

Sexual Violence

There have been several national organizations established to call attention to the issue of sexual assault. The Pennsylvania Coalition Against Rape (PCAR) helped to found the National Coalition Against Sexual Assault in the late 1970's. In 1999, PCAR received a grant from the Center for Disease Control and Prevention to establish the National Sexual Violence Resource Center (NSVRC). The NSVRC serves as an information and referral agency that collects information, data and materials from around the country.

In the nearly three decades since its birth, the anti-rape movement has accomplished many of its goals. Major accomplishments include widespread reform of rape statutes and other related legislation, improvements in the criminal and juvenile justice system's treatment of rape victims, greater understanding of the scope and impact of rape, improved medical and mental health services for rape victims, and better funding for rape crisis centers and others who provide services and advocacy for rape victims. Despite this progress, much remains to be done. The fact that well over a million people of all ages are raped each year in the United States suggests that efforts to prevent rape have not been entirely successful. Rapists and child molesters continue to be appallingly adept at silencing their victims and harnessing societal mythology to divert accountability. Attention is refocused on victims' behavior, dress and lifestyle choices. As a result, most rapes still go unreported (Kilpatrick, Edmunds, and Seymour 1992; Crowell and Burgess 1996; Ringel 1997), resulting in cases that can never be detected, investigated, or prosecuted. Although vast improvements in forensic, law enforcement, and prosecution protocols have been made, much more work is needed. Many personal and societal barriers still prevent the majority of victims who sustain rape-related mental or physical health problems from accessing effective treatment.

This chapter will address the following questions: (1) How are rape and other forms of sexual assault defined? (2) What are the scope and mental health impact of rape? (3) What are victims' key concerns? and (4) How can we best address these concerns to improve victims' cooperation? One major focus of the chapter is to identify how the answers to these questions can be used to improve the treatment of rape victims by the criminal and juvenile justice systems as well as by victim assistance and allied professionals. A second focus is to identify ways that this information could be used to improve the investigation and prosecution of rape cases.

DEFINITIONS OF SEXUAL ASSAULT AND RAPE

EVOLUTION OF THE DEFINITION OF SEXUAL ASSAULT AND RAPE

Several authors (Estrich 1987; Koss 1993) have observed that many people still believe that rape occurs only when a total stranger attacks an adult woman using overwhelming force. Using this definition, boys or men cannot be raped; girls and adolescents cannot be raped; no one can be raped by someone they know well; and forced oral or anal sex does not constitute rape. Thus attempts to discuss the topic are often frustrating because many people define rape differently.

Before the 1960s, the legal definition of rape was generally a common law definition used throughout the United States that defined rape as "*carnal knowledge* of a woman not one's wife by force or against her will." In 1962, the United States Model Penal Code (MPC) was established, thus updating the definition of rape. The MPC defined rape as: "A man who has

sexual intercourse with a female not his wife is guilty of rape if . . . he compels her to submit by force or threat of force or threat of imminent death, serious bodily injury, extreme pain, or kidnapping” (Epstein and Langenbahn 1994, 7). In addition to *limiting* the definition of rape to a crime against a *woman*, this code was also very narrow for the following reasons:

- It retained a marital-rape exemption (not acknowledging rape within marriage or cohabiting couples).
- It focused on the victim’s *consent*, rather than the perpetrator’s forcible conduct.
- Moreover, the MPC established a “grading system” for the crime of rape and rape offenses. For example, it stated that “rape by a voluntary social companion” was a less serious offense than “rape by a stranger.” In addition, it treated the rape of men as a lower felony offense than the rape of women.

In the 1970s and 1980’s, extensive rape reform laws were enacted throughout the states, and the legal definition of rape changed dramatically. Michigan’s Criminal Sexual Conduct Statute, enacted in 1975, became the national model for an expanded definition of rape. Today, Illinois’ Criminal Sexual Assault Statute is considered the national model (Epstein and Langenbahn 1994). Both statutes have the following characteristics that broadly define rape:

- Rape is defined as “gender neutral,” which broadens the earlier definitions of rape to include men as well as women.
- They include acts of sexual penetration other than vaginal penetration by a penis.
- They distinguish types of sexual abuse on the basis of the degree of force or threat of force used similar to the “aggravated” versus “simple” assault distinction with physical assaults.
- Threats as well as overt force are recognized as means to overpower the victim.
- In addition, a new category of rape victim, “taking advantage of an incapacitated victim,” is included. This category can include mental illness, victims under the influence of drugs, and alcohol intoxication. (Some states require that the perpetrator gave the victim the intoxicant in order to obtain sexual access.)

THE PENNSYLVANIA CRIMES OF SEXUAL ASSAULT

Deviate Sexual Intercourse

Sexual intercourse performed upon the mouth or the anus of the complainant, or sexual intercourse with an animal.

Note: definition also includes penetration, however slight, of the genitals or anus of another person with a foreign object. 18 PA CSA §3101

Example: Insertion of the penis in the mouth or anus—penetration does not have to be complete. Insertion of an object: a broom handle, a soda bottle, a gun.

Illustrative Case: Actual penetration of the vagina is not necessary for conviction of “deviate sexual intercourse;” some form of contact with genitalia of female victim or anus of the male victim is all that is required. (e.g. kissing, licking, placing of an

object into the outer labia, etc.) In interest of J.R., 648 Q.2d 28, 436 Pa. Super. 416; appeal denied, 655 a2d 515, 540 Pa. 584. (1994).

Forcible Compulsion

Compulsion by use of physical, intellectual, moral, emotional, or psychological force, either expressed or implied. The term includes, but is not limited to, compulsion resulting in another person's death, whether the death occurred before, during or after sexual intercourse. 18 PA CSA §3101.

Examples:

(1) There have been cases where the actor convinced the complainant that he/she was required, for religious reasons, to comply with the actor's demand for sex, or where a child, for example, was convinced by an adult that sexual intercourse was part of the "father/daughter learning experience."

Case Law: The inclusion of "intellectual, moral, emotional or psychological force, with express or implied" is new, and revises the Pennsylvania law to comply with the Supreme and Superior Court case holdings. See, for example, Commonwealth v. Ruppert, 579 A.2d 966, 397 Pa. Super. 132 appeal denied, 588 A.2d 914 (1990).

(2) Until the change in the 1995 statute, sexual intercourse with a deceased person was merely abuse of corpse. Commonwealth v. Sudler, 496 Pa. 295, 436 A.2d 1376 (1981). Under the new statute, if a victim dies as a result of the force applied, and the intercourse takes place after death, it is, in addition to murder, rape. There are no cases so far in Pennsylvania which interpret this section.

Foreign Object

Includes any physical object not a part of the actor's body. 18 PA CSA §3101. This section is designed to address a problem in charging: under the old Code, use of a foreign object was, at most, simple assault.

Example: Insertion of any object into the vagina or anus of the complainant is now a felony (18 PA CSA §3123) Objects may include a gun, a knife, soda bottle, spoon, broom handle, plastic fruit—anything.

Case Law: none so far in Pennsylvania.

Indecent Conduct

Any touching of the sexual or intimate parts of the person for the purpose of arousing or gratifying sexual desire, in either person. 18 PA CSA §3101

Example: Touching breasts, vagina, anus, buttocks, penis. These touches are illegal even if the victim is clothed.

Case Law: Commonwealth v. Riccio, 650 A.2d 1084, 437 Pa. Super. 629 (1994).

Indecent Exposure

The actor exposes his/her genitalia in any public place or in any place where there are present other persons under circumstances in which he or she know or should know that the conduct is likely to offend, affront, or alarm. 18 PA CSA §3127

Example: Exposure in a public place where the complainant does not invite or expect exposure, or in a private place under the same circumstances (e.g. someone sitting in a car, exposing him/herself).

Case Law: Commonwealth v. Davidson, 220 Pa. Super. 451, 289 A.2d 250 (1972).

Mental Disability

A condition of the complainant's mentality which renders him/her incapable of intelligently consenting to the act of sexual intercourse or sexual contact. 18 PA CSA §3121 (5)

Example: The complainant is mentally ill or retarded to such an extent that she/he cannot intelligently appreciate what is happening to him/her, or does not understand what sexual intercourse is, and therefore, cannot consent. Assent is not consent.

Case Law: Commonwealth v. Carter, 418 A.2d 537, 274 Pa. Super. 538 (1980).

Sexual Intercourse

Penetration, however slight, by the penis into the vagina, anus or mouth of another person or penetration of an animal. Emission is not required.

Example: Penetration of the labia majora (the outer lips) of the vagina in a woman is sufficient; penetration of the buttocks of a man is sufficient.

Case Law: Commonwealth v. Hawkins, 614 A.2d 1198, 419 Pa. Super. 37 (1992).
Commonwealth v. Ziegler, 379 Pa. Super. 515, 550 A.2d 567 (1988).

Sexual Assault

Sexual intercourse or deviate sexual intercourse performed without the complainant's consent.

Note: this definition does not include the element of force.

Example: This is the definition for all assaults in the rape, involuntary deviate sexual intercourse, sexual assault and statutory sexual assault sections. Note that the definition does not include a 'force' element. Force is what distinguished 'sexual assault' from 'rape' or 'IDSI' (Involuntary Deviate Sexual Intercourse).

Sexual Assault

Note: This definition, and the new Section 3123.1 (below) were passed to counteract the holding of the Supreme Court in Commonwealth v. Berkowitz, 609 A.2d 1338, 415 Pa. Super. 505, appeal granted 613 A.2d 556, 531 Pa. 650, affirmed in part, vacated in part, 641 A.2d 1161, 537 Pa. 143. (1992), where the Court held that merely saying "No," without some show of physical resistance, was insufficient to sustain a conviction for rape.

STATUTES

RAPE: 18 PA CSA §3121

A person is guilty of a felony of the first degree if she/he engages in sexual intercourse with a complainant AND

1. does so by forcible compulsion
OR
2. does so by threat of forcible compulsion, which overcomes the resistance of a person of reasonable strength or courage
OR
3. does so upon a person who is unconscious
OR
4. does so knowing that the complainant is unaware that the sexual intercourse is occurring.
OR
5. does so after the actor has impaired the complainant's power to appraise or control her/his conduct, by administering or employing, without the complainant's knowledge, drugs, intoxicants, or other means for the purpose of preventing resistance
OR
6. does so upon a person who suffers from mental disability which makes the complainant incapable of giving consent to the act
OR
7. does so upon a person who is less than thirteen years of age.

Example: Forcible Compulsion -- The actor beats the victim into submission.

Case Law: Commonwealth v. Thomas, 279 Pa. Super. 413, 421 A.2d 267 (1980)

Example: Threat of Forcible Compulsion -- Actor threatens to kill complainant and complainant complies.

Case Law: Commonwealth v. Williams, 439 A.2d 765, 294 Pa. Super. 93 (1982).

Example: Unconscious Victim -- A sleeping victim is 'unconscious' within the meaning of the statute.

Case Law: Commonwealth v. Price, 420 Pa. Super. 256, 616 A.2d 681 (1992).
Commonwealth v. Widmer, 667 A.2d 215, Pa. Super. (1995)

Example: Complainant is unaware that sexual intercourse is taking place.

Case Law: No current case law on this.

Example: The actor has impaired complainant's ability to resist as in recent cases where the actor administers a drug to complainant without her knowledge.

Case Law: Commonwealth v. Carter, 418 A.2d 537, 274 Pa. Super. 538 (1980).

- Example: The actor has intercourse with a person who is less than thirteen years old.
 Note: This section is new, and creates the felony of rape, when a child is under thirteen. See: Commonwealth v. Rhodes, 510 A.2d 1217, 510 Pa. Super. 537 (1986).

~~STATUTORY SEXUAL ASSAULT~~ 18 PA CSA §3122.1

When a person engages in sexual intercourse (no force or other element described in the rape statute above is involved) with a person under the age of 16, and the actor is four or more years older than the complainant, and the parties are not married, the actor has committed a felony of the second degree.

Note: ~~this is the old Statutory Rape Section, with slight changes:~~ the old section required a victim under age 14 and an actor over 18. The new language makes the law more flexible (e.g. if the child is 12, the actor need only be 16, to be guilty of statutory sexual assault. ~~It is the difference in age that counts.~~ Note, too, ~~that the new law~~ raises the upper age of the child-victim to 16.

Example: The child is fifteen and the assailant is nineteen.

INVOLUNTARY DEVIATE SEXUAL INTERCOURSE: 18 PA CSA §3132 - 5 year ^{mandate} _{minimum}
 A person commits a felony of the first degree when he or she engages in deviate sexual intercourse

AND

1. does so by forcible compulsion
 Note: In this section of the Act, "forcible compulsion" includes, in addition to the usual methods, compulsion resulting in the other person's death, whether the death occurred before, during or after the sexual intercourse
- OR
2. does so by threat of forcible compulsion that would prevent resistance by a person of reasonable strength or courage
- OR
3. does so on a person who is unconscious, or where the actor knows that the complainant does not know that sexual intercourse is occurring
- OR
4. does so after the actor has impaired the complainant's power to appraise or control her/his conduct, by administering or employing, without the complainant's knowledge, drugs, intoxicants, or other means for the purpose of preventing resistance
- OR
5. does so upon a person who suffers from mental disability which makes the complainant incapable of giving consent to the act
- OR
6. does so upon a person who is less than thirteen years of age
- OR
7. does so upon a person who is less than sixteen years of age and the actor is four or more years older than the complainant and the complainant and the actor are not married to each other.

Example: By forcible compulsion — the actor beats the complainant until the complainant agrees to submit to deviate sexual intercourse.

Case Law: The test of forcible compulsion under this section of the Crimes Code is identical with a test of forcible compulsion under the rape statute (above).
Commonwealth v. Smolko, 666 A.2d 672, 446 Pa. Super. 156 (1995).

Example: By threat of forcible compulsion -- If victim is threatened to the point where she or he considers it pointless to resist, it is not necessary that the victim actually be physically abused.

Case Law: Commonwealth v. Gabrielson, 546 A.2d 401, 370 Pa. Super. 271, appeal denied 542 A.2d, 1365, 518 Pa. 636 (1988).

Examples:

- Upon an unconscious person
- Actor has impaired the complainant's ability to resist
- The actor has deviate sexual intercourse upon a person who suffers from mental disability to such an extent that the victim does not understand the nature of the act
- The actor has deviate sexual intercourse with a child who is less than thirteen, OR with a child who is less than sixteen and the actor is at least four years older than the child
- A child is thirteen and the actor is seventeen
- A child is fifteen and the actor is nineteen
- A child is twelve and the actor is thirteen

Note: This section is new and is designed to make the IDSI statute more flexible, as well as broader. It specifically makes children under the age of thirteen incompetent as a matter of law to consent to the act of deviate sexual intercourse.

Note: Under this new statute, IDSI occurs, even if the victim is dead when the act is performed.

Note: IDSI is the proper charge when penetration is with a foreign object. You use the same subsections (force, threat of force, etc.), and instead of the penis, the object (the banana, bottle, broomstick, etc.) is the penetrating agent.

SEXUAL ASSAULT: 18 PA CSA §3124.1

A person commits a felony of the second degree when that person engages in sexual intercourse or deviate sexual intercourse with a complainant without the complainant's consent.

Note: This section specifically excludes Rape and Involuntary Deviate Sexual Intercourse. As discussed briefly under "Definitions" (above), this is the "No Means No" section of the Act. Under this section, no evidence of force is required. Where there is no (or insufficient) evidence of force, charge this section IN ADDITION TO charging rape or involuntary deviate sexual intercourse.

Example: Complainant was at a party with actor; things started getting a little heavy. Complainant told actor to stop, that she did not wish to engage in intercourse at this time. The actor proceeded to have sexual intercourse anyway. The complainant continued to tell him to stop but there was no evidence of a struggle or force. (This is similar to the Berkowitz case.)

Case Law: This section of the law was specifically passed to counter Commonwealth v. Berkowitz, 537 PA 143, 641 A.2d 1161 (1994).

AGGRAVATED INDECENT ASSAULT: 18 PA CSA §3125

An actor who engages in penetration, however slight, of the genitals or anus of a complainant with a part of the actor's body for any purpose other than good faith, medical, hygienic or law enforcement procedures, commits a felony of the second degree, if he/she:

1. does so without the complainant's consent
OR
2. does so by forcible compulsion
OR
3. does so by threat of forcible compulsion that would prevent resistance by a person of reasonable strength or courage
OR
4. does so on a person who is unconscious, or where the actor knows that the complainant does not know that penetration is occurring
OR
5. does so after the actor has impaired the complainant's power to appraise or control his/her conduct, by administering or employing, without the complainant's knowledge, drugs, intoxicants, or other means for the purpose of preventing resistance
OR
6. does so upon a person who suffers from mental disability which makes the complainant incapable of giving consent to the act
OR
7. does so upon a person who is less than thirteen years of age
OR
8. does so upon a person who is less than sixteen years of age and the actor is four or more years older than the complainant and the complainant and the actor are not married to each other.

Note: This is a new section created to address the exacerbating factors of force or other enumerated circumstances which would have made the crime a rape or IDSI if the penis or tongue had been used. Under the old Code, if a finger or hand, or foot was the penetrating part, it was simply indecent assault, a misdemeanor.

Examples: The actor, over the objections of the complainant, inserts a figure into the vagina or anus of the complainant.

The actor beats complainant until complainant submits to penetration by the actor's finger.

Note: The Force standard required under this subsection would be the same as under rape. If the facts fit this section, consider charging Simple or Aggravated Assault as well as Aggravated Sexual Assault.

Examples:

- The actor threatens to hurt complainant and complainant under the circumstances, feels he/she should submit.
- The actor inserts his finger into the vagina or anus of complainant while complainant is asleep or unconscious.
- The actor slips complainant a drug, or deliberately gets the complainant drunk and then inserts his finger into the vagina or anus of complainant.
- The actor knows that the complainant is mentally handicapped and that the complainant does not understand the nature of what the actor is doing and the actor inserts his/her finger into the anus or vagina of the complainant.
- The complainant is less than thirteen years old. (Here the complainant is by law, incompetent to consent to the act. Mistake as to the complainant's age is not a defense. The actor proceeds at his/her own risk.)
- The complainant is less than sixteen and the actor is at least four years older than the complainant (e.g. the complainant is 14 and the actor is 18) and they are not married to each other. (If the actor can prove that he reasonably believed that the complainant was over fourteen, mistaking the age of the child can be a defense.) In investigating and charging under this section take care to charge the age correctly and to check whether there is a reasonable chance that the defendant may have been misled or made a mistake regarding the child's age.

Note: When charging, since the elements of Aggravated Indecent Assault and Indecent Assault (below) are different, always consider charging BOTH.

INDECENT ASSAULT: 18 PA CSA §3126

A person who has indecent contact with the complainant, or who causes the complainant to have indecent contact with her/him is guilty of indecent assault if she/he:

1. does so without the complainant's consent
OR
2. does so by forcible compulsion
OR
3. does so by threat of forcible compulsion that would prevent resistance by a person of reasonable strength or courage
OR
4. does so on a person who is unconscious, or where the actor knows that the complainant does not know that penetration is occurring
OR
5. does so after the actor has impaired the complainant's power to appraise or control his/her conduct, by administering or employing, without the complainant's knowledge, drugs, intoxicants, or other means for the purpose of preventing resistance
OR

6. does so upon a person who suffers from mental disability which makes the complainant incapable of giving consent to the act
OR
7. does so upon a person who is less than thirteen years of age
OR
8. does so upon a person who is less than sixteen years of age and the actor is four or more years older than the complainant and the complainant and the actor are not married to each other.

Note: Indecent assault is a misdemeanor of the second degree, except when the complainant is under the age of 13, when it is a misdemeanor of the first degree.

Note: Indecent contact may be under clothing or over clothing.

Examples:

- The actor touches complainant's breasts through her shirt without her consent.
- The actor beats complainant and in the process fondles breasts and genitalia.
- The actor tells complainant that he/she will cut him/her with knife if he/she does not submit and he/she allows him to fondle breasts, genitalia.
- The actor fondles complainant's genitalia while he/she is asleep or unconscious.
- The actor slips complainant a drug or deliberately gets him/her drunk and then fondles breasts, genitalia.
- The actor knows (or should know) that complainant is mentally handicapped to the point that he/she does not understand the nature of the act and the actor proceeds to fondle complainant's private parts anyway.
- Complainant is under the age of thirteen. Under this section it is not a defense if actor thought complainant was older than thirteen. He/she proceeds at his/her own risk.
- Complainant is under the age of sixteen and the actor is four years older and is not married to the complainant.

Example: Actor is 21 and complainant is 15. Actor can be charged under this section, but may offer the defense that complainant told him that she (complainant) was seventeen. If the jury believes this, he can be acquitted. Check the ages of all parties carefully.

INDECENT EXPOSURE: 18 PA CSA §3127 (See also Open Lewdness, 18 PA CSA §5901) A person commits indecent exposure if that person exposes her/his genitals in any public place or any place where she/he knows that his conduct is likely to offend, affront, and alarm.

Note: Indecent exposure is a misdemeanor of the second degree EXCEPT when the actor knows or should know that any of the persons present are under the age of 16, when it becomes a misdemeanor of the first degree.

Examples: The actor is a belly dancer in a local club. Everybody is supposed to be over the age of 21 to get in. She performs and is arrested for indecent exposure to a person under the age of 16 who is there illegally.

Feelings Frequently Reported By Rape Victims

Rape is sexual conduct without consent gained by force or the threat of force. Rape is a humiliating physical and psychological attack; its effects can be shattering. The first call for help from a rape victim may be the most important. It can be hard for the victim to make that call. Given the fabric of myths unfavorable to the victim that society had created around rape, we can understand that the victim will be frightened to hear him or herself say to another person that they have been raped. At a workshop on rape, a rape victim told us that the rape victims place a lot of responsibility on the person they call for help. Therefore, when a rape victim calls you or comes in to see you, it is important to help immediately as much as you can in practical, concrete ways, and to create a feeling of mutual trust, security and competence so they will feel comfortable about calling you or your group again if they need you.

Fear of People, Sense of Vulnerability

The rape victim frequently finds that he or she fears people and that they feel vulnerable going about the regular activities of life. They may keep curtains drawn at night and during the day; jump at certain sounds or sights; glance behind them; not go outside at all. They may be particularly attuned to sexual innuendos, stray looks, pats, pinches, feels, etc. which they realize, due to their heightened awareness, are all around, but which they used to take in stride. Now those things cause terror. It may reassure them to know that many rape victims experience these feelings and that they often remain long after the rape. They should try to be with friends and build up their self-confidence again. This process is especially difficult for the victim when the attacker was someone they trusted. In this case, not only their faith in others but their faith and trust in their own judgment has been undermined by the rape. They will need time and support to regain a realistic trust in themselves in relation to others.

Loss of Control Over Their Own Life

The rapist has forced him or her to submit to something they did not want to do. Possibly, they harbored some ideas before the rape that rape couldn't happen to him or her, that they would be able to resist or could take care of themselves. Since the rapist overcame their resistance by force or fear, they no longer feel sure of anything about themselves and their self-determination.

Sometimes even little decisions like whether to have a cigarette or whether to eat become momentous things. The victim practically has to repossess his or her self after the rapist took possession by force. They have to reassert the value of doing things for themselves, have to insist to themselves that they are worthwhile and still have willpower and control over themselves.

A related aspect of fear of people and loss of control enter when the victim has followed a life style of trusting people, leaving doors open, talking to strangers, making friends in odd places, hitchhiking across country, and so on. They may feel that in addition to their body, the rapist has stolen their whole way of life. How can they return to their former freedom and trust when rape has happened to them? Hopefully this frustration can develop into a combination of realistic alertness, constructive anger and action to combat rape and its consequences.

Fear of the Rapist

However he or she did it, the rapist overcame the victim's resistance and forced her or him to submit to sexual demands. They have been robbed of self-volition and made helpless. They have faced the possibility of violent injury or death. If the rapist was successful once, might they try it again? The need we all have to preserve ourselves from bodily harm or death cannot be taken lightly. If the victim resisted harder next time or even tried to kill the rapist, as some victims have said they would do, they may be killed.

Fear of attack under these circumstances is normal human fear. The victim is not crazy or paranoid to fear the attacker. They may also fear people who remind them of the attacker. This is not crazy either. The pain of the experience, mental and physical, is still fresh in their mind.

They need positive assurances from those around that life is worth living and they need to explore step-by-step instructions on what to do if the attacker does show up. Talk about the attacker. If they knew the rapist, do they think he or she will come back? If so, encourage them to plan accordingly. If it was a stranger, does the attacker possibly know the victim's name, address, or phone number? Suggest alerting their employer not to give any information about them to anyone. They could seek police protection by reporting the rape. The more they calmly talk about the rapist, the clearer they will be about their plan for action if the rapist should return. They may decide to get a protective dog, to take training in self-defense, to develop a warning or "help" signal with a friend or neighbor; they may memorize the police emergency phone number or have it written on the phone, etc. Whatever they decide, their plan should be clear in their own mind and simple to put into operation even when they are emotionally upset.

Talking About the Rape vs. Risks of Telling

Talk to the victim about telling friends or other people. They may feel compelled to tell everyone they see, or they may feel they have to hide the rape from everyone. They may find it difficult to articulate out loud, even to ne's self, the fact that they have been raped, let alone to share this fact with another individual. They are taking a risk by telling people about the rape since some people will not be supportive. They may not be ready to stand up to their fears, doubts or real or implied accusations, especially if they are friends or if they know the rapist and tend to be protective. They need to see the dangers of being frank to everyone and to evaluate each situation as it arises before telling someone. Nevertheless, supportive friends and relatives are invaluable to the victim in dealing with the rape. Some rape victims never call any rape crisis line, perhaps because they have people to talk to who will support them as long and as intimately as the victim needs.

Concern for the Rapist

Many victims have expressed concern about what will happen to the rapist if the rape is reported to the police. Some victims want psychiatric help for the rapist rather than jail. Perhaps these attitudes are the result of their efforts to understand what happened and what their contributions were to the assault. If no physical beating or other violence occurred, some victims even say that it is not worth sending a man to jail. It is human to show concern for another human, especially one in trouble. In feeling sorry for the rapist, they should not repress their anger for the

indignities they have suffered just as most robbery victims wouldn't think of forgiving and forgetting someone who robbed them.

Anxiety, Shaking, Nightmares

Victims often react after physical with shaking and anxiety. The relief of having made it, the shuddering at the thought of how close to death they were are expressed in this way. The victim remembers the incident. The trauma goes so deep that they may have nightmares. They think what they could have done and what the attacker could have done. Continued support from all around and reassurance that they are physically safe and can do things to protect themselves will help these symptoms of trauma dissipate. The nightmares will continue, perhaps, but they will not be as vivid.

The next five symptoms or reactions - guilt, why me?, shame, embarrassment, and stupidity - are treated together because they represent a tendency of women to blame themselves for things that happen to them - a tendency with numerous social and psychological studies have documented. Women are taught that they are especially responsible for sexual contacts which go "too far", and women's feelings about that forced contact frequently reflect the feelings they have been taught to have about other sexual events. If women are caught in this line of thinking, they perceive rape as just a contact which got out of hand, rather than as an aggressive act.

Guilt

Many women tell us they feel guilty about the rape. They may fear that they "asked for it" or provoked it by their actions. They may feel they did not resist enough. Horrible as it was, they may also feel that because we often hear that women really enjoy being raped, somehow they did. They may feel guilty for looking nice, for giving the rapist an opportunity. Where do these feelings come from? These feelings are society's myths and misconceptions about sexuality and rape. These myths say that men cannot control themselves. They say that women who go out alone at night or who hitchhike are "asking to be raped." If the victim spoke to the attacker once, she may feel she was at fault. These feelings are the dirt result of knowing what society thinks and worrying what society will think of her now. Positive, unwavering support and calm objective talk about the absurdity of these destructive myths can help her see that she is not the one who should feel guilty. Ask her this: Why should anyone feel guilty for being the victim of an attack?

Wondering - Why Me?

Some women wonder why the rapist chose them. What is it about them that separated them from other women? These feelings arise from the common mistaken belief that rape happens to women who "ask for it", or who in some other way made themselves noticeable. These beliefs are wrong; anyone can be raped. To help the victim see this, try to get her to tell you how she came into contact with the rapist and what contacts she has with the rapist and where the rape occurred. The rapist probably already knew where he could rape someone without interference and waited until a woman happened into that spot. It might have been a room he knew was empty or a dark corner or deserted parking lot. He may have maneuvered their situation to get someone there. In short, she should be reminded that the rapist made the decision to assault her.

Shame

The destruction of self-respect, the deliberate efforts by the attacker to make the victim do things he or she knows the victim and society detest, to make the victim feel dirty and disgusting, may cause shame. That they submitted at all, even if at knifepoint, may cause shame. Society's attitudes toward sex and different sexual acts are all reflected in that shame. The victim who feels violated needs to see that rape as an attack, not as a choice they made. One need not feel shame where no choice was involved.

Embarrassment

There can be two kinds of embarrassment. She may be embarrassed to discuss the physical details of the assault. Our bodies have always been regarded private and her privacy has been stripped from her by another. Telling anyone at all may be painful. The other kind of embarrassment is one we have all felt at times. It can be embarrassing to admit that such a thing could happen to us at all.

A victim's conversation with you should be private and serious. She needs to feel confident talking to you and feel right about her choice of whether or not to tell anyone else. If she wants to tell anyone else, she needs to feel safe in talking to you about further revealing her story and should receive any help she feels it necessary to make further revelations. There are many reasons given for not telling parents, police, for instance, but try help if she decides to do so.

Stupidity

The extent of her mistake that led to the point of rape determines how really stupid she feels. If she was hitchhiking, for instance, she may blame herself for the rape because she knew it would be risky. It is good to admit an error and to try to be more cautious in the future, but an admission of error must not hide the fact that she was attacked. She was not the attacker, and no person asks or deserves to be raped no matter how thoughtless or careless they were.

Anger

Anger is an appropriate, healthy response to sexual assault. When someone burglarizes our homes or runs into our cars we are angry. The victim has been attacked and humiliated, so they should be angry. They can vent their anger in several ways. They can report the incident to the police. They can tell others about the attacker or about the situation he or she created leading up to the attack.

In summary

Victims need calm, reassuring, unwavering support. They need to know they are not crazy. They need help to restore their dignity and self-respect. They need not feel ashamed or guilty. They need to see the total rape experience for what it was, an attack on their whole being. The rape cannot be allowed to become a dominant factor in their life. Such an assault is a terrifying experience that must be incorporated into one's life and then one can continue living as a stronger person. It would be damaging to repress the experience or to negate their own part in it, however small.

It is difficult for a victim to call a stranger and say: "I was raped!" Consequently, the beginning of a conversation with a victim is very important. Be calm, supportive. Explore with them reasons they may be feeling the feelings they describe to you. It is not important for you to know all the details of the assault. You only need to know those details that can help with sorting out their feelings and put the rape into proper perspective. A good start is often to see if they have seen a doctor. There are practical details they can talk about until they are ready to talk about their feelings. Are they reporting to the police? Are they afraid the attacker will come back? Always give them the feeling you believe them, that you understand their situation and that you are firm in your own feelings about rape. They may not want to talk deeply with you, but may want to listen to you tell how other victims have felt. Your concern for them as a person and your knowledge and confidence in your beliefs will go a long way. Remember that they may not know how they feel and what they want. It is up to you to help them explore what they are really feeling.

Be prepared to talk as long as they need you. Be sure to tell her she may call anytime or at what times she may call. Tell them your name and give your telephone number. Try to be sure they have a friend or relative who they trust since they may need them.

Rape Trauma Syndrome: The Journey to Healing Belongs to Everyone

© Amy Menna, Ph.D., LMHC, CAP

Some say rape is about power. It has been said that when a woman is raped, her power is taken away. Not only is this notion erroneous, but it is what keeps many women silent. The immense power within a woman cannot be destroyed. It can be hidden under scars that feel like they will last a lifetime. However, the lasting effects of rape can be mitigated by uncovering the power that may feel like it was cleverly concealed. So many survivors believe that they are alone on a journey. Their story may be theirs...but the journey belongs to everyone.

The Story of Ella

Ella was raped at 17 when she was walking home from volleyball practice. The man who assaulted her was someone that she knew from school. He approached her asking her to help him lift something in to his van. He said that he would be able to give her a ride home afterwards. When they reached the van, he proceeded to rape her. When he was finished, he told her to get dressed and get in the front seat. He drove her right to her home without having to ask directions.

Ella never told anyone about the assault. She came home that day, went up to her room, and took a shower. After that, her mother asked her to come down to dinner. Knowing that her absence would be noticed, she sat at the dinner table pretending as if nothing happened. When asked if there was something wrong, she said that practice had been difficult. After dinner, she completed her homework and went to bed.

Ella attempted to put the assault out of her mind, never telling anyone. However, after the rape, she started having problems in school and became increasingly anxious. She started having more arguments with her parents as they were constantly frustrated by her unwillingness to get up to go to school. What her parents weren't aware of was that she slept very little throughout the night due to nightmares. Ella also began drinking more on weekends and was smoking marijuana at night just to be able to fall asleep. Her temper was extremely short which created problems with her friends. She began to isolate more and more.

At the request of her parents, Ella went to see a psychiatrist. She discussed the symptoms of depression and her inability to sleep. Never was she questioned about a history of sexual assault, nor would she volunteer the information. She was placed on a common antidepressant and sent on her way. Family therapy was recommended as the majority of problems seemed to surround her parents.

Soon she went away to college and her drinking increased significantly. She began dating a man who was verbally and physically abusive. At one point, she was referred by one of her professors to student services after coming to class intoxicated. She was reprimanded for poor judgment and placed on academic probation. This only created more discord with her parents. Fights with her boyfriend became more frequent and at one point she began to cut her arms "just to get a hold of herself." She started to think of suicide.

Her parents again intervened and sent her to a therapist. Again, she was not asked directly about a history of sexual assault. She explained her irritability and at times violent outbursts. She was diagnosed with Bipolar Disorder and sent to a psychiatrist who gave her medication. As many of her problems were external, Ella felt that the medication did not help therefore stopped taking it.

When Ella returned home for the summer, her parents immediately noticed a problem with her drinking. She was placed in a residential treatment facility for her addiction. The therapist asked directly whether or not Ella had been raped or sexually abused. For the first time, Ella told someone about what happened on the way home from school. *Saying it out loud was her first step in her journey to healing.* In doing so, she began identifying the underlying reasons why she made some of the choices she had made. Ella was able to recognize that on the day she was raped, she began fighting the world and never stopped. When she was raped, it made her feel scared, damaged, and like she had done something wrong. She had spent years wondering, "if I had only..." *Ella realized that the way her life played out was a direct result of what she thought about herself.*

Through trauma specific treatment, Ella was able to identify that issues surrounding safety and self-worth were at the heart of her troubles. She began making choices that would insure her safety such as putting up boundaries and not tolerating abuse. She began treating her body respectfully by discontinuing the use of alcohol and illicit drugs.

It was a constant struggle to change her way of thinking and feeling. She completed hours of exercises intended to increase her self-esteem. She created meaningful friendships with other

women and started doing volunteer work for a women's shelter. At the end of the day she was filled with pride about her actions instead of disgust about herself. Ella had found the power of which she was searching for so many years.

The Truth About Rape

According to the Federal Bureau of Investigations Uniform Crime Report, Sexual Assault is the most underreported crime in the United States. Survivors of sexual assault are often met with intrusive questions, accusations, and fear a losing battle of "he said - she said." Although women are the majority of the survivors, sexual assault does not discriminate. For many women, it has the single most significant influence on their life without them even knowing it.

The effects of rape reach far beyond the physical injuries incurred. What transpires is a journey where trust is lost and the bedrock of lives becomes quicksand. Rape survivors experience common symptoms of flashbacks, nightmares, anxiety, depression, and low self-esteem. Lack of services and under reporting leave the survivor alone in a journey along with scores of others who also feel isolated. So close to each other, yet so far away.

Rape Trauma Syndrome

Rape Trauma Syndrome (RTS) was identified by Ann Wolbert Burgess and Lynda Lytle Holmstrom in the midseventies after studying the typical patterns of rape survivors. RTS describes a process that rape survivors go through in response to the fear experienced during a sexual assault. Although each survivor has their own experience, there are common characteristics some survivors possess. These characteristics are the direct result of the profound fear inherent in sexual assault.

The response immediately after a rape varies with each individual. This immediate response is described as the *Acute Phase*. The Acute Phase can last anywhere from a few days to a few weeks after an assault. It is a response to a complete disruption of one's life and the horrific experience of being sexually assaulted. The Acute Phase produces as many responses as there are survivors. Some survivors may cry, others may laugh, and still others may be completely silent. As you saw with Ella, she went about her normal routine for the evening.

It is important to note that there is no "wrong" way to cope with the immediate after effects of sexual trauma. Each survivor is unique and will process the assault in different ways. The various responses to the initial assault fall into two categories; expressed and controlled. Survivors engaging in *expressed* responses are open with their emotions and are in an emotional state. Examples of expressed responses are crying, yelling, showing anger, or agitation. The second type of response is known as the *controlled*. Survivors engaging in this style of response contain their emotions and focus more on keeping their composure. These responses are a result of the survivor "regrouping" after the situation that has occurred. Again, neither response is superior to the other. They are both responses to trauma.

During the Acute Phase survivors may feel disbelief or in some way frozen. It has also been described as if survivors "left their body," forever being unable to reconnect with the woman or man who was raped. Survivors may feel humiliated, confused, dirty, ashamed, or in some way at fault for the assault; especially in the case where the assailant was an acquaintance. Physical concerns may arise during the acute phase as well. These concerns may be the direct result of the assault (i.e. bruising or soreness) or fear of the possible physical ramifications of the assault (i.e. pregnancy or STD's).

The Acute Phase can be described as the world turning upside down. Everything that was in place has fallen in disarray. The basic orientation to life has been lost by the survivor. This disturbance can result in nightmares, heightened anxiety, or a complete disconnection from one's emotions.

After the Acute Phase, comes the *Reorganization Phase* where the survivor attempts to reorganize her life. This phase invites a myriad of emotions such as fear, anxiety, denial, and most of all the loss of security. The shattering of security as well as trust is inherent in sexual assault. This loss of the fundamental need for security wreaks havoc on the survivor's life. The feeling of being unsafe looms over the survivor causing a heightened state of anxiety, difficulty with intimate relationships, and hypervigilance such as constantly checking one's surroundings.

The loss of trust coupled with feelings of being unsafe chip away at the personal relationships surrounding the survivor. Relationships suffer as a result of the survivor's isolating from their support system either physically or emotionally. The survivor may feel a general disconnection from peers as a result of the perceived unique experience. The shattering of trust can cause intimate relationships to be diluted as survivors may have a heightened suspicion of other's motives and feelings.

During the Reorganization Phase, the survivor attempts to reorganize his or her life and create the world that she or he once knew. Despite best efforts though, this phase is often riddled with feelings of guilt and shame. The survivor's attempt to get back to his or her routine is often plagued with feelings of anxiety and fear. She may attempt to return to normal social functioning (i.e. go out to social engagements), yet may find herself unable to do so. His or her attempts to re-establish in relationships may be hindered by lack of trust.

Long term reactions to sexual assault may also include the inability to find peace within this world. Sexual assault can change the individual forever as well as the world as they know it. The end result is a constant state of turmoil. At times, the survivor may not even recognize what is happening within. Sexual assault causes the body to be an unfriendly environment leading the survivor to at times feel dirty and ashamed. These feelings cause the individual to disconnect from their body entirely. Without a connection to their body, the survivor is unable to listen to internal states which assist her in navigating through the world. This contributes to a feeling inherent in many survivors, the feeling of being "lost."

Sexual Assault and the Body

The words "the scene of the crime" speak volumes in criminal investigations and movies. In the case of sexual assault, despite where the event occurred, the scene of the crime is the body itself. The body then becomes less of a vessel for the spirit, and more of an enemy always reminding them of what they long to forget. Resolution of the sexual assault requires the body to be empowered. Forming a loving relationship between survivors and their bodies will enhance their ability to care for themselves as well as live with less anger and fear.

During a traumatic experience, the body morphs into a different creature, one who of which better equipped to handle the situation. An assault at this level is then captured by this "creature within" who holds onto it to protect the individual from having to deal with such an emotional upheaval. Although its intentions are noble, it can only hold on to so long. Eventually, the memories and feelings start leaking out, causing the body to remember what the mind has forgotten.

The results are body-based symptoms which may not be recognized by the survivor as having a root in the assault. Survivors may have increased somatic complaints long after the original assault. These complaints may come in the form of gastrointestinal problems, migraines, or chronic pain. Sexual problems may also occur such as pain during intercourse.

Intrusive Symptoms

As stated above, the disconnection from one's body causes symptoms to leak into the survivor's life without his or her consent. These are known as *intrusive symptoms*. They are appropriately named as they *intrude* upon one's life. One symptom known to many survivors is a "flashback." This is when the survivor flashes back in to a memory of the assault. Survivors may feel as if they are seeing it or feeling it all over again. Intense fear surrounds these flashbacks as the survivor is not able to predict or control when they will occur.

Ella suffered from a common symptom of sleep disturbance. Survivors may have trouble falling asleep due to their racing thoughts or inability to calm their body. Some may attempt to put off sleep, knowing that nightmares are most likely going to wake them up in the middle of the night. This lack of rest only serves to compound the symptoms during the day.

Survivors may also experience extreme emotions that may not match the situation at hand. For example, some survivors may have more of a "quick temper" after the assault. Many are prone to depression or heightened anxiety. What was a "normal" worry is now an obsession that renders them fearful or impulsive. Feelings are internal cues that tell information about the world and what we are experiencing. For the survivor of sexual assault, feelings are more "flood gates" that tend to open with the slightest provocation.

Arousal Symptoms

Sexual assault can rob a survivor of their safety. This feeling of not being safe lasts long after the assault. It's this lingering feeling that causes a survivor to have what is called *arousal symptoms*. A common arousal symptom is known as an exaggerated startle response. If you have ever seen a scary movie, you can relate to being "on the edge of your seat." This feeling may be entertaining for a short time for some (hence the majority of the movies are action packed), but to sustain this state is both exhausting and damaging to the survivor.

A common arousal symptom seen in rape survivors is hypervigilance. When individuals feel safe, they are able to attune to what they choose to focus on. In the past, however, dangerous things happened "out of nowhere." In order to protect the body, the individual is hypervigilant to his or her surroundings, always attuned to what is going on in the background. This hypervigilance may be exhausting to the survivor as well as those around her. He or she may be accused of having a lack of attention or focus.

Avoidance Traits

Sexual assault creates an internal environment so scary that survivors may avoid any reminders of the event. *Avoidance* symptoms are behaviors of which a survivor engages in to avoid reminders of the event. When referencing "reminders," though, one needs to recognize all that was connected with the assault. To illustrate, if one was raped in a park, they may avoid large open spaces. They may be triggered also by trees, the sound of birds, or a swing set that was near during the assault. Perhaps the assailant was wearing a certain cologne; in this case one may avoid smells including lotions, department stores, or other places where their senses may get triggered.

Emotions that may have been present during or after the assault may be avoided as well. For instance, survivors may avoid feelings of sadness or fear as they connect them to the assault. They may see them as signs of weakness and may correlate it with being vulnerable. Many survivors will avoid putting themselves in any vulnerable place even if it is showing emotion or letting go of a secret. A vulnerable position may lead to physical and emotional pain. Survivors will go to great lengths to ensure that the situation does not get recreated. Hence, survivors may work on escaping or avoiding both physically and emotionally vulnerable situations at all cost.

Avoidance issues can cripple a survivor emotionally as they have taken themselves out of important facets of life. Survivors of gang rape or date rape may avoid gatherings or large crowds. Intimate friends and partners are now no longer trusted. The survivor becomes more and more isolated from their peers as well as their own emotional experiences. Ella found the peer interaction to be too overwhelming and chose to retreat. Prolonged avoidance of dealing with the trauma of rape can lead a survivor to "hide out," causing them to work long hours, and/or become obsessed with isolated behaviors such as eating or exercising.

As the survivor attempts to avoid the difficult feelings associated with rape and its aftermath, many increase their use of mood altering substances. They may use alcohol or drugs to blanket the feelings of anxiety or fear. Many find mood altering substances initially comforting as they produce a feeling of safety. Others find that the only way for them to fall asleep through external means such as a substance. The flashbacks are then contained with drugs or alcohol. The amount needed to numb the pain or contain the memories increases until they become addicted. Many identify this as a problem and seek to lessen their drug and alcohol use. However, the less they use, the more symptoms of the sexual assault may come up. In these instances, the need for treatment of substance abuse as well as the assault is needed concurrently.

Negative Cognitions Associated with Rape Trauma

Although some survivors are able to connect their present feelings and symptoms to the original trauma, many survivors use present day problems to explain unhappiness. For example, they may not identify the deep rooted trust issues of which they may struggle. Instead, they believe that their present relationships are "not working out." A good look at an individual's life will reveal the true beliefs they have about themselves and the world. When one doesn't feel worthy, it leads them to construe situations to confirm their unworthiness.

In life, there are certain "rules" we use in society to create a safe and predictable world. For instance, the fact that the sky is blue has become a "rule" in our head ever since we first learned our colors. We then use this fact as a reference point to determine whether or not something is amiss in our world. We have also learned that a gray sky typically produces rain. In this case, our world becomes predictable. If the sky is blue, there is little chance of rain. If the sky is gray, we need to prepare for rain.

Additional "rules" and guidelines lay within the human mind. These rules are called "cognitions" or "beliefs." They are beliefs about oneself which are perceived to be true based on one's experience. Some common beliefs are that people are good, the world is relatively safe, sex is pleasurable, and we are in control of our environment. A sexual assault can change these beliefs at the core of the human being. These beliefs infiltrate the survivor's life without the conscience being aware. The beliefs then morph into the feelings that people are bad, the world is not safe, sex is something that hurts, and the environment is out of control. These beliefs about oneself and the body then polarize the survivor from their body or their world. However, rarely are survivors able to articulate that they feel their body is an enemy. Instead, they present with eating disorders, substance abuse, or self injurious behaviors.

Here are some common beliefs which may result from a sexual assault;

1. The world is not a safe place.

Typically, we are able to walk around in a relaxed state free from the feeling of impending doom. If this were not the case, we would walk this earth on a heightened state of alert. Our heart rates would be up, we would not be able to concentrate on the task at hand, and we would

be very suspicious of those around us. This can be true of the survivor. Prior to the assault, they took comfort in a normal routine. Things were very predictable until the unpredictable happened.

Feeling as if the world is not safe creates a fearful environment. Walking around in a fearful state is what leads to the heightened anxiety. The sense of pending doom lingers and the survivor seeks safety in many ways.

Safety in such a tumultuous world means either fighting your way through life or withdrawing all together. Relationships can be tainted with suspicion and intimacy is nearly lost.

If the assault was in the home, many people try to avoid the memories by moving. On the surface this may look like a solution. As triggers tend to be generalized, an individual may not feel safe in the home wherever it is. This related belief is that *my home is not safe*. In this instance, there is no refuge for the survivor until this belief is reversed.

2. *I am less than.*

The feeling that the individual is somehow tainted often follows a sexual assault. The fact that the body is the scene of the crime, feelings of shame become almost inescapable. This driving belief may lead to sexual problems and feelings of contempt for one's own body. Due to the contempt felt by the survivor, the body becomes a place that warrants harm instead of care. This can lead to self-injurious behavior such as cutting or burning. There is also no regard for the harmful effects alcohol or drugs have on the body.

Ella is a good example of someone who feels that she is somehow damaged or "less than." She experienced a great deal of abuse always believing that it was her fault. She engaged in sexual practices that she regretted. In this instance, she made a decision based on her boyfriend's wishes outweighing her own.

Subsequent sexual acting out can stem from this belief. After all, if someone feels as if they are dirty or bad, they will expect people to treat them as such. A good illustration of this may be a survivor who enters into relationships with abusive men. These men in turn treat the survivor as if she or he was less than thereby perpetuating beliefs about the self. Domestic violence can ensue as the survivor continues to believe that he or she is dirty or doesn't deserve love. Positive relationships that may develop are abandoned as they contradict what the survivor believes to be true.

Associated beliefs with this are; *I am damaged goods, I am worthless, I am here for other's enjoyment, and I am dirty.*

3. *Sex is something painful.*

Sexual assault is often accompanied by physical pain. Flashbacks during subsequent sexual activity perpetuated this belief. What once was a pleasant act to be shared between mutual partners may now be a dirty despicable act to be avoided. Partners are often unaware of the impact the assault has had on the survivors. At times they are unaware of the assault altogether.

The feeling that one is engaged in an act that has harmed them in the past can lead the survivor to disassociate during intimacy. Attempts may be made to avoid any sexual activity all together.

4. *People cannot be trusted.*

Although it is true that some people in this world cannot or should not be trusted, a survivor often loses trust in all people. In many cases, the survivor was acquainted with the perpetrator. This contributes to the survivor feeling as if she somehow brought it upon herself. This belief, which is extremely erroneous, leads to feelings of over responsibility and shame. Intimate relationships are adversely affected as suspicion lingers on the mind of the survivor. Support networks that were in place prior to the assault are not accessed as a result of this belief. Intimate relationships developed after the assault may be tattered with trust issues as well.

Treatment of Rape

Part of the healing process is to uncover one's true belief system. Often survivors identify verbally that the responsibility for the assault lies with the assailant. However, when you probe into the workings of their mind, you uncover lingering feelings as if they had somehow brought it on themselves. Eradicating these beliefs to the core then uncovers the strength beneath.

It is important that the survivor seek the treatment needed to resolve the underlying beliefs that result in the troublesome aspects of his or her life. It is a journey where the hidden power is uncovered. Through connecting with other survivors, women can share their stories and help each other identify where they found their power. As with any treasure hunt, the more people on your team, the better apt you are to find the gold.

A sexual assault can last from minutes to hours, but the lasting effects can go on for years. The act committed by another person may leave a mark on the survivor so deep that at times they may not even see it. The result is a cluster of symptoms that can only be resolved with awareness and empowerment.

The spirit is amazing in its resilience and starts to heal the moment it becomes injured. In becoming aware of the symptoms related to the assault, one can begin processing the events and come to a resolution. Survivors are empowered to overcome the beliefs instilled in them during the assault. Power is then uncovered showing strength that knows no limits. The spirit may have become clouded, but it is never broken.

EVERY SURVIVOR OF SEXUAL ASSAULT HAS THE RIGHT

- to choose whether or not to report to the police
- to be treated with dignity and respect by institutional and legal personnel
- to be given as much credibility as a victim of any other crime
- to be considered a victim of sexual assault when any unwanted act of sex is forced through any type of coercion, violent or otherwise
- to make her/his own decisions and to change her/his mind
- to be asked only those questions that are relevant to the court or medical treatment
- to receive medical and mental health treatment, or participate in legal procedures only after giving her/his informed consent
- not to be asked questions about prior sexual experience
- to be treated in a manner that does not usurp the victim's control, but enables her/him to determine her/his own needs and how to meet them
- to have access to support people, such as advocates, friends, partners, and family when needed
- to receive prompt medical and mental health services, whether or not the sexual assault is reported to the police, and at no cost
- to be protected from future assault
- to be provided with information about all possible options related to legal and medical procedures
- to have the victim's name kept from the news media
- to be considered a victim of sexual assault regardless of the assailant's relationship to the victim
- to deter the assailant by any means necessary; no victim should be criminally prosecuted for harming the assailant during or within a reasonable period of time after the sexual assault
- to be provided with information about her/his rights
- to have access to peer counseling
- to receive medical treatment without parental consent if the victim is a minor
- to have the best possible collection of evidence for court
- to have legal representation
- to have a preliminary hearing in each case when an arrest has been made
- to be advised of the possibility of filing a civil suit

Reprinted from Legal Advocates Manual: A Survivor Centered Approach to Legal Advocacy and Systems Change: New York State Coalition Against Sexual Assault.

Supporting a Rape Victim

Educate yourself about sexual abuse/rape and the healing process.

If you have a basic idea of what the survivor is going through, it will help you to be supportive.

Believe the survivor.

Even if they sometimes doubt themselves, even if their memories are vague, even if what they tell you sounds too extreme, believe them. Survivors don't make up stories of sexual abuse or rape. Let them know that you are open to hearing anything they wish to share, and that although it's painful and upsetting, you are willing to enter those difficult places with them and to receive their words with respect.

Validate the survivor's feelings: their anger, pain, and fear.

These are natural, healthy responses. They need to feel them, express them, and be heard.

Join with the survivor in validating the damage.

All sexual abuse & rape is harmful. Even if it's not violent, overtly physical, or repeated, all abuse & rape has serious consequences. There is no positive or neutral experience of sexual abuse or rape.

Be clear that the abuse or rape was not the survivor's fault.

No one asks to be abused or raped. The survivor did what they had to do to survive. It is always the fault of the perpetrator.

Don't sympathize with the abuser.

The survivor needs your absolute loyalty.

Express your compassion.

If you have feelings of outrage, compassion, pain for their pain, do share them. There is probably nothing more comforting than a genuine human response. Just make sure your feelings don't overwhelm theirs.

Respect the time and space it takes to heal.

Healing is a slow process that can't be hurried.

Encourage the survivor to get support.

In addition to offering your own caring, encourage them to reach out to others. Get support for yourself. You will have many feelings about the abuse or rape also. Get support for yourself. You need to take care of yourself so you can be there for the survivor.

Accept that there will very likely be major changes in your relationship with the survivor as they heal.

They are changing, and as they do, you may need to change in response.

Childhood Sexual Abuse

Fast Facts:

- 1 in 10 children are sexually abused before the age of 18
- Over 90% of them know their abuser
- 60% of abusers are acquaintances
- 30% of abusers are immediate or extended family
- 10% of abusers are strangers to the child

The potential consequences of childhood victimization are:

confused role identity	poor self-image
pseudo-maturity	poor social skills
social isolation	poor peer relationships
hostility and/or aggressive behaviors	depression
lack of trust	lack of confidence
low self-esteem	self-destructive acting out
withdrawal	feelings of shame and guilt

Perpetrators of child sexual abuse come from different age groups, genders, races, and socio-economic backgrounds. Women sexually abuse children, although not as frequently as men, and juvenile perpetrators comprise as many as one-third of the offenders (Finkelhor, 1994). One common denominator is that victims frequently know and trust their abusers.

Child abusers coerce children by offering attention or gifts, manipulating or threatening their victims, using aggression, or employing a combination of these tactics.

Abuse disrupts the development of a child emotionally, psychologically, physically, intellectually, socially, and morally, by interfering with the mastery of developmental tasks. The abusive environment is simply beyond the capacity of the child to encompass and assimilate.

Children are victimized because of their age, their naïveté, and/or their trust in adult or authority figures. Rarely is the child victimized in an aggressive manner. Sexual victimization is the abuse of power or trust, by an adult. The abuse of trust is the ultimate violation.

The following statements illustrate that violation:

- "I remember thinking, 'If this is what people who love each other do, then why shouldn't I tell people about it?'" (20-year-old female, past victim)
- "No one ever listened—let alone helped. Even if I did want to tell, where was I supposed to go?" (18-year-old)
- "I would sit for hours on end and try to think of why this happened to me. I thought of every mistake, every lie, every bad feeling I had ever had toward another person. I thought I was being punished for something, but I couldn't think of exactly why." (18-year-old)
- "When I'd question my dad about what he was doing, you know, if it was right, he would tell me, 'You come from me; I made you, so you belong to me!' It didn't make a lot of sense at the time, but I couldn't think of anything else to say." (10-year-old)

We live in a world with an imbalance of power and authority. Males have more power than females; adults have more authority than children; whites have power over nonwhites, rich over poor, young over the elderly, able over disabled, and educated over the unskilled.

Stereotypically, males are expected to be the breadwinners. Children are expected to obey without question, to be seen and not heard. Their bodies are not their own, for they belong to their parents. Coupled with these attitudes is the manner in which our society deals with matters of sexuality. Sex is used as a marketing tool for everything from sodas to clothes to automobiles. Books abound on how to do "it" better. Sex education...what it is or isn't...is hotly debated while teenagers discover sex on their own and teenage pregnancy rates skyrocket. Pornographic material can be seen in every convenience store, and on numerous cable television stations and videos. Boys are still permitted to "sow their wild oats," while girls are responsible for making sure that "things don't get out of hand."

On an individual level, adults who victimize children have low self-esteem, poor peer relationships, unresolved emotional needs from their own childhoods, and low impulse control. Additionally, a large proportion of abusers were themselves abused physically, emotionally, or sexually. This does not mean that victims of sexual abuse are more likely to become offenders. In fact, the majority are not. It should be noted that the actual "cause" of abuse is a complex combination of the above factors that come together at a particular time, place, and situation with a particular child in a particular family.

WARNING SIGNS OF CHILD SEXUAL ABUSE

When an attempt is made by a child to talk to someone about the abuse, many children are unable to communicate what is happening. Even when the child is quite verbal, the listener may dismiss the story or accuse the child of lying. If no action is taken to protect the child from further abuse, the child may not initiate the subject again.

For a child, disclosing sexual abuse is especially difficult. A child may be embarrassed about what is happening to her/him, or simply lack the vocabulary to express it. While some children may tell you privately and directly about the abuse, more often than not, the child will disclose the abuse in the following ways:

Indirect Hints

- "Daddy wouldn't let me sleep last night."
- "My babysitter keeps bothering me."
- "Mr. Jones wears funny underwear."

Gently encourage the child to be more specific without suggesting more than she/he is willing to tell. When making a report, you don't need to know exactly what form the abuse took, merely that there is a strong likelihood that abuse did indeed take place.

Disguised disclosure

- "My friend's daddy likes to play doctor."
- "My dolly doesn't like Uncle Jim anymore."

By removing her/himself from the act, the child can feel safer in disclosing the information. Encourage the child to tell you more. It is likely that the child will tell you what s/he is talking about.

Disclosure if you promise not to tell

- "I have a secret but if I tell you, you have to promise not to tell anyone."

Some children believe something bad will happen if they break the secret of abuse. Often the abuser uses threats to keep the child silent. The offender may tell the child that no one will believe her/him if s/he tells, or the abuser may physically threaten the child or family.

No matter how a child tells you of abuse, it is important they have placed trust in you. Don't try to decide for yourself if the allegation is true. Don't try to investigate the matter. Child Protective Services and your local law enforcement agency are trained to do that.

SOME TYPES OF COVERT CHILD SEXUAL ABUSE

Covert sexual abuse is more insidious than blatant sexual abuse. Thus, identifying it is more difficult because the sexual nature of the action is disguised. The sex offender acts as if she/he is doing something non-sexual, when in fact she/he is being sexual. The betrayal then becomes two-fold. The child is not only abused, but also tricked or deceived about the act. In this dishonesty, the child is unable to identify or clarify his/her perception of the experience. The unreal or surreal sense that accompanies any sexual abuse is intensified when the child is tricked into disbelief. Thus, the child doubts his/her perceptions and feelings, and believes that there is something wrong with him/herself because he/she feels terrible.

Sexual abuse can be as subtle and insidious as:

- a person allowing the child to see pornographic pictures or movies
- a man hugging a child while pressing his penis against him/her
- a person giving a child a 'wet' kiss on the lips
- a person putting their tongue on a child's lips or into the mouth
- anyone, who has sexual intent invading a child's privacy, such as entering the bathroom or bedroom without knocking, catching the child unaware and indisposed
- anyone 'playfully' pulling his/her swimsuit bottom down or pulling her panties down without implied permission or permission
- bathing a child when the child is old enough to bathe him/herself
- any person touching or caressing the child in ways that are sexual
- a man holding a child on his lap while he has an erection
- a person who stares at or makes provocative sexual comments about the child's body.
- seemingly innocuous touching, wrestling, tickling or playing, which has sexual overtones or meaning for the other person
- touching a child with sexual overtone or meaning, while changing his diaper or bathing/drying him
- a person touching/patting a child's leg with sexual intent or meaning while driving a vehicle

While the child doesn't know the intent or ramifications, the child feels the person's sexual energy and doesn't know what is transpiring.

INCEST

Legal definition

18 PA. CONS. STAT. ANN. § 4302

Elements of Offense

1. The defendant knowingly either:
 - a. marries,
 - b. cohabits, or
 - c. has sexual intercourse with
2. Any of the following:
 - a. an ancestor of the whole or half blood,
 - b. a descendant of the whole or half blood,
 - c. a brother or sister of the whole or half blood,
 - d. an uncle or aunt of the whole blood, or
 - e. a nephew or niece of the whole blood.

The relationships referred to includes blood relationships without regard to legitimacy, and relationship of parent and child by adoption.

- "Cohabit" is defined in 18 PA. CONS. STAT. ANN. § 103 as, "To live together under the representation or appearance of being married."
- "Sexual Intercourse" refers to the definition of sexual intercourse in 18 PA., CONS. STAT. ANN. § 3101, which includes vaginal, anal, and oral intercourse.

Grading: Incest is a Felony of the Second Degree. The maximum incarceration sentence is 10 years, and the maximum fine is \$25,000.

INCEST

The legal definition of incest focuses on the blood relationship between the offender and the victim; in Pennsylvania incest also includes adoptive parents.

Outside the criminal justice system, a broader definition of incest is frequently used. This definition is based on the emotional relationship between the victim and perpetrator rather than a blood relationship. It is recognized that a "presence or absence of a blood relationship between incest participants is of far less significance than the kinship roles they occupy (Sgroi, 1985).

Incest can result in a profound betrayal of trust. Incest defies race, class, gender, and ethnicity. The scope of incest cannot be underestimated. Incest happens between father and daughter, father and son, mother and daughter, mother and son. It also happens between stepparents and stepchildren, between grandparents and grandchildren, between aunts and uncles and their nieces and nephews. It can also happen by proxy, when live-in help abuses or a parent's lover is the abuser; though there is no blood or legal relationship, the child is betrayed and violated within the context of family (Vanderbilt, 1992).

An incestuous family represents a closed system, with little input from outside environments and little information leaving the family. The adults, and indirectly the children, do not have sufficient coping skills to deal with the demands of their world, the family, or with the outside world, which is perceived as a hostile and distrustful environment.

PHASES OF AN INCESTUOUS RELATIONSHIP

1. The first phase of the relationship is **ENGAGEMENT**. The perpetrator creates or encounters access or opportunity to begin the relationship. This opportunity may initially be accidental, but once the relationship has commenced, the perpetrator will create situations of privacy. The perpetrator will use his legitimate power position to exploit and dominate the child. This will be done in a low key, non-forcible manner, often manipulating the child through a "game" or fun activity. The perpetrator is misrepresenting moral standards.
2. The second phase is **SEXUAL INTERACTION**. The perpetrator has crossed the line from activities that the child interpreted as affection—hugs, squeezes, kisses, lap-sitting—to sexual activities. The perpetrator may expose himself wholly or partly, and then ask the child to do the same, with looking being the primary activity. This will progress to auto stimulation or masturbation, with the perpetrator doing this first and then asking the child to imitate the behaviors. Kissing, fondling, stroking of the perpetrator occurs, usually followed by oral penetration, digital penetration of the child, and then vaginal or anal penetration. This phase may take months or years; with the time element being to the advantage of the perpetrator, for it binds the child to the offender.

3. The third phase is **SECRECY**, which begins during the sexual interaction phase. The perpetrator subtly coerces the child into keeping the "game" a secret. The child keeps the secret because s/he is rewarded—with attention, emotional and physical pleasure, love and affection (which is how the child initially perceives the activities), or material rewards. Other factors contributing to the keeping of the secret are:
 - loyalty to the parent
 - threats of physical harm to the child, siblings and/or mother
 - threats of the breakup of the family

The secrecy eliminates accountability on the offender's part and allows the activities to continue. It additionally permits the perpetrator to feel important, powerful, dominant, and in control of a nonthreatening relationship.

4. The fourth phase is **DISCLOSURE**. Disclosure occurs either accidentally or purposefully. Disclosure may occur accidentally through third-party observation of the activity, or of physical or behavioral symptoms, such as the presence of a sexually transmitted disease, pregnancy, precocious sexual activity. Purposeful disclosure is a cry for help, in which the child decides to tell. A small child may tell because the secret was too good to keep. Older children or adolescents do so to escape the abuse, to make it stop, to change the situation. Disclosure is a crisis in either case, but perhaps more so if accidental, for no one was prepared for the secret to come out. All family members are affected. The perpetrator becomes alarmed; it is a crime. What will happen to him, his employment, the family, his status? He will be defensive and hostile, and will resort to using his power to regain control. The mother may initially be concerned and protective, but will often then collapse under guilt and/or pressure from the perpetrator. She will feel hemmed in, having to choose and perhaps fearing physical harm. Eventually she withdraws from participation in what transpires. Siblings and other relatives are concerned, but also feel self-protective and exhibit defensive reactions. The child victim feels s/he will not be believed, protected, or helped, and that s/he is the only person this has ever happened to.
5. The last stage is **SUPPRESSION**, with attempts to suppress publicity, intervention, and information, to suppress the significance of the event or the reactions or symptoms of the child victim. Intense pressure is exerted upon the child by the perpetrator, other family members, or internally by the victim to deny what was disclosed.

WHAT ARE COMMON EMOTIONAL RESPONSES OF SEXUALLY ABUSED CHILDREN?

Fear

- Of the abuser
- Of getting into trouble or getting a loved one into trouble
- No one will believe them

Guilt

- For not being able to stop the abuse
- For believing they "consented" to the abuse
- For "telling"—if they told
- For keeping a secret—if they did not tell

Shame

- About the abuse
- About their body's reactions

Confusion

- Because of their changing emotions
- Because they may still love the abuser

Anger

- At the abuser
- At other adults who failed to protect them
- At themselves

Sadness

- At being betrayed by someone they trusted

Isolation

- Because they have trouble talking about the abuse
- Because they feel alone

COMMON FEELINGS OF CHILDREN WHO HAVE BEEN SEXUALLY ABUSED

Children's responses to sexual assault depend on a number of factors. Those factors include their age and developmental level, who assaulted them, when the assault occurred, how many times it occurred, whether or not there was violence involved, and what else was happening in the family at the time (or happening to them at the time), as well as personality factors. How the adults around them respond also affects children's responses to sexual assault. We cannot make generalizations about the impact of particular events; that is, if "X" happens, it's more traumatic than if "Y" happens. It varies so much with different children. However, there are some feelings and issues that are fairly common among children who have been sexually assaulted. Even children who appear to be coping well probably experience most of these feelings at some time.

One of the common feelings children have is fear:

1. of getting in trouble
2. of causing trouble
3. of being punished (for telling the secret that they were not supposed to tell)
4. of losing the adults that are important to them
5. of being taken away from their home

Fear is the major reason that children don't tell about sexual assault. Children are very dependent on the adults in their lives and losing them can be devastating.

Anger is another common feeling that children often have. The anger can be directed at a number of people. There are children who feel anger toward the perpetrator, and some who feel anger toward their mother or the other adults around them who didn't protect them. There are some children who feel anger at themselves because, again, they feel they are causing trouble in their family. If somebody else has told the secret, they may feel anger at that person for disclosing the abuse.

Children often feel guilty or ashamed of the abuse. They may feel that they caused it to happen because they were bad and did something wrong; they fear that the abuse is punishment they "deserve." Or they may feel that they caused it to happen because they wanted to be close to the perpetrator. They got the closeness, but they also got something they did not want—being molested or touched in some way that made them feel funny. Even if they don't feel that they are to blame for starting the abuse, they may feel guilty for not stopping it, especially if the abuse has gone on for some time. Adolescents may feel guilty because they were doing something else at the time—something they shouldn't have been doing, such as drinking. Most children feel some shame about just being part of that kind of experience. For many children, talking about sexuality in general can cause guilt or shameful discomfort. Another reason children may feel guilty is it may have felt good physically to them. Consequently, they feel very confused about enjoying it and not wanting it at the same time.

Other common feelings are isolation or differentness—that "something is wrong with me." They may feel that what goes on in their family (in terms of the abuse) has never happened to anyone else, and they are consequently "weird." They are often relieved to learn that this has happened to other children.

A CHILD'S DISCLOSURE OF SEXUAL ASSAULT: WHY IS IT FRAGMENTED OR RETRACTED?

Children's disclosure can come in spurts, can be told as a whole story or piecemeal, and later can contradict the original story. Very few children purposely lie, change their minds or lead adults astray. The reasons that disclosure is often fragmented or later retracted can be grouped into four areas:

- developmental differences
- a fear of the consequences of telling and the impact that it will have on the family
- the need for approval from significant adults
- forgetting or blocking out the incident due to the emotional trauma

1. Developmental Differences

Children are different than adults. Their age affects their developmental level, which varies greatly throughout childhood. They do not have the same capabilities as adults. There are three ways in which these developmental differences affect a child's disclosure of sexual assault;

- their cognitive framework or understanding of the event
 - their understanding of time and space
 - their confusion between reality and fantasy
- A. **Cognitive Framework.** Children's understanding of sexual assault affects their disclosure. They often do not know how to describe what has happened to them. Children often do not group incidents of sexual assault as one event; they don't understand sexual assault as a specific concept. They see being touched as part of life—part of being punished by dad—part of something that happens when you go to grandpa's house. They do not see it as a discrete event. Some children put it together, all of a sudden, and seem to understand what has happened to them. Therefore, when they are being questioned about it, they often don't comprehend that we are asking for all the information about any occurrence of sexual assault.
- B. **Time and Space.** Similar problems come up with the second type of developmental difference, which is not understanding time and space as adults do. Children's concept of time, under age 10 (and especially under age six) is very different than adults'. They do not understand that "just the other day" was six months ago. Their experience of time is different. To them, "a long time ago" may be three weeks ago, when they went to the ocean for vacation—that may be a long time. It's also difficult for them to locate things in time or in space. They may not understand what we mean when we ask, "Where did it happen?" Careful and patient interviewing in the language the child understands can minimize some of these effects. Specific questions, such as, "Which room were you in?" or, "Whose house was it?" can help clarify these problems.

C. **Reality vs. Fantasy.** The third developmental difference that affects children's disclosure has to do with their capacity to sort out reality and fantasy. When children disclose sexual assault, they are describing a real event; it is not imagined or made-up by an overactive imagination. However, what actually happened to them—in reality—gets mixed up with their fantasies. They do not fantasize about the assault; but their experience of sexual assault does get mixed up with the fantasies of fear, aggression, and other feelings. Consequently, they may tell stories like, "Yes, Daddy touched me there, and he touched me when we were in the shower, and then he turned me upside down, and he put me in the oven and ate me up." Obviously, he did not put her in the oven and eat her up. However, for her, being touched and being eaten up were all wrapped up together.

2. Fear

Fear of the consequences is the second reason that children's disclosure is often fragmented or retracted; this is especially true for retractions and changes in stories. They are usually under a lot of pressure not to tell. Sometimes, family members do want them to tell, but at the same time, are very upset about it. Children are afraid that they won't get to live with their parents anymore. They are sometimes told by police officers or other interviewers that what they say is important and can put their daddy in jail. That type of statement puts a lot of responsibility on children that they often cannot manage. Consequently, they feel great responsibility around disclosure. If something in the family changes, they feel responsible for it. So, children may initially disclose, watch for reactions and look at how people respond. If the reaction is for the children to be taken out of the home or for someone to be sent to jail—then they often feel pressured to change the story.

3. Need for Approval

The third reason that children's stories sometimes change is due to their need for approval from significant adults. This is similar to the fear of retribution. Even if the adults around them are not threatening retribution, children (even when very young) will pick up from the adults' behavior that they didn't do the right thing, caused trouble, and, therefore, were "bad." So, again, in order to get approval from adults, children may sometimes retract stories.

4. Forgetting or Blocking Out

A fourth reason that children's stories change is that they actually forget or block out particularly painful events. This is a survival mechanism that enables them to continue living without continually experiencing the emotional pain or trauma related to the assault. They literally forget parts of what happened. They may initially, as in an initial police report, give a detailed story and, two weeks later when being interviewed again, actually forget whole sections. They are not willfully withholding information, but they are blocking it out to feel emotionally safe. The reverse may also happen. They may only remember certain parts at first, and, eventually, will tell a fragmented story, building a picture piece-by-piece. Again, this is for emotional protection. It can be very frightening and overwhelming to remember all at once. To remember in smaller pieces makes it more manageable.

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ISSUES AT THE TIME OF DISCLOSURE

Disclosure of sexual assault/abuse needs to be viewed not only as the disclosure of a crime but as a crisis for the entire family, regardless of who the perpetrator is. If the perpetrator is a member of the family, the crisis is more severe. This means that the situation is one in which a number of people have a lot of different needs. These needs crop up throughout interviews by police or child protective service workers and, also, in therapy.

First, children need to be told—many times—it is not their fault, they didn't do anything wrong and the adult believes them. Children may say directly "I don't think you're going to believe me." Even if they don't say it, most children feel like they are not going to be believed. In most situations, it's their word against an adult's and the adult is more powerful and believable. Even if children are told directly that they didn't do anything wrong, they may still feel at fault. They need both the reassurance that they did the right thing in telling and that you believe them.

Second, children need to be told that they are not the only ones this has happened to and you have talked to other kids about it. Children are often horrified and disgusted by what has happened to them—especially older children. They may fear that we—as adults—are going to be horrified and disgusted. They need to be reassured that you have heard this before and that it's not going to "gross you out"—it's not going to make you feel uncomfortable. (If it is going to make you feel uncomfortable, get more practice and preparation.)

Third, they need reassurance that they will be protected and helped. They don't need unrealistic reassurances that can't be maintained, such as, "Don't worry; it will never happen to you again." That's not an assurance anyone can make. An assurance helpful to children might be, "We're going to do our best to keep you safe." This is a realistic but reassuring statement.

A fourth need of children at the time of disclosure is to know what will happen next. They need realistic information that is appropriate to their age level. They especially need to be told the truth about telling their story. If they do have to talk to three more people after they talk to you, they need to be told, "Yeah, you're going to have to tell your story again," rather than spare them or try to trick them into talking. It's not helpful to say, "Don't worry, if you tell me, you won't have to tell anyone else." Lies to make children talk are not helpful to them because they feel tricked. Children who have been sexually abused have already been tricked and feel betrayed.

Strategies for Working With Sexually Abused Children

When a child has been sexually assaulted, the hotline worker will often be contacted by a parent or another family member. In speaking to parents, the hotline worker should keep in mind the following objectives:

Receive the parents' spontaneous reactions with empathy and understanding; be accepting of whatever feelings the parents communicate; encourage expression of both "good" and "bad" feelings.

Common reactions to disclosure include:

- **Shock:** "How could such a thing have happened?"
- **Feeling Helpless**
- **Blaming:** Parents may use one or more of the following forms of assigning responsibility:
 - **Self blame or guilt:** "How could I have let this happen?" Remorse at having ignored warning signs, having trusted the perpetrator, not having been sufficiently vigilant, etc.
 - **Blaming spouse or other family member:** "You should have been stricter." "You should have known what could happen." "You should have known that ___ could not be trusted." The latter is the most common when the perpetrator is a blood relative of the person receiving the blame.
 - **Blaming the victim:** For disobedience, for not taking safety precautions, for not refusing or resisting, for being naïve or trusting, etc.
 - **Blaming the perpetrator:** Remember- You cannot talk a parent out of feeling guilty or assigning undeserved blame, but you can reflect back to them a more realistic perception of the situation and remind them that children's relative powerlessness, their trustfulness, their confusion about what is appropriate sexual behavior, and their ignorance of self-defense techniques can contribute to victimization.
- **Anger:** Not only at the perpetrator, but also at the representatives of the many outside agencies that become involved with the family following the disclosure, e.g. the child welfare system, police, legal system, and mental health system.
- **Grief:** Over what has been done to the child; over the irreparable changes within each family member and within the family system; over the loss of trust and security
- **Fear:** that the child will be irreparably damaged; that parents will not be able to protect the survivor or other siblings from future assault; that the perpetrator will retaliate against the family; that the child and the family will be stigmatized by neighbors and friends.

In situations where the perpetrator is a parent, step-parent, or other individual upon whom a family is dependent, there are additional fears concerning the consequences of disclosure. A mother may fear the physical, economic, and emotional support. She may fear that her children will be removed from home because of her failure to protect them.

Help parents accept the reality of what has happened. Because of guilt, fear, shame, etc., the parents may attempt to resist further disclosure by denying the occurrence of sexual assault or by attempting to pretend that what has happened was inconsequential. Such denials will prevent them from assisting in their child's recovery.

Support the parents in believing the child.

Support the parents in not blaming the child and in alleviating the child's sense of guilt. Pick up on comments that blame the child ("I told him not to go to the park alone"; "I never trusted those kids that she hangs out with"; "They were right in the next room and he didn't even scream") or that negatively stereotype the child ("He's always been so hard to handle"; "She takes after her mom who was a prostitute").

Explain to the parents why their child may not have been able to tell them about the assault. The following are common reasons:

- Sex is a taboo subject in many families.
- Youngsters don't have the words to describe the experience.
- Children are often confused about what kinds of touching are appropriate.
- They fear parents' anger or blame.
- They feel responsible or stupid for having let it happen.
- Older children fear that parents will cease to trust them and curtail their privileges.
- They feel guilty for having derived some pleasure from sexual stimulation.
- They fear the explicit or implicit threats of the perpetrator (don't tell or you'll be whipped; mommy won't love you anymore; they'll take you away; I'll be put in jail, etc.)

Assist the parent in seeing that the child's health needs are attended to. In the case of such physical symptoms as vaginal or anal bleeding, discharge, rash, or sores, a referral to a pediatrician or hospital is indicated.

A child can also be treated by any competent pediatrician or hospital clinic equipped to diagnose and treat sexually transmitted disease, to conduct pregnancy tests, and to collect evidence of sexual assault. It is common for children to be fearful of the medical procedures. Feelings of shame about self-exposure and guilt regarding the sexual assault may intensify their fear. Explanations about the purpose of the procedures, descriptions of what will be done to them and what they will feel can be reassuring. Victim advocates can help parents prepare their children for medical procedures and can accompany children to the hospital or clinic.

Facilitate the beginning of parent-child communication regarding the assault. Children need honest and accurate information in order to understand what has happened to them. They need to be reassured that they were in no way to blame for what took place. They may be relieved to know that they are not the only ones who have been sexually assaulted, that it happens to other children. They need to ventilate the feelings they had during the assault; they may have had some pleasurable physical sensations and felt loved and cherished. Parents should let their children know that it is okay to feel as they do; they should react calmly and in a non-judgmental way. Often they fear that they will be punished for disclosing, that the perpetrator may retaliate or continue to harm them, or that their bodies will be permanently damaged as a result of the sexual assault. Repeated assurances by parents are essential.

Encourage the parents to bring their children for counseling and an assessment of how they are handling the effects of the assault. Parents of children who have been assaulted report that they worry about whether certain behavioral manifestations are normal or whether they represent unhealthy modes of dealing with the experience of the assault. Sometimes parents tend to magnify symptoms (such as age-appropriate interest in male-female differences) and sometimes they overlook signs of disturbance. Both for the welfare of the child and for the parent's peace of mind, it is advisable to have the child evaluated by a counselor.

Alert the parent to the possibility that siblings of the survivor or children outside of their family may also be the survivors of the same perpetrator. Encourage them to seek help for these other children as well.

Adult Survivor of Childhood Sexual Abuse

Definition/Description:

The caller/client is an adult who experienced, as a child, inappropriate sexual contact with another person who may or may not have been a relative. The caller/client might be experiencing anxiety, depression, low self-esteem, sexual adjustment problems, fear, guilt, lack of trust, nightmares, flashbacks, new memories, periods of dissociation (spacing out), self-harm, or substance abuse.

Many adults who were victims of sexual abuse have never told anyone or were not believed if they did tell. Children are commonly threatened into keeping abuse secret. As a result, memories of abuse may be denied or forgotten for years.

Goal/Approach:

Support the survivor in the present situation, and if appropriate, encourage him/her to seek individual counseling.

Do:

- Commend the caller on his/her decision to share his/her experience. Listen, believe, be supportive, and try to generate an atmosphere in which the caller feels safe.
- Be patient and explore the caller's feelings and experiences at the caller's own pace. Let the caller know it is okay to have the feelings being expressed.
- Be aware of and prepared for the caller to express continued concern about consequences for the offender, breakup of the family, disbelief, or continued abuse.
- Assure the caller that as a child s/he could not have stopped the abuse, given a child's limited ability to defend him/herself.

Don't:

- Do not be shocked if the caller reports the sexual contact may have been physically pleasurable.
- Do not focus on the abuser and his/her actions in place of the caller and his/her feelings.
- Do not verbally attack the abuser. Respect the caller's possible ambivalent feelings (e.g. love-hate).

Relationship Violence and Abuse

Signs of the Abuser

- Blames circumstances for own problems
- Demonstrates unpredictable behavior
- Belittles victim verbally
- Cannot control own anger
- Always asks for a second chance
- Abuser says, "I'll change...I won't do it again"
- Abuser's family may have also resolved problems with violence
- Plays on victim's guilt (If you loved me, you'd...)
- Behavior often becomes worse when abuser uses drugs or alcohol
- Is closed-minded- Abuser's way is the only way.

VERBAL ABUSE

- Uses verbal "put-downs" in order to damage self-esteem of partner—"You're so stupid that no one else wants you"
- Critical, frequently tries to change and control the other person
- Blames others (including victim) for abuser's own faults
- May seem angry at the world, claims "There's nothing wrong with me."
- **POOR COMMUNICATION SKILLS**, dominates conversation, may seem uncaring, a poor listener

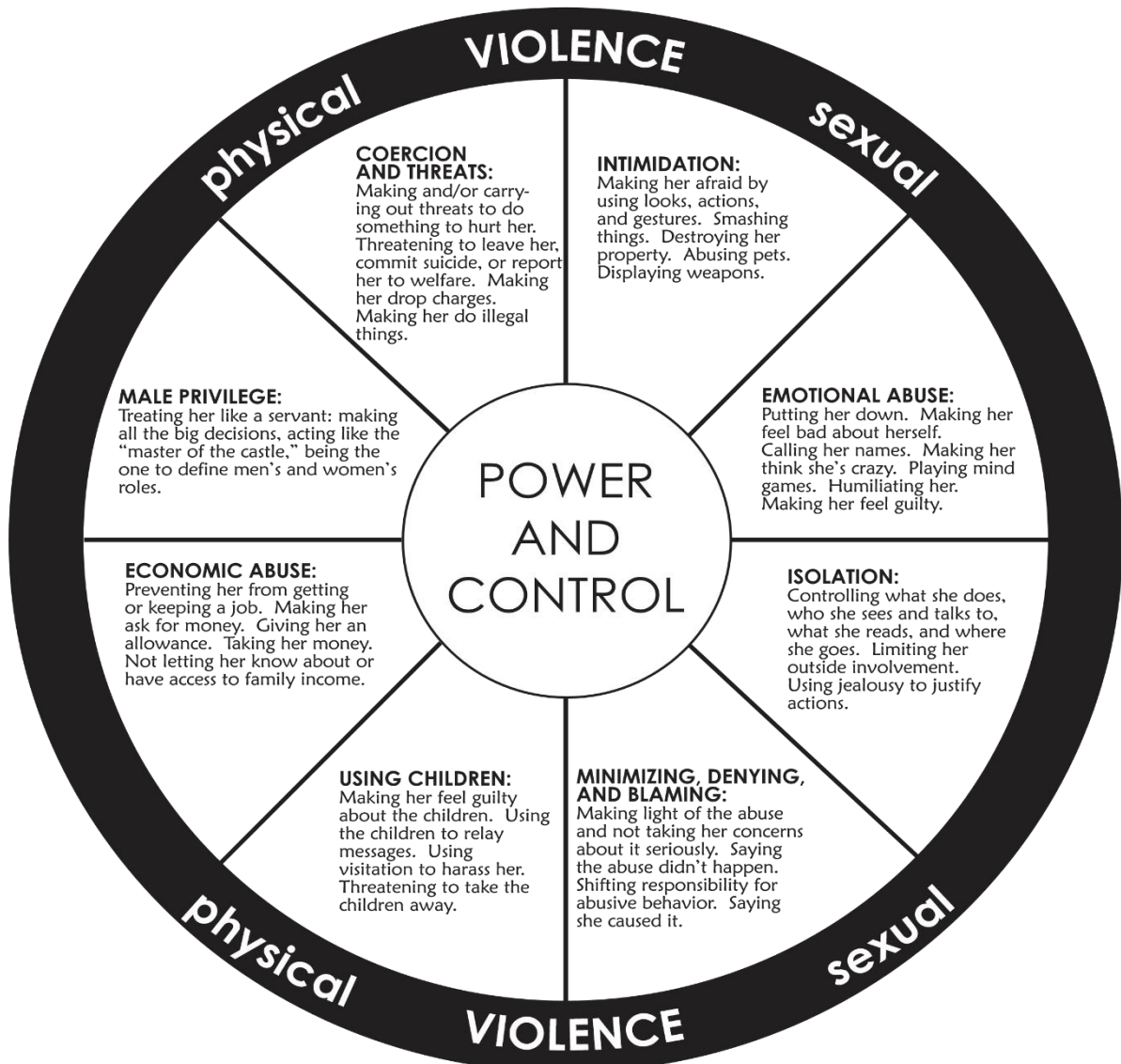
RELATIONSHIP PROBLEMS

- Extremely jealous and/or possessive
- A need to keep partner isolated and "CONTROLLED" in every way (financially, emotionally, physically, control over children if any)
- Minimizes or denies abuse, "I didn't hit you that hard." May be sorry after abusive episode, will promise that it won't happen again.
- Doesn't relate to partner as a person, but as a symbol or place-holder: MY partner
- Rigid expectations of roles within the relationship—Partner must conform to abuser's definition of roles.
- With heterosexual relationships, often strong "traditional" role expectations for the woman, and **NEGATIVE** and derogatory and/or idealized attitude toward women in general
- Selfish sexually. Sex is imposed rather than mutual. Little or no sexual satisfaction is achieved by the partner.

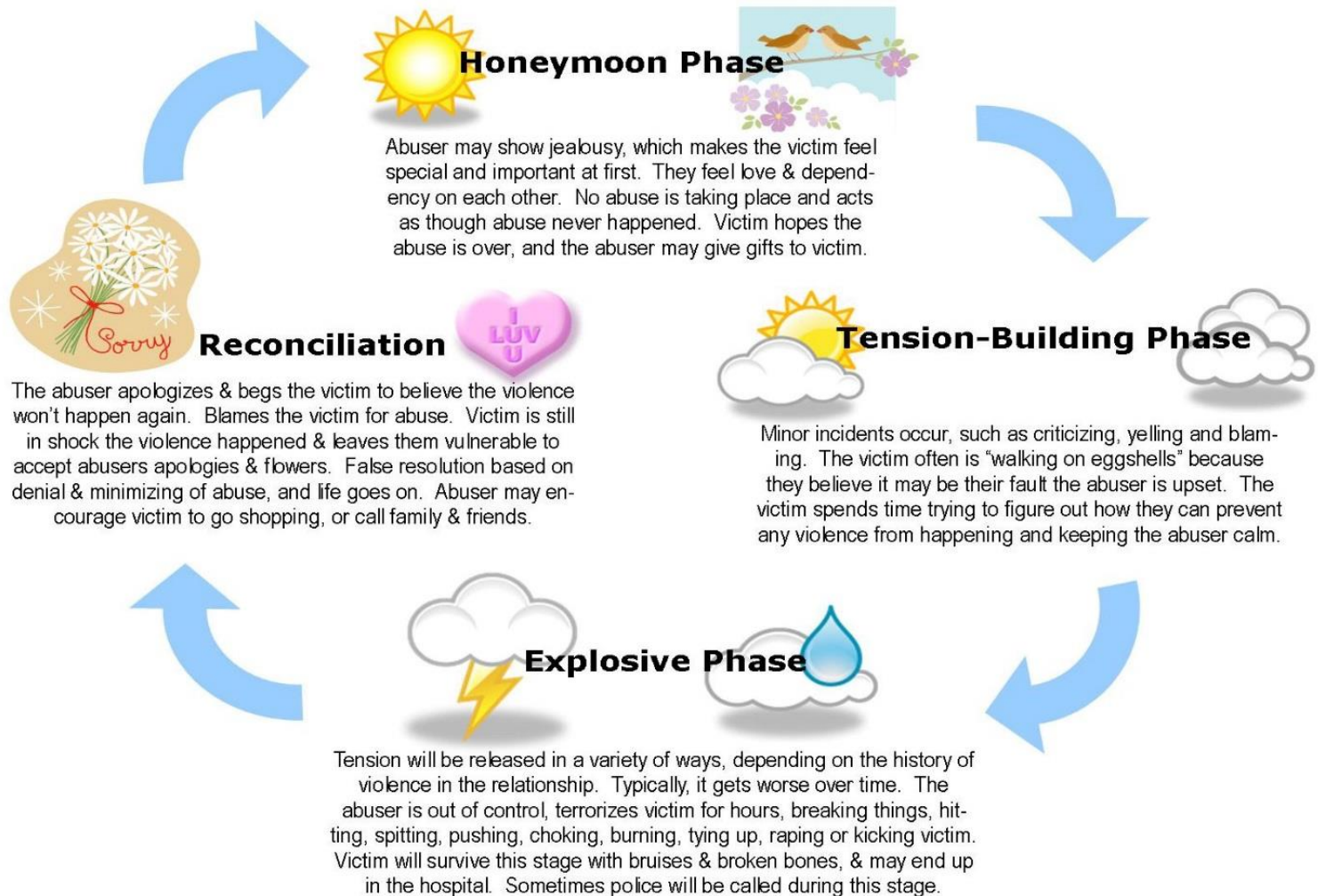
POWER AND CONTROL WHEEL

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the victim's life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over the victim. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.



The Cycle of Abuse



Emotional Reactions Experienced by Victims of Domestic Violence

- Loss of control, feelings of helplessness
- Fear
- Anger
- Guilt
- Embarrassment
- Doubts about own sanity

NO ONE HAS THE RIGHT TO ABUSE YOU VERBALLY, PHYSICALLY, OR EMOTIONALLY

Domestic violence

Why do they stay? Why don't they leave?

The information below is adapted from the National Coalition Against Domestic Violence.

It's not uncommon to hear "Why do women stay in abusive relationships?" or "Why don't they leave?" These types of questions, although common, have a tendency—whether unintentional or not—to blame victims and to suggest they enjoy or thrive on being abused. If they didn't enjoy being ill-treated, they would leave, right? Obviously, if they choose to stay, they must have low self-esteem, right?

No. These attitudes are common myths about victims of domestic violence. The fact is that reasons for staying are far more complex than a blanket statement about a victim's character or strength of will.

In some cases, women may seem to "want" to be beaten. For those who come from dysfunctional families—families in which they were routinely beaten and emotionally abused as children—they know no other patterns of behavior and have learned to *expect* frequent incidents of violence. For such women, the anxiety of waiting for the next outburst of violence is often more stressful and agonizing than the violence itself. They hate not knowing when they will next be hit, kicked, punched, burned, bitten, or stabbed, and they would rather "get it over with" than not know when they will next be abused.

Often, it is dangerous for a person to leave an abusive relationship. If the abuser is economically abusive and withholds all family money, leaving can lead to additional hardships. Leaving could mean living in fear of being stalked, fear of losing custody of any minor children (parental abduction is not uncommon), losing financial support, and experiencing harassment at work.

Do not underestimate the effects of domestic violence on its victims. Abused people experience isolation, shame, embarrassment, and humiliation. People may not immediately leave an abusive relationship because:

- They fear their abusers will become more violent—perhaps fatal—stalking them if they leave.
- Friends and family may not support their decision to leave.
- They fear being a single parent with little money.
- There are periods of calm, nurturing and love between incidents of violence (see *The Cycle of Abuse*).
- They may be unaware of sources of advocacy and support.
- They may be unaware of shelters and other resources that offer safety and support.

Safety Planning

Safety planning for someone involved in an abusive relationship is a necessary and important step. Planning can be used while you are still with your abuser or after the relationship has ended. While still in an abusive relationship, your safety is of primary importance.

These safety suggestions have been compiled from safety plans distributed by state domestic violence coalitions from around the country. Following these suggestions is not a guarantee of safety, but could help to improve your safety situation.

Personal Safety with an Abuser

- Identify your partner's use and level of force so that you can assess danger to you and your children before it occurs.
- Try to avoid an abusive situation by leaving.
- Identify safe areas of the house where there are no weapons and there are ways to escape. If arguments occur, try to move to those areas.
- Don't run to where the children are, as your partner may hurt them as well.
- If violence is unavoidable, make yourself a small target; dive into a corner and curl up into a ball with your face protected and arms around each side of your head, fingers entwined.
- If possible, have a phone accessible at all times and know what numbers to call for help. Know where the nearest pay phone is located. Know the phone number to your local battered women's shelter. Don't be afraid to call the police.
- Let trusted friends and neighbors know of your situation and develop a plan and visual signal for when you need help.
- Teach your children how to get help. Instruct them not to get involved in the violence between you and your partner. Plan a code word to signal to them that they should get help or leave the house.
- Tell your children that violence is never right, even when someone they love is being violent. Tell them that neither you, nor they, are at fault or are the cause of the violence, and that when anyone is being violent, it is important to stay safe.
- Practice how to get out safely. Practice with your children.
- Plan for what you will do if your children tell your partner of your plan or if your partner otherwise finds out about your plan.
- Keep weapons like guns and knives locked away and as inaccessible as possible.
- Make a habit of backing the car into the driveway and keeping it fueled. Keep the driver's door unlocked and others locked — for a quick escape.
- Try not to wear scarves or long jewelry that could be used to strangle you.
- Create several plausible reasons for leaving the house at different times of the day or night.
- Call a domestic violence hotline periodically to assess your options and get a supportive understanding ear.

Getting Ready to Leave

- Keep any evidence of physical abuse, such as pictures.
- Know where you can go to get help; tell someone what is happening to you.
- If you are injured, go to a doctor or an emergency room and report what happened to you. Ask that they document your visit.
- Plan with your children and identify a safe place for them, like a room with a lock or a friend's house where they can go for help. Reassure them that their job is to stay safe, not to protect you.
- Contact your local battered women's shelter and find out about laws and other resources available to you before you have to use them during a crisis.
- Keep a journal of all violent incidences, noting dates, events and threats made, if possible.
- Acquire job skills or take courses at a community college as you can.
- Try to set money aside or ask friends or family members to hold money for you.

General Guidelines for Leaving an Abusive Relationship

- You may request a police stand-by or escort while you leave.
- If you need to sneak away, be prepared.
- Make a plan for how and where you will escape. Plan for a quick escape.
- Put aside emergency money as you can.
- Hide an extra set of car keys.
- Pack an extra set of clothes for yourself and your children and store them at a trusted friend or neighbor's house. Try to avoid using the homes of next-door neighbors, close family members and mutual friends.

Take with you important phone numbers of friends, relatives, doctors, schools, etc., as well as other important items, including:

- Driver's license
- Regularly needed medication
- Credit cards or a list of credit cards you hold yourself or jointly
- Pay stubs
- Checkbooks and information about bank accounts and other assets

If time is available, also take:

- Citizenship documents (such as your passport, green card, etc.)
- Titles, deeds and other property information
- Medical records
- Children's school and immunization records
- Insurance information
- Copy of marriage license, birth certificates, will and other legal documents
- Verification of social security numbers
- Welfare identification
- Valued pictures, jewelry or personal possessions

You may also create a false trail.

Call motels, real estate agencies and schools in a town at least six hours away from where you plan to relocate. Ask questions that require a call back to your house in order to leave phone numbers on record.

After Leaving the Abusive Relationship

If getting a protection order and the offender is leaving:

- Change your locks and phone number.
- Change your work hours and route taken to work.
- Change the route taken to transport children to school.
- Keep a certified copy of your protection order with you at all times.
- Inform friends, neighbors and employers that you have a protection order in effect.
- Give copies of the protection order to employers, neighbors and schools along with a picture of the offender.
- Call law enforcement to enforce the order.

If you leave:

- Consider renting a post office box or using the address of a friend for your mail.
- Be aware that addresses are on protection orders and police reports.
- Be careful to whom you give your new address and phone number.
- Change your work hours, if possible.
- Alert school authorities of the situation.
- Consider changing your children's schools.
- Reschedule appointments that the offender is aware of.
- Use different stores and frequent different social spots.
- Alert neighbors and request that they call the police if they feel you may be in danger.
- Talk to trusted people about the violence.
- Replace wooden doors with steel or metal doors. Install security systems if possible.
- Install a motion sensitive lighting system.
- Tell people you work with about the situation and have your calls screened by one receptionist if possible.
- Tell people who take care of your children who can pick up your children. Explain your situation to them and provide them with a copy of the protection order.
- Call the telephone company to request caller ID. Ask that your phone number be blocked so that if you call anyone, neither your partner nor anyone else will be able to get your new, unlisted phone number.