman partly to blame herself for having been raped. She can perceive the rape as a punishment, and ask questions like "What have I done to deserve this?". The rape can become a punishment for something she has a bad conscience about or regrets. One woman construed the rape as a punishment for having split up with her boyfriend two weeks earlier. It is as if the woman needed to see a meaning in what happened: "If I hadn't gone out that night, nothing would have happened", "If I'd taken another route, I would never have met him", "If I hadn't quarreled with my boy friend at the party, I wouldn't have gone home alone", "If I hadn't been drinking wine ...", and so on. Placing responsibility on herself becomes a means of making the incomprehensible comprehensible, of turning chaos into order. This is not an unusual crisis reaction, and can be understood as a means of self-protection and self-defense against the terrible ordeal, of managing the trauma. It did not happen because there was no need for it to have happened!





Encountering the victim

Chapter 6

In most countries there are no specialized counseling receptions, such as rape crisis centers, for people who have been subjected to sexual assaults. Depending on how the woman decides to act following the rape, she may come into contact with a variety of professionals.

Her first encounter may be with the police, if she wishes to report the rape. But she may have received help from a relative or friend to take her to the police station. The encounter could also be with a doctor or nurse at a hospital or youth clinic where she has sought care. Or, she turns to a women's support group, or meets a midwife or social worker at a family-planning clinic.

Some women do not talk about the rape, keeping their experience a secret instead. But, perhaps, as time goes by, they develop symptoms revealing what they have been through. A midwife or doctor senses that the woman tenses up during medical examination, and thinks this must have roots in some kind of trauma. He or she helps the woman to relate what has happened. The woman may also have come to the clinic for fear that she has been infected, or that she has sustained an abdominal injury. Some women talk of severe sexual problems.

It can, for example, be of great benefit for the doctor and nurse at a clinic to be aware of the laws on rape, and also of how the local police work with rape cases. Likewise, it is important for the police to know where they should refer a shocked woman in crisis for medical and other kinds of immediate care. And also, for them to have some understanding of how she is reacting.

Variations in the woman's behavior

The immediate behavior of the woman can vary. Some women appear calm and composed, others dazed and shocked, still others anxious and tearful. Professionals who meet a calm woman must not forget that calm behavior is often a sign of total confusion.

During this phase of the crisis, the victim may be incapable of relating the experience in a clear way; parts of the rape may be lost to her, and her concepts of time muddled.

She may have developed a case of amnesia which serves the purpose of keeping an evil reality at bay. (Amnesia is common in connection with traumatic crisis.) In addition to the usual anxiety reactions, which the victim has in common with other people suffering a crisis, there is also her fear of not being understood or of having her credibility doubted by the person she turns to for help. Professionals must bear this in mind, and maintain a calm and attentive attitude.

A calm and lucid police officer capable of explaining what she or her needs to know can give the woman a sense of security, and also help initiate the process of recovery. It does not generally matter if the person she meets is a man or a woman. What matters is the way she is received.

The importance of medical care

For a woman who has just been raped, it is especially important to obtain assistance in receiving medical care as soon as possible. She should have a gynecological examination during which any physical injuries are identified. Sometimes, there are traces left of the rapist's sperm. It is also a matter of urgency that medical testing takes place – for pregnancy and sexually transmitted infections, including HIV. The essential components of medical care after rape are described in WHO's manual (see reference list at the end of this pamphlet).

Medical examination and description are also of great significance for any future legal proceedings. It is just as important for the doctor to explain his or her examination as it is for the police officer to explain his investigation. Even in the case of a woman who comes for advice or counseling a long time after the rape, it is of great importance that she is medically examined. She may need to obtain reassurance that she is normal, that nothing has been changed or destroyed in connection with the assault.

Restoring the right to self-determination

For a woman who has just been raped it is important to regain the sense that she has control over her own life, that she can determine things herself. It is precisely that sense or feeling that has been violated by the assault. The key theme in the counseling encounter will then be how actively to help the woman to trust her own judgment, to remind her that it is she herself who knows best what she needs.

A psychosocial evaluation

Immediate and initial caring must include acquiring knowledge of how the woman feels. Can she eat or sleep? What is her social situation like? Where does she live? What is her social network? Is she capable of making use of it? Are her friends and family supportive of her? Does she have children? Has she told her children? If so, what was their reaction? Would she like to confide the incident to anyone in particular among those in her environment or would she like to have any of them with her? Can she get in touch with that person? Or, does she want to keep the incident a secret from someone? What are her plans for the next few days? Will she be able to go to work, or will she need a few days off?

Questions of this kind can motivate the woman to take action to influence her situation. Sometimes, she will need help to take certain decisions, such as whether a period of sick-leave

would offer relief. Also, it may be important to give her some information – about how to report the rape to the police, medical examinations, legal proceedings, the possibility of getting an interpreter, claims for damages, and so on. This will depend, among other things, on who the counselor is and on what stage she or he meets the rape victim.





Strong emotions aroused in the counselor

Chapter 7

Strong and disturbing emotions can be aroused in the counselor who meets the victim and listens to her account of sexual violence. Indirectly, counselors may feel that they themselves have been subjected to an assault, and have an unconscious desire to protect themselves. Facial expressions, choice of words and type of questions can often betray the counselor's feelings. To the raped woman, who is on her guard and vulnerable, any kind of distancing can be interpreted as a lack of understanding, and may lead her to break off the contact. Some examples of how the counselor's reactions can have negative consequences for the victim are given below.

To dwell and focus upon the raped woman's behavior, i.e. on what the woman has not done, may be a way for the counselor of keeping the thought, "It could have been me", at bay: "Why didn't she lock the door?" "Why didn't she scream?" "Why didn't she call the neighbors?". Via questions of this kind, the counselor believes she obtains support for the idea that she would never have acted like the rape victim. Without realizing it herself, the counselor is placing blame on the woman. It

becomes the woman's "fault" that she was raped. It was because she acted stupidly. Since the woman often places the responsibility on herself by questioning her own behavior, the counselor comes to ally herself with her critical side and use her for his or her own purposes. As a result, the woman is hindered from working through and understanding both how she felt and how she acted in order to get away.

Another way of distancing oneself from a harrowing portrayal of rape is to question what the woman reports: "Isn't your memory at fault?", "Mightn't you have misunderstood him?" The woman can feel herself to be the victim of a new assault as she notices that an attempt is being made to manipulate or correct her conception of what happened. She is prevented from accessing her rage at the perpetrator, and can become bewildered or ridden with anxiety, and often also suspicious and hostile due to not being believed or taken seriously.

The counselor may, on his or her own account, also attempt to seek an explanation for why the woman was raped: "Well, she was so drunk she couldn't have put up much resistance." "When you invite an unknown man into your house ...". Such explanations are a means of self-preservation for the counselor: "It would never happen to me, I would never invite a strange man into my home. I never drink enough to have a black-out"; "My daughter never hitches a lift with strangers"; "My wife always takes a taxi home if she's out late".

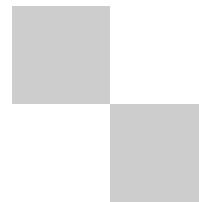
To spare herself, the counselor can avoid asking

certain questions, or refrain from touching on specific aspects of the rape. These may be sexual aspects. It is not impossible that the woman feels relieved not to have to describe everything, but it may also make her wonder if what she has been through is so shameful that the counselor does not dare even to mention it. Mutual evasion and discomfort hinder the healing process and act as a shield for both parties.

Also, feelings of rage towards the perpetrator may be awakened in the counselor. She feels as if she wants to take revenge on him personally. She may even get scared at the strength of her own emotions and try to defend herself against them. This can express itself in silence or withdrawal, or in becoming exaggeratedly caring, comforting and protective. In either case, the raped woman is prevented from expressing what she feels. Quite simply, there is no place for her. The counselor's feelings put a stop to her emotions.

A lack of empathy can hinder the raped woman from healing her wounds and leaving the trauma behind her.

Since a rape can give rise to powerful emotions in the counselor, it is important that the counselor can talk to his or her own work colleagues or supervisor.





Crisis therapy

Chapter 8

For some women, counseling and support are not enough; they need a lengthier period of contact, namely crisis therapy. It is important that the crisis therapist can maintain a balance in her demeanor towards the victim from the very beginning. She must provide the victim with reassurance without becoming over-protective or controlling. The counselor must prevent the victim from becoming “fatalized” by her own sense of helplessness, and – despite this – be allowed to act out her feelings. Some victims need to have a good cry before telling the counselor about their experience. A hand to hold, a shoulder to lean on, or the offer of something to drink might make the victim feel more at ease. However, a caring atmosphere must not lead the victim to lose confidence in her own coping abilities, or allow the feelings evoked by the violence she has suffered to fall into oblivion.

It is important, as therapist, to show that you dare to ask the woman what she has been through. If she does not get the opportunity to work

through the trauma, there is a risk that it might re-surface later in the form of a post-traumatic stress syndrome.

The reaction of people in her immediate environment is often that of over-protectiveness or exaggerated efforts at consolation. These may be an expression of their sense of inadequacy for not having been able to protect the victim from her awful experience. Such a well-intentioned attitude may prevent the victim from, or even present an insuperable obstacle to, her coming to terms with her own feelings, and thus be an indirect reason for her needing professional help to find a way out of crisis. Therefore, it is critical that the counselor is aware of her own feelings. This is a prerequisite if she is to be able to share the victim's feelings without depriving her of them.

Also, it is not uncommon that those who matter most to the victim make well-intentioned attempts to draw her mind away from what happened in order to make her "forget" about the rape. They try to distract or divert her in all kinds of ways. The result of these attempts at distraction may be that the victim complies with the suggestions offered. She feels she has no other choice than to let the incident fall into oblivion.

The working-through phase

When trying to come to terms with the rape experience, it is of the utmost importance for the victim to go into the course of events, for her to recapitulate it together with the counselor. Relating

the course of events to the counselor fulfills a different purpose than doing so to the police. At the police station, she had to recall everything in detail and in chronological order to enable the police to arrest her assailant, to obtain grounds for legal action, etc. In crisis intervention, by contrast, the relating of events serves the purpose of making the victim understand her reactions and manner of acting in order to leave the incident behind her as an integrated part of her life.

During the working-through phase, the counselor asks how the victim met the man, what happened and what was said between them, what he did, how she defended herself and how she felt before, during and after the rape.

Recapitulating explicit sexual details of the rape – even though it often feels humiliating – may also be of importance in increasing the victim's awareness of her own feelings. Recalling the threat or force (physical or verbal) used by the assailant may help her to see and understand her behavior. Was she afraid he might kill her, for instance? Many victims develop amnesia with regard to certain frightening details of the rape. Talking the incident over often helps the victim to fill in the gaps and enable her to see and understand what it is she cannot bear to remember, what it is the gaps are protecting her from. The working-through of the rape can make the victim see her actions as a means of surviving a life-threatening experience.

A practical and beneficial effect of this may be that the victim is better equipped to cope with any future legal proceedings. The victim may not have

the coping-strength to go over the course of events or recall details of the rape at first interview, however. The assault may have taken place too recently. For this reason, it is often better to bring the subject up during a session later on.

As counselor or therapist there may be a need to help the woman stop “going crazy”, which is what she fears. And the fear is reasonable given what she has been through. It can be a calming influence to hear that other women have reacted in precisely the same way as she has, and to have explained what a state of shock actually is, and how we as human beings instinctively defend ourselves against the severely unpleasant and terrible things that happen to us.

The significance of alcohol and drugs in the rape situation

If the victim or her assailant had been drinking alcohol in close connection with the rape, it is a subject almost invariably brought up for discussion by the victim. In such cases, the victim is often full of self-reproach for having had some wine, or for getting involved with or letting herself be “fooled” by an intoxicated man. She may feel complicity in the rape if alcohol was involved.

It is only afterwards that many women realize that the perpetrator took advantage of her intoxicated state. Some are convinced he put something in their drink. They can visualize him

in front of them offering a glass of beer from the bar, and remember feeling good towards him. Then they can describe a black-out for the rest of the evening or night.

For the same reasons, the victim may tend to underestimate the amount of alcohol her assailant had consumed at the time of the rape as a way of protecting herself from self-reproach: “It was her own fault that she was raped if the man was drunk”. It may therefore be of great value to help the victim sort out the significance of alcohol to the rape; and as a rule, the victim’s feelings of guilt are diminished.

Portrayal of the perpetrator

Another theme when working through the rape experience is to help the victim form an image of the man who assaulted her. The counselor can ask her to describe the assailant and her impression of him before, during and after the rape. What does she think he was feeling? What were his intentions? Does she think he had planned to rape her? Is she scared that he and his mates will take revenge on her?

Forming an image of the assailant and his intentions may be difficult and painful, but is important in order fully to understand the rape incident. It may also help the victim to bring to the surface the rage she is feeling towards her assailant, but is not always able to express. She can get help to understand that the rape is something that has been going on in the head of the perpetrator and does not have anything to do with her.

What was the worst and the most difficult part?

Asking the victim what she experienced as the most difficult moment in the rape situation also forms part of the working-through of the assault. It is essential to put into words whether the fear of dying, or of being exposed to danger, or the feeling of helplessness, or the violation, or the hatred, or the anger, or the guilt, or the shame was the most difficult to cope with afterwards. Being made to consider this and verbalizing what was the worst part of the ordeal helps the victim in dealing with her feelings, and enables her to try to come to terms with them.

Another related question is whether the victim feels in retrospect that she could have acted differently. This question serves the purpose of helping her understand her behavior. Many victims reproach themselves for not having screamed, kicked the man, etc. Given the opportunity to go over the assault and the feelings it evoked, most women are able to appreciate that they made an assessment of the situation, and also of how dangerous their assailant was. Raising the question of whether she could have acted differently helps bring about a perspective on her behavior. She can view her actions against the background of the assault. It prevents her from distorting reality, and enhances her feeling of being in control of her life.

The private meaning of the rape trauma

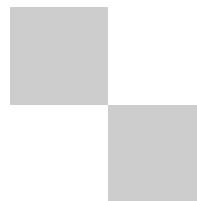
It is not just the type of rape that determines the sequelae for the woman but also the traumas and conflicts in her previous life which the rape brings to the fore.

During which period of life the rape occurs may also be of significance to her ability to take herself through it. At the time of the rape, she may have been more or less vulnerable. One woman, for example, was raped on a vacation journey, which she undertook alone. Since she had recently gone through a harrowing divorce, the assault contributed to reinforcing her lack of confidence, not only in men but also in people in general. Her anxiety also encompassed an inability to assess men. The woman's general capabilities for managing set-backs and difficulties are also relevant to recuperation. In other words, rape acquires a private meaning for the victim.

During treatment, it can be a support for the woman to try to recall if she has previously been in situations of various kinds where she reacted in the same way. If she is listless, depressed or has bouts of panic anxiety, her current state can partially be understood against the background of how she previously reacted to shocks and traumas in her life. She may be helped by linking her reactions to the rape to how she had previously responded to threats, abandonment, assault, separation, and so on. Her old reaction patterns can be employed to illuminate her current reactions.

Termination of the contact

It is impossible to determine in advance how long crisis therapy should last. The condition of the woman and her response to the contact is important. As a rule, the crisis counseling may be terminated when the victim starts to reach out to her environment, and when – with the help of her therapist – she is able to accept that her own behavior during the rape fulfilled a personal purpose. When the victim's self-esteem has been restored, and she is able to use her reactions to the crisis to obtain a greater understanding of herself, it is time to finish the counseling. This time can often be identified as one when the victim is no longer preoccupied with why the rape took place, but views herself as one of many victims of sexual assault. The assault is integrated into her life as a tragic but accepted part.





Domestic violence

Chapter 9

International research shows that many domestically abused women also have been exposed to sexual violence.

Then an abused woman seeks help at a hospital, a women's shelter, a crisis center or a women's house, it is far from the rule that she will report not only having been beaten but also having been sexually assaulted. There are various explanations for this. One is that she is so used to the beating ending up with the man wanting or demanding sex that "it's nothing to talk about". Another is that it awakes a strong sense of shame in her. Not only is she being beaten up by the man she lives with, who in many cases is the father of her children, but she is also being sexually abused by him.

For this reason, counselors working with domestically abused women should take the initiative to ask the woman if she has been raped, or at least find out how her sex life with the abusing partner is or has been. Experience shows that there are women who have been raped time after time over a lengthy period of time.

There are women who talk about the abuses without showing any emotion. They give an objective description of what they have been through. The woman has submitted to sex so the man will calm down,

or so as to protect the children from more scenes. The sexual assaults, as well as the beatings, have become part of everyday life. The women know what will happen if they do not submit, and eventually become “deadened” or, rather, indifferent to themselves. This is usually called the normalization effect of violence.

Since many battered women often live in severe isolation and lack acknowledgment from outside, it is understandable that not all react strongly specifically to the sexual abuse. No-one sees them, they do not get a response from others. The violence is secret. They have no support from the outside. That many abusers’ behavior is clearly sexually deviant makes it more difficult for the women to talk about the abuse and the sex life with their partner. They feel ashamed. And a fear of not being believed provides another reason to keep quiet.

The partner’s experience: violation or reconciliation?

Perpetrators’ experience of sex after domestic abuse may vary. According to stories told by victims, rape for one type of man is the ultimate violation of his partner, but for another it can be a kind of act of reconciliation. If the man views the sexual act after delivering a beating as a form of reconciliation, it may be difficult for the woman to claim that it was an assault. But many women know that the man’s way of reasoning is sick. Despite this, it may be

hard to break up with him, and leave. “What will happen to him if I leave? And to me?”

It is important during counseling of a domestically abused woman, who has also been raped, not to distinguish between the sexual abuse and the battering. One is part of the other. As a rule, the crisis model of counseling is not suitable. Instead, this is a matter of long-term contact where the ultimate aim is to enable the woman to realize that she can live in a different way than she has done so far, and perhaps to give her the courage to change her own life. To achieve this, a period in alternative safe accommodation may be needed. The chance to meet other women struggling with the same difficulties and discussion over how to get out of a destructive relationship, can give the victim strength, and also more faith in herself and her own resources.

Violence in homosexual relationships

Violence of different kinds, sexual and other, is not unusual in a homosexual relationship. Physical and psychological violence follows the same pattern as in heterosexual relationships. The normalization process is just as devastating in homosexual as in heterosexual relationships. A woman or man who is regularly exposed to beatings and sexual abuse from his or her life partner is at risk of steadily becoming accustomed to the situation. The assaults become a normal part of her or his life. Shame, guilt and the difficulty in speaking about

violence and violations perpetrated by someone close are shared by homosexual and heterosexual victims.

It is easy to assume, however, that the lesbian woman has a narrower social network within which to protect herself than the heterosexual woman, especially if she feels that she does not “fit in”. Due to this, she has greater difficulty in opening up and talking about assaults and sexual abuse. Assaults are likely to be less visible in a homosexual or bisexual relationship, on ground of norms in society, which entail that the perpetrator is expected to be a man. Many also believe that a lesbian woman cannot be raped by another woman. But she can! Experience shows that the partner can use a dildo, a ring-clad finger, hot water, or some other object. The victim may sustain injury to her genitals or lower abdomen that will require medical care.

The fear of not being met with understanding makes it more difficult for the victim to seek help. Her worry may be well-founded. If she has been living in a “concealed” lesbian relationship she may not want or dare to admit to having a female sexual partner. Further, the secrecy itself reinforces dependency between the partners.

Not wanting to expose the lesbian way of life or to paint it black may be other reasons for a reluctance to talk about the assaults.

Thus, it is important to spread the knowledge that sexual abuse does occur even in homosexual relationships. The breaking-down of self-esteem is no less among these victims than it is among others.





Other aggravating circumstances

Chapter 10

Cultural background

Some women, of a different ethnic or cultural background than women born in their current country of residence, can be more vulnerable and isolated when they are exposed to domestic and sexual abuse. If they are married, they may find it difficult to break up their marriage, since they then run the risk of becoming even more isolated and an outcast in their own community. Nor is divorce always a desirable solution for these women.

Many of these women also lack knowledge of their rights and opportunities to receive help, and they may also have language problems.

Physical impairments

It has been noted more and more that women with a physical disability are exposed to abuse in different ways in their close relations (Finndahl, 2000). A woman in a wheelchair or a blind woman, for example, may

be exposed to abuse if she lives with a man with a cruel and sadistic behavior pattern. Not only may the man rearrange the furniture so that the blind woman falls over or cannot find her belongings, but she may also become a victim of sexual abuse.

It is important to spread awareness of this, and also that carers and social workers, as well as people close to the woman, keep an eye out for it. It is scarcely likely that the abused woman will raise the alarm herself. Her dependency situation is more than just emotional. And her disability may have contributed to the belief that she is incapable of acquiring a better life.

The reality of such domestic and sexual abuse can be hard to take in for many health and social workers. Not to see or not to try to remedy the situations of these victims may be a way for personnel in health and welfare to avoid the emotions it arouses. Mutual support may change the picture.

Cognitive impairments

Another hindering circumstance for a raped woman is being cognitively impaired. The impairment in itself may contribute to the woman being more naïve and vulnerable than many other women.

Even if a rape is reported to the police, she may find it hard to be believed, since she cannot clearly describe what she has been through. This does not automatically mean that the police doubt

her or question that she has been raped, but her difficulties in describing how the assault took place may make it impossible for her to undertake legal proceedings.





Closely related persons in need of help

Chapter 11

The rape crisis may sometimes generate problems and concerns common to several members of the woman's family, in which case these people have to become involved in the counseling process. Parents, husband or boyfriend, and children of the victim may have responded to the rape in such a way that they need adaptive treatment themselves. This may also be necessary so that the victim's own rehabilitative efforts are not impaired. The rape may also disrupt the equilibrium of the family, and balance in family functioning.

Accordingly, in crisis counseling, it is important to inquire about the impact of the rape on the woman's partner. It may help to offer him a private counseling session, or one together with the woman.

He may have questions and ponderings concerning the rape that are easier to express in the presence of a counselor. He may want to help his partner, but does not know how to go about it. He may be so badly affected that he cannot bring himself to talk about it. He isolates himself and becomes broody. As a consequence, the woman has to hold back on her own feelings.

The great majority of the women tell, or want to tell, their partner about the assault, despite sometimes being afraid of his reaction. The fear can be about them having changed sexually, or that their partner will not want to have sex with them. For this reason, some women try out having sex shortly after the rape. It is a way of testing both themselves and their partner.

The woman may also be afraid that her partner will think that she has been careless, that she, after all, exposed herself to the risk of being raped. She may have been hitch-hiking. She has been to a party on her own and drank too much. She has been traveling with a girl friend. She may feel that the rape is a punishment for what she has done. She experiences an irrational feeling of guilt for what she has done – guilt that she cannot bear alone. In her state of helplessness, she may end up dividing the guilt between herself and her partner. She cannot cope with her own self-criticism. An important task for the counselor is to help her and her partner clarify the real nature of the situation.

The partner may, for example, have first been furiously angry, threatening to take the law into his own hands by going after the rapist himself. His fury can make her even more afraid, and reinforce her anxiety. His aggression reminds her of the rapist's.

The partner's feelings of discomfort can also find expression in an unwillingness to talk about the event.

He may become overprotective, wishing to

guard and control her. He turns her into a fragile doll, and she dares not resist because he means well. But the relationship then gets locked in an unhealthy manner. It also happens that the partner becomes melancholy and unreachable, which makes the healing process more difficult for the victim. Then, there is no place for her.

There are partners who feel a quite unjustified personal guilt over what happened, e.g. at having stayed at the party rather than accompanying the woman home. In such cases, the man has become preoccupied with his own reactions at the expense of the woman's.

The sexual aspects of the rape can sometimes occupy the most prominent place in the man's mind, and may hinder their sex life. He may feel cheated, as if the rape had been aimed at him. He may also brood over whether it is really possible to have sex with a woman who "does not want it".

In sum, the reactions of the partner can prevent the woman from giving expression to the kind of help that she really needs.

Reactions of parents, children and friends

Mothers, fathers and children of the rape victim can also find it hard to take themselves through what has happened. There can be reactions that the woman finds hard to understand. If her parents, for example, blame her and think she has been careless, her self-criticism will increase. Sometimes

the parents' despair is so great that the victim feels there is no room for her own feelings. She has to comfort her parents instead.

If the woman was in the company of a female friend when she was raped, problems in their relationship can arise. The friend maybe "got away lightly" or "deserted" her. The women may have had different ideas about how to spend the evening in question. The one may have "given in" to the wishes of the other. The rape may then seem to imply a breach in their relationship, since they had not been able to work things out together. Accordingly, the reactions of relatives and close friends make up a specialized theme in crisis counseling.





References

DSM IV Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association, Fourth Edition, 1994, Washington.

Finndahl Kerstin, *Våga se: en studie om förekomsten av våld mot kvinnor med funktionshinder [Dare to see: a study of the presence of violence against women with functional impairments]*, Forum – Kvinnor och Handikapp, 2001. In Swedish.

Groth A N & Birnbaum H J, *Men Who Rape: The Psychology of the Offender*, Courtesy of Plenum Publ. Corp, New York, 1979.

Groth A N & Hobson W B, *The Dynamics of Sexual Assault in Rape: A Drama from Two Perspectives*, IPPF, Europe, 1985.

Hedlund E & Lundmark G, *Våldtäkt – vanmakt, 60 män berättar [Rape – powerlessness, the stories of sixty men]*, dsf rapportserie, 1988:3. In Swedish.

WHO/RHR 02 08, *Clinical Management of Survivors of Rape*.

Having been subjected to rape causes a major personal crisis. It is of the greatest importance that victims are given support, and helped to cope with their experiences. But, it is equally important that support is provided in the right way. The purpose of this booklet is to promote knowledge and understanding of how to meet victims of sexual abuse and violence. The booklet has chapters on patterns of rape, coping behaviours of the victim, crisis therapies and the driving forces underlying rape.

One chapter deals with the impact of rape on the victims' partner and closely related persons. Another considers the strong emotions aroused in counsellors who meet rape victims.

Both Eva Hedlund and Marianne Göthberg have lengthy and extensive experience as psychotherapists. They have worked with the issues and problems of sexual abuse and violence over the last 25 years. Also, they have been engaged in managing and supervising the education of professionals in health care, social services, and legal administration.

RFSU

The Swedish Association for Sexuality Education
P.O. Box 12128 • SE-102 24 Stockholm
E-mail: info@rfsu.se • www.rfsu.se

