

# Dynamics of Sexual Assault

for Domestic Violence Advocates and  
Agency Responders

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With thanks to:

**Sara Allen, M.A.**

**Center for Women in Transition and**

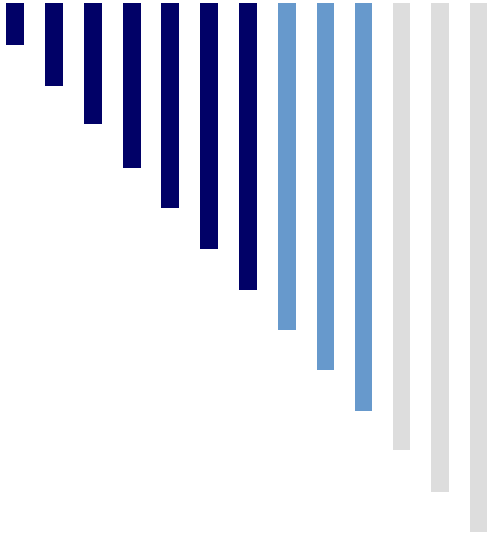
**Juliet Walters, NCDSV**

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How many of you know someone personally who has been raped or sexually assaulted?

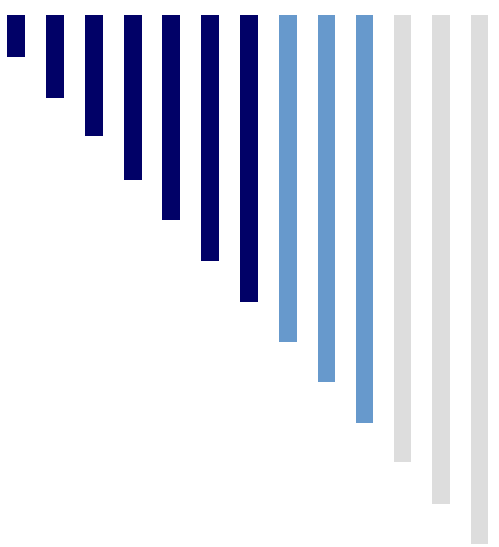
What is the difference between sex and rape?



# Rape Myths and Realities



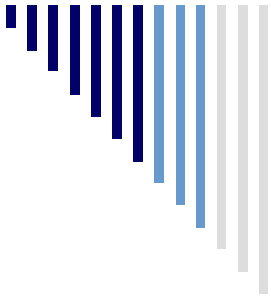
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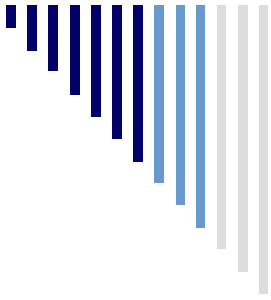
Myth: Men rape women  
because it is their nature and  
biological role

Fact: There are many  
societies in which men never  
rape women

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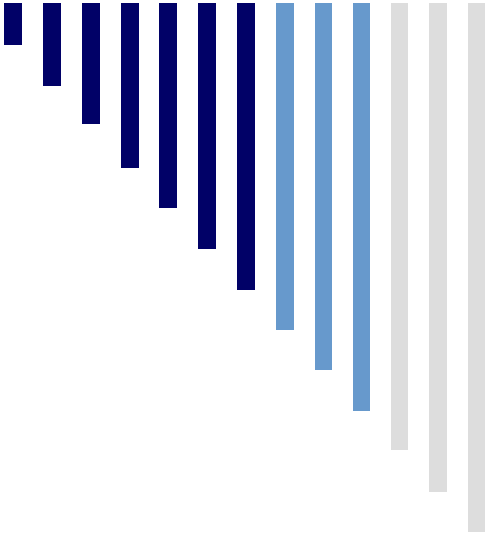
- Connections to a high rate of rape:
    - the glorification of violence,
    - the objectification of women,
    - the encouragement of tough and aggressive behavior in men, and
    - the prevalence of war.
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Rate of rape is high in some societies and low in others suggests that:

- It is a behavior that can be encouraged or discouraged,
  - Depends on the values of the society,
  - The values connected to masculinity and femininity, and
  - The power relations between men and women.
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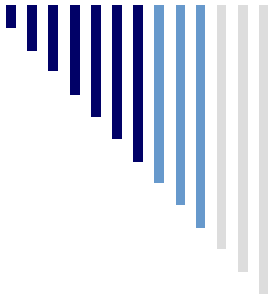
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Myth: Only certain types of women get raped. It could never happen to me.

Fact: Any woman can be raped.

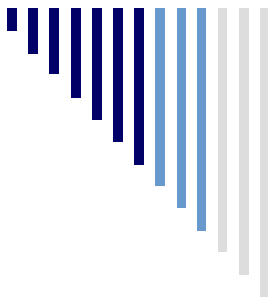
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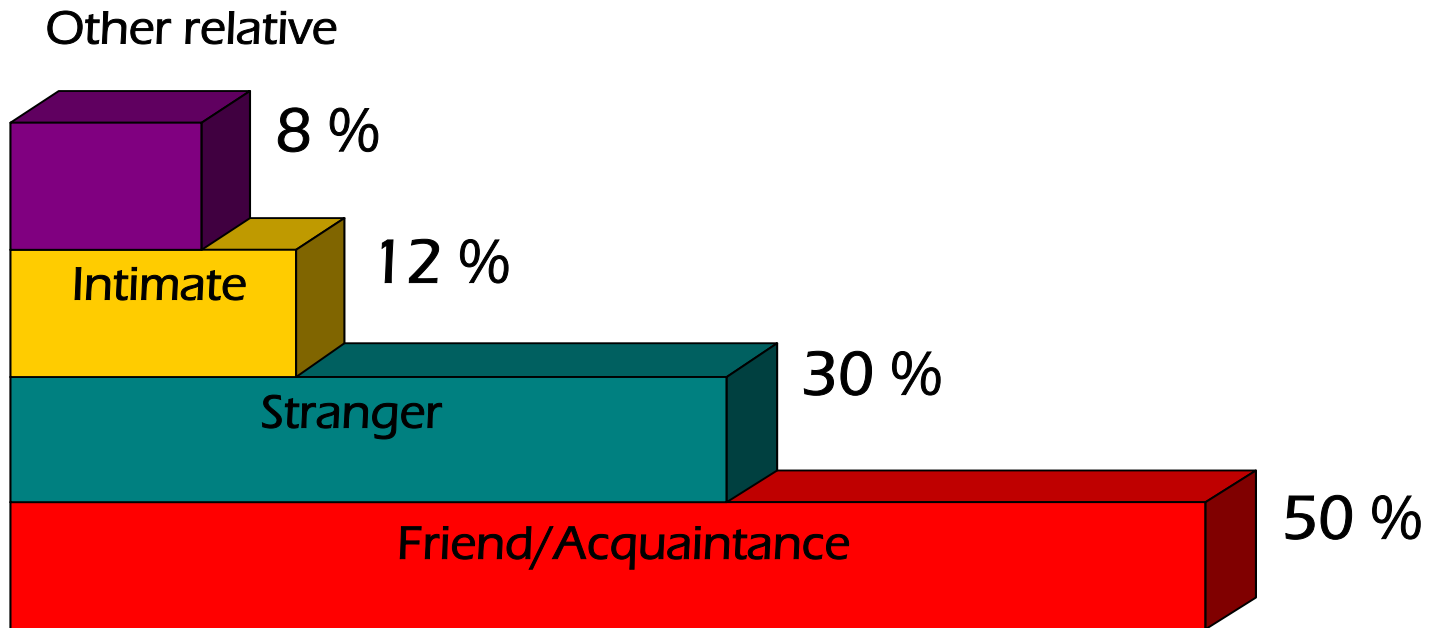
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This myth suggests that those who are raped are:

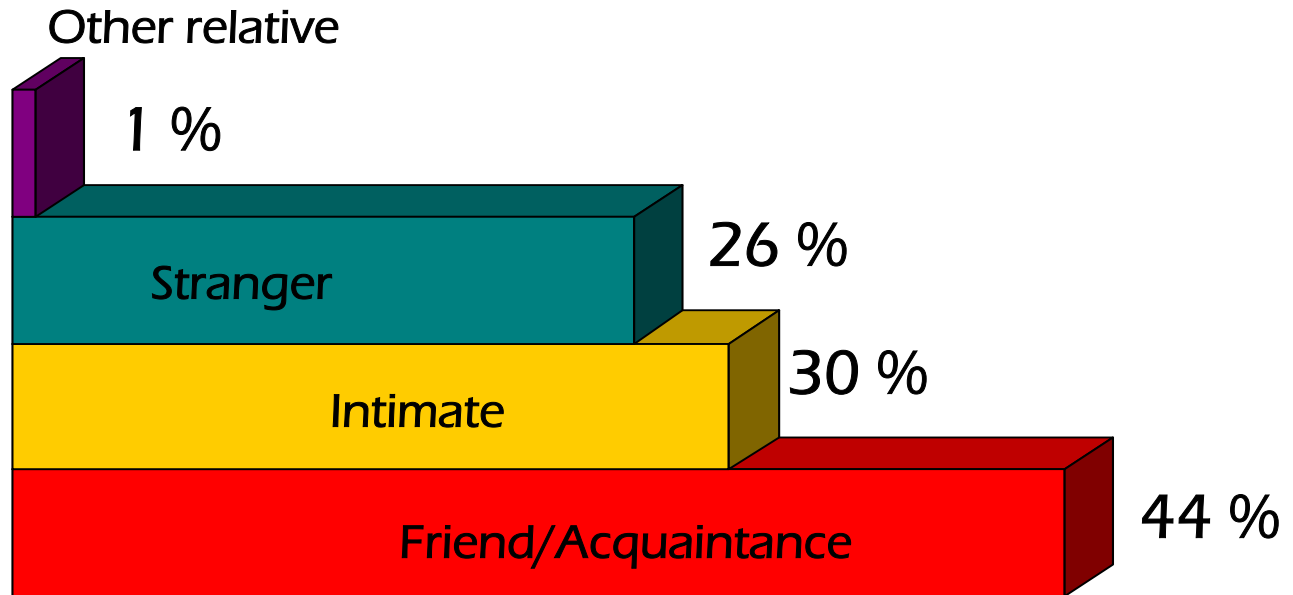
- Promiscuous.
  - Have poor judgment.
  - Only young, attractive women are raped.
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- It has racist and classist overtones.
  - Women from the very young to the elderly, women of all ethnicities, of all socioeconomic levels, and of all sexual orientations are raped.
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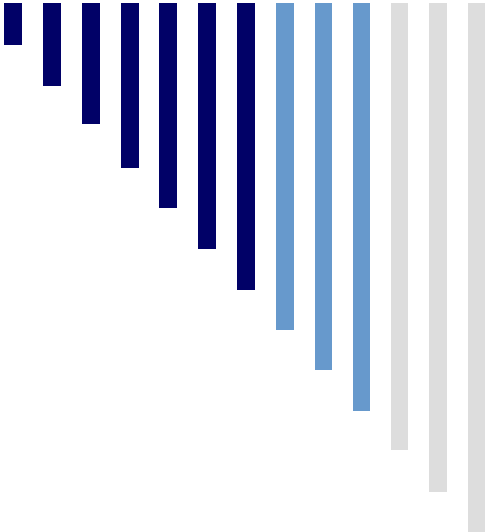
# Female Victim



# Male Victim



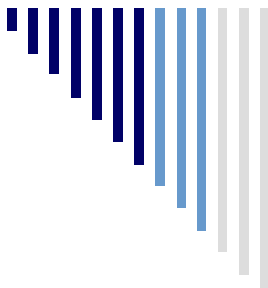
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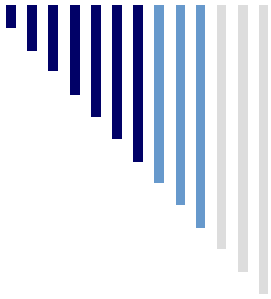


Myth: Men rape women because they are sexually aroused or have been sexually deprived.

Fact: Men rape women to exert control and confirm their power.

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- This myth serves as an excuse for male aggression, especially in a society where women are portrayed as the ones responsible for male sexual arousal. The phrase “she turned me on” suggests that male sexual arousal is an uncontrollable urge that must be satisfied. It also suggests that a lack of access to willing sexual partners leaves no other choice but to rape.
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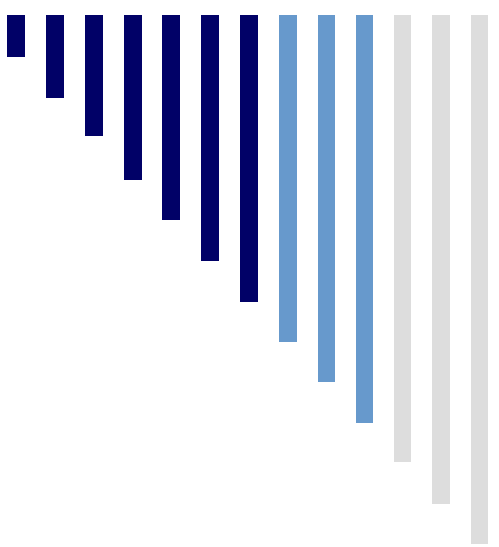


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Motives for rape are complex and varied:

- ❑ Hostility against women in general.
  - ❑ The desire to feel and exert power and control.
  - ❑ The desire to humiliate and degrade.
  - ❑ In some cases, the desire to inflict pain.
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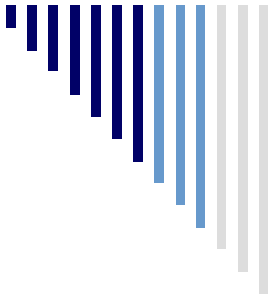
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Myth: Rapes are committed by strangers at night in dark alleys

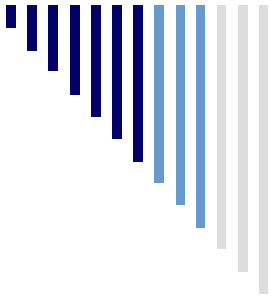
Fact: Most rapes are committed by someone the woman knows and at any time of the day or night. Women are raped most commonly in their own homes.

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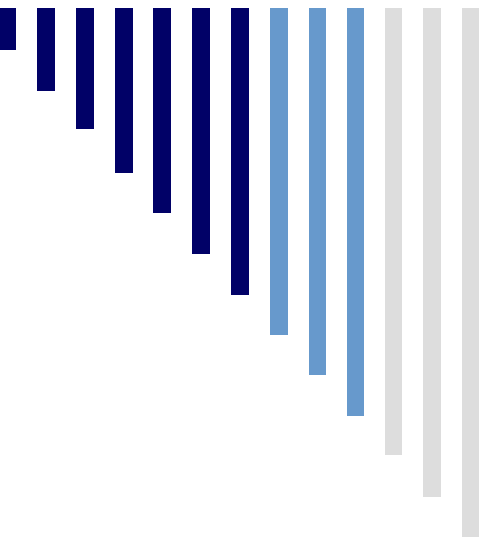
Most recent research shows:

- Approximately three out of four rape victims knew the person who raped them.
  - Women are often forced into sex by their husbands, boyfriends, and partners.
  - Often the woman initially trusts the person who rapes her and welcomes him into her home or accepts an invitation from him.
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- She is then blamed for his actions and, sadly, often blames herself, especially if her prior understanding of rape was based on more myth than fact.
- And if the rapist is her husband, or partner, she may not anticipate that anyone would define that as rape.

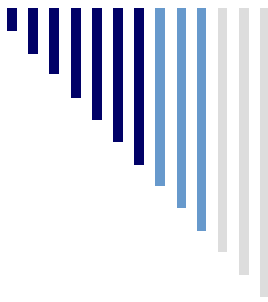
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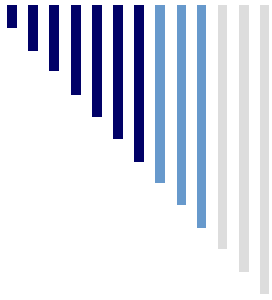


Myth: Most rapes are committed by black men raping white women.

Fact: Men who rape come from all races, all social classes, and all ethnicities.

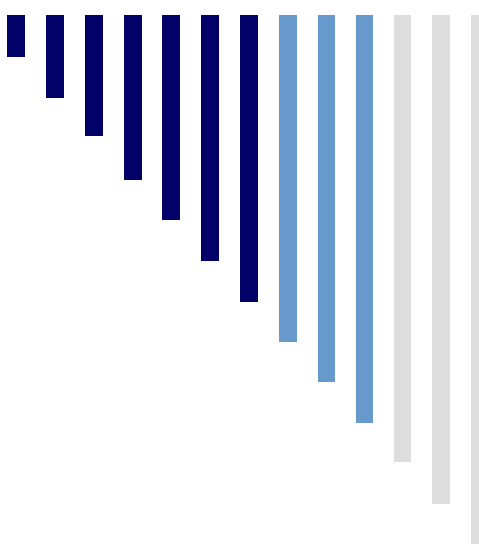
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- This myth is based on racism. Studies done in the last two decades conclude that men usually rape women from their own race, ethnicity, and social class.
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- No significant difference in the rate of rape and sexual assault among racial groups.
- The rate of rape and sexual assault was higher among urban and low income residents of all races.
- When men rape women of other races and ethnicities, it is more often a white assailant raping a woman of color than a man of color raping a white woman.

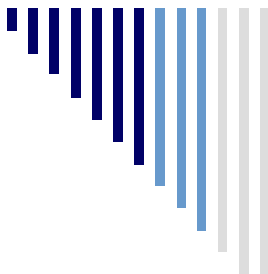
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Myth: Men who rape are  
“psychos”.

Fact: Men who rape are mostly  
ordinary, everyday guys.

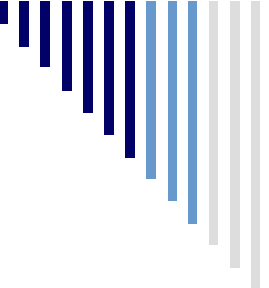
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This myth gives a false sense of security because most rapes are committed by acquaintances:

- Tiny percentage of men who rape are clinically insane by standard psychiatric criteria. It is these cases that are often highlighted by the media.
  - The vast majority of men who rape are indistinguishable from your friends.
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- The major difference between men who rape and men who don't rape is their attitude toward women.
  - Men who rape believe they have a right of sexual access to women whenever they please and therefore often don't view what they do as rape.
  - This attitude is heightened in such men when the woman is a girlfriend or wife.
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# Rapist Myths

## **OLD MYTH**

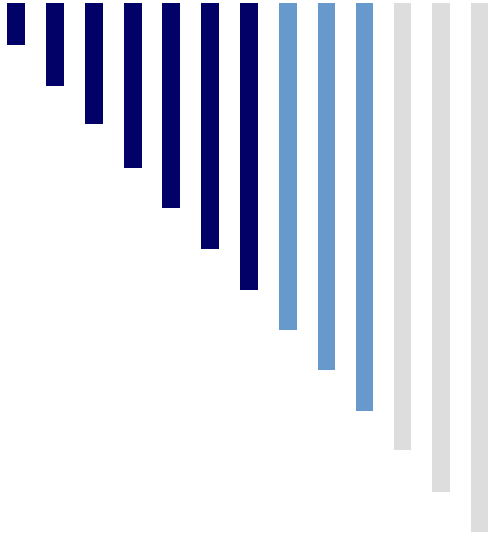
- Ski mask
- Weapon
- Blitz attack
- Stranger
- Brutal injuries

## **NEWER MYTH**

- Nice guy
- Drank too much
- Miscommunication
- Unpremeditated
- Won't happen again
- Less serious criminals



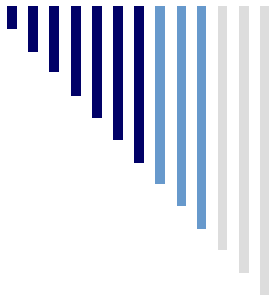
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Myth: Acquaintance rapes are not serious as stranger rapes.

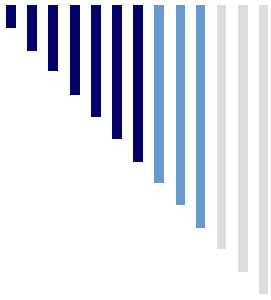
Fact: Acquaintance rape is as serious as rape by a stranger.

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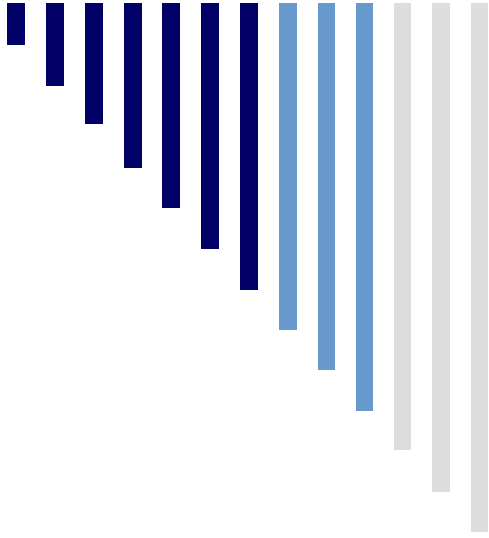


This very common myth views acquaintance rape as more a matter of miscommunication than anything else:

- that if women would only speak up and make their needs clear, it would never happen;



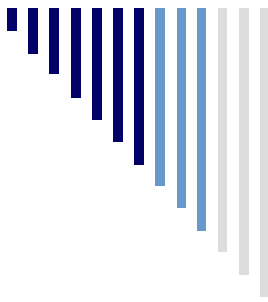
- That women are hard to interpret, often changing their minds, making it confusing for a guy. acquaintances.
  - This myth reveals an ignorance of the source of the trauma of rape, which is the loss of control over one's body, mind, and spirit, regardless of whether the assailant is a stranger or an acquaintance.
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Myth: Women provoke rape by the way they dress or the way they flirt

Fact: Men rape women because they can get away with it. Women's dress and behavior are not the cause.

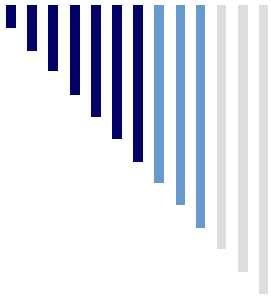
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This myth expresses the belief that it is up to women to draw sexual boundaries and that men can't (or shouldn't have to) control their sexual appetites. It justifies the use of violence as a result of sexual arousal. Rape is an expression of power and control.

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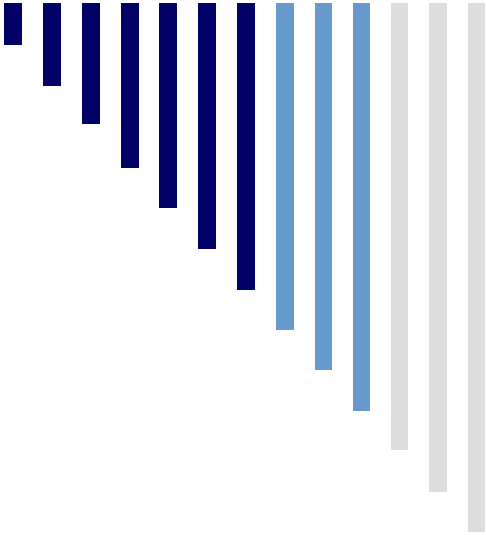


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A man might justify his raping by pointing to the woman's behavior, but that is an excuse rather than a reason. It is a cruel irony that women are socially encouraged to be sexually attractive and seductive and then, if they are raped, are blamed for the other person's violent act.

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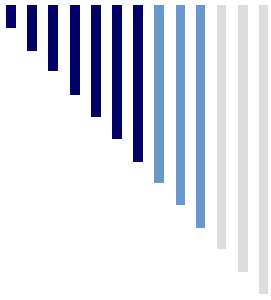
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Myth: Women lie about being raped or use it to get even with their boyfriends or husbands.

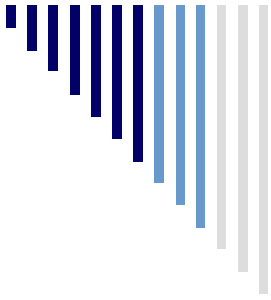
Fact: Women do not lie about being raped.

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This myth is another variation on the theme of blaming the victim. It serves to increase hostility and suspicion toward women. One can find isolated cases of a woman lying about being raped, but this is not the norm.

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And such cases should not be confused with rapes that are not prosecuted; a lack of evidence for the district attorney to proceed is not the same as a lack of truth. The rate of false reports of rape is 2-3%, no different than the rate for other crimes.

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Myth: Men can never be raped.

Fact: Men can be and are sexually assaulted.

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# Men are Raped

- According to the U.S. Department of Justice, an estimated 9% of rape survivors are male.
  - Their attackers are almost always other males. Sometimes the man who rapes another man is heterosexual and homophobic.
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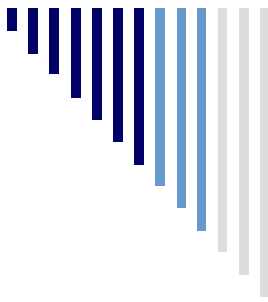


# Men are Raped

The rape is an expression of the contempt he feels for the other person, whom he views as not being sufficiently masculine in appearance and behavior.

The survivor in such sexual assaults is not necessarily, nor usually gay.

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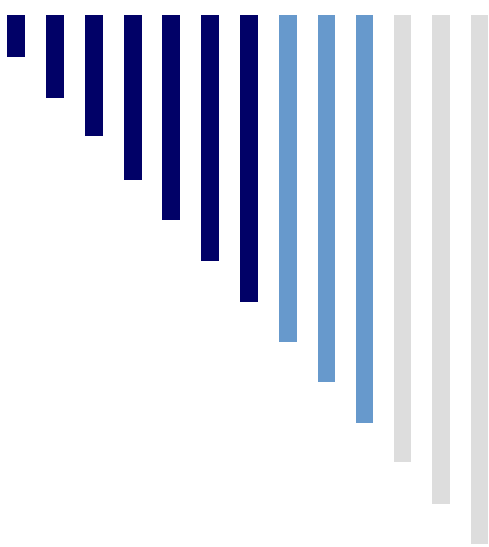


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The assailant is indiscriminant in his choice of a male or female victim. In all cases studied by Nicholas, Groth, and Ann Burgess, “the sexual assault was an act of retaliation, an expression of power, and an assertion of their strength and manhood.”

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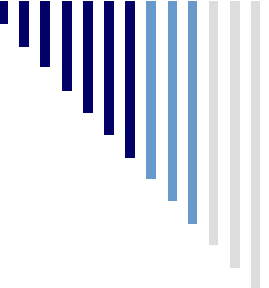
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**Myth:** If victims didn't drink, they wouldn't be sexually assaulted

**Fact:** Alcohol is a weapon that some rapists use to control their victims. A rapist will often encourage the victim to use alcohol, or identify a victim who is already drunk. Alcohol is not a cause of rape, it is a tool that rapists use.

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**Myth:** If the victim didn't struggle with or fight the assailant, it wasn't rape.

**Fact:** Rapists are not looking to fight and they use many forms of coercion, threats and manipulation to rape. Alcohol, and other drugs such as Rohypnol are often used to incapacitate victims.

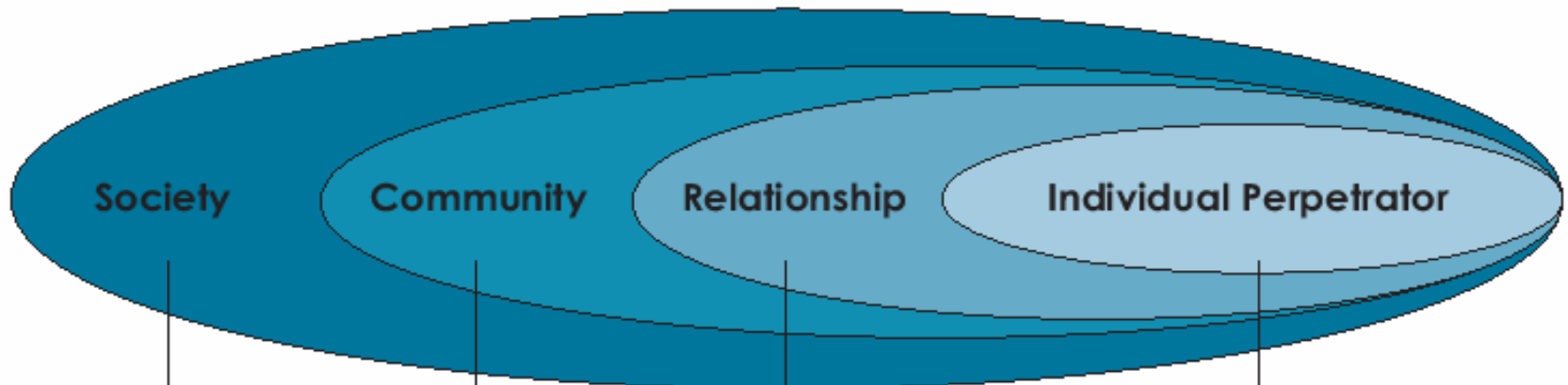
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# The Detected (Incarcerated) Sex Offender

- Propensity to reoffend
- 50% have childhood history of sexual or other physical abuses
- 99 in 100 are male
- 6 in 10 are white
- Early 30's
- History of convictions for violent sex offenses
- Likely to report having used a knife
- Victim was a stranger in only 30% of cases
- 25% of the victims were their child or stepchild



# FACTORS ASSOCIATED WITH MEN COMMITTING RAPE



## Society

- Norms granting men control over female behavior
- Acceptance of violence as a way to resolve conflict
- Notion of masculinity linked to dominance, honor, or aggression
- Norms supportive of sexual violence
- Norms supportive of male superiority and sexual entitlement
- Weak laws and policies related to sexual violence and gender equality
- High levels of crime and other forms of violence

## Community

- Poverty, low socioeconomic status, unemployment
- Associating with sexually aggressive or delinquent peers
- Lack of institutional support from police and judicial system
- General tolerance of sexual assault within the community
- Weak community sanctions against perpetrators of sexual violence

## Relationship

- Associates with sexually aggressive or delinquent peers
- Family environment is characterized by physical violence and few resources
- Strongly patriarchal relationship or family environment
- Emotionally unsupportive family environment
- Family honor considered more important than the health and safety of the victim

## Individual Perpetrator

- Alcohol and drug use
- Coercive sexual fantasies; attitudes supportive of sexual violence
- Impulsive and antisocial tendencies
- Preference for impersonal sex
- Hostility towards women
- History of sexual abuse as a child
- Witnessed family violence as a child

Adapted from Guidelines for Medico-legal Care for Victims of Sexual Violence: World Health Organization, 2003

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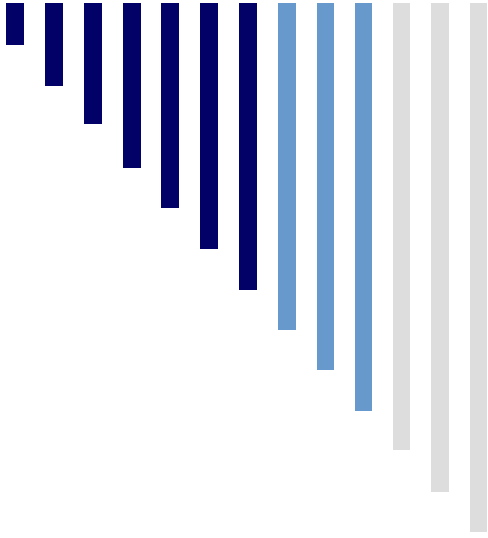
# Considerations for Working

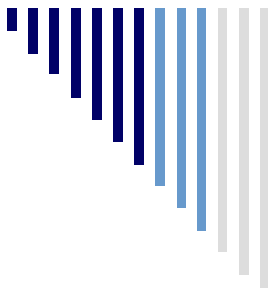
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## with Rape Survivors

Because we have grown up with myths, it is very important to learn the facts in order to be able to be sensitive to the feelings and needs of rape survivors. If you don't seriously examine within yourself the very common tendency to blame the victim, your judgmental attitude will creep into your choice of words or the tone of your voice.

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# Many Rape Survivors have Internalized these Myths

If a survivor believes that only certain types of women get raped, rather than understanding that it could happen to any woman, her trauma will be intensified by her constant need to understand why it happened to her. Your knowledge of the myths and facts about rape and your ability to communicate the differences in a caring way will help a survivor in her healing.

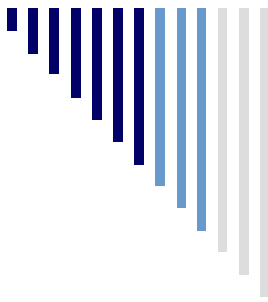
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# Common Reactions to Assault

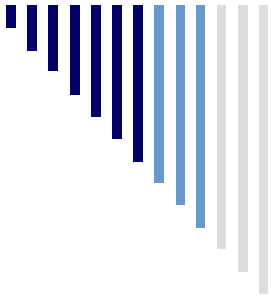
- Fear and Anxiety
  - Re-experiencing of the trauma
  - Increased Arousal
  - Avoidance
  - Guilt and Shame
  - Depression
  - Negative Beliefs about Self, Others, and the World
  - Relationship Difficulties
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# Fear and Anxiety

- Occurs when views of the world and a sense of safety have changed
  - Triggers or cues that cause anxiety may include: places, times of day, certain smells or noises, or any situation that is a reminder of the assault
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- The feeling of vulnerability is often associated with physical anxiety symptoms: feelings of nervousness, jittery, muscular tension, agitation, restlessness, trembling
  - Symptoms of anxiety can also include excessive worry, phobic reactions and panic attacks
  - Safety concerns
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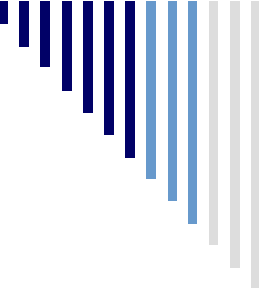


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# Re-experiencing of the Trauma

Memories intrude upon other activities and thoughts. This means the person is continuing to master the assault experience. The memories cause much distress, increase feelings of vulnerability and helplessness, and interfere with daily living.

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- Unwanted intrusive thoughts
  - Flashbacks – vivid images as if the assault is occurring again
  - Nightmares
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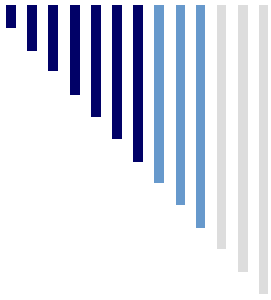
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# Increased Arousal

People who have been assaulted often see the world as filled with danger, so their bodies are on constant alert, always ready to respond to any attack.

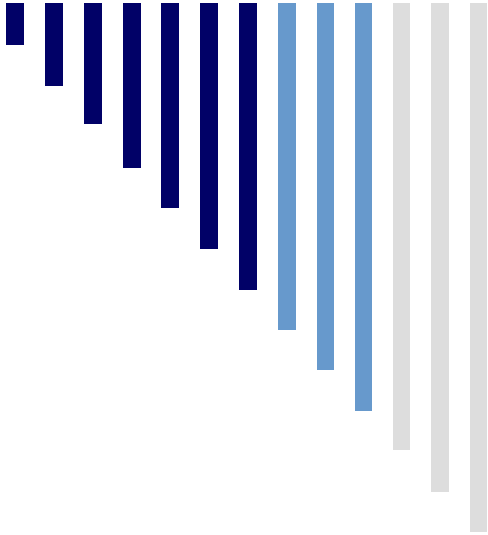
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- Rapid heart rate, shallow breathing
  - Feeling jumpy, jittery, or shaky
  - Easily startled
  - Difficulty concentrating
  - Difficulty sleeping
  - Continued arousal can lead to irritability and impatience
  - Fight or flight response
  - Hypervigilance
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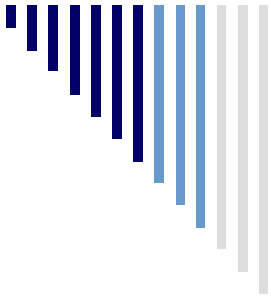
# Avoidance

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Avoidance is a common way of managing trauma-related pain. The most common type is avoiding situations that remind the person of the assault, such as the place where it happened. Often situations that are less directly related to the trauma are avoided, such as going out in the evening if the assault happened at night.

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This can lead to feelings of numbness, which make it difficult for the person to have either fearful or pleasant and loving feelings.

Sometimes the painful thoughts or feelings may be so intense that the person blocks them out all together and cannot remember parts of the assault.

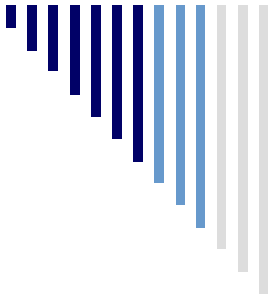
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# Guilt and Shame

- In order to make sense of their experience, survivors may blame themselves. These feelings are often encouraged by societal attitudes and they interfere with self-compassion, hindering recovery.
    - *“I shouldn’t have been drinking”*
    - *“I should have fought back harder”*
    - *“If I wouldn’t have fought back, I wouldn’t have gotten hurt”*
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- Feeling guilty for the assault means that the survivor is taking responsibility for the actions of the assailant.
  - Feeling guilt and shame may help the survivor feel like she had some control over the situation, however it also leads to feelings of helplessness and depression.
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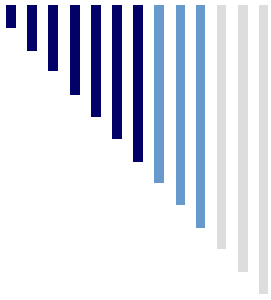


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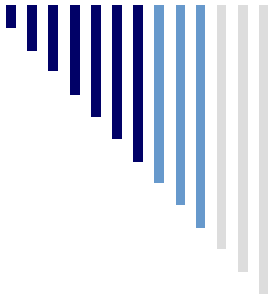
# Negative Beliefs about Self, Others, and the World

Self-Image often becomes more negative:

- “If I hadn’t been so weak or stupid, this wouldn’t have happened to me”
  - “I am a bad person and deserved this”
  - “I am a different person than before”
  - “I am damaged”
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- Relationships with others can become tense
  - “People cannot be trusted”
  - “Men are dangerous”
  - “People in authority cannot be counted on to help”
  - Ability to be intimate in close relationships diminishes
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- The world is a dangerous place
  - Good people are vulnerable to harm and bad people may be rewarded
  - There is little purpose in life and little meaning to human existence
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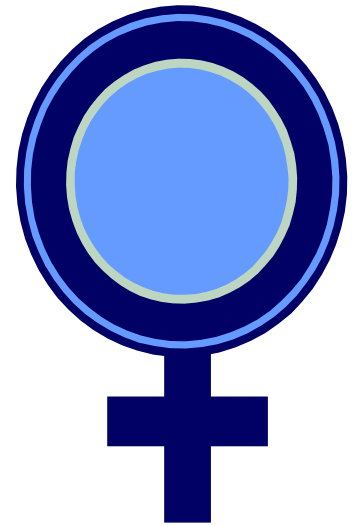
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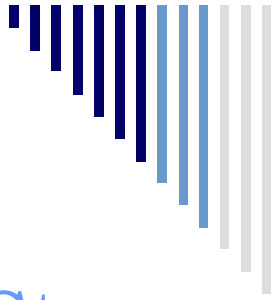


# Physical Health Symptoms and Problems

Many rapes result in physical injury

- Pain from a wound or bruising
- Pelvic pain
- Rectal pain or bleeding





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## Stress-related illnesses and physical symptoms

- Headaches
- Nausea
- Gastrointestinal problems

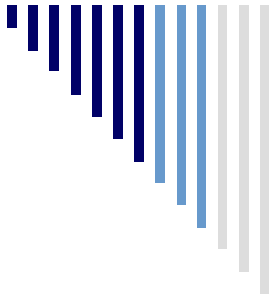
## Other repercussions

- STD's
  - Pregnancy—estimated rate with rape is 4.7%
  - Fatalities occur in about 0.1% of all rape cases
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# The Effects of Sexual Assault on the Victim

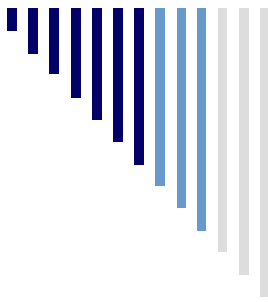
- 1 in 3 experience depression
- 1 in 3 have contemplated suicide
- 1 in 8 attempt suicide
- Victims often turn to drugs or alcohol





# Rape Trauma Syndrome

- RTS is a specific form of a broader category of trauma response called post-traumatic stress disorder (PTSD).
- Reactions to rape are considered separately from other forms of PTSD because of the specific nature of the trauma of rape.

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- Rape is “the ultimate violation of the self, short of homicide, with the invasion of one’s inner and most private space, as well as the loss of autonomy and control.”
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# Rape Trauma Syndrome

RTS has three phases that can disrupt the physical, psychological, social, and sexual aspects of the survivor's life

**Phase I: Acute** (also called disruptive)

Can last from days to weeks

**Phase II: Denial** (also called recoil or suppression)

Can last from a few weeks to six months

**Phase III: Reorganization** (also called assimilation or integration) Can last from months to years

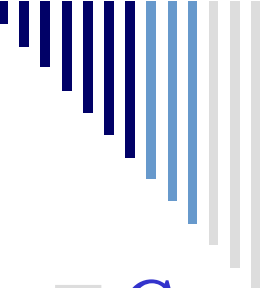
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# Phase I: Acute Crisis

- The immediate reaction to the assault
  - Often characterized by shock and disbelief
  - Common physical issues at this stage include: physical injury, tension, fatigue, difficulty sleeping, changes in appetite or nausea
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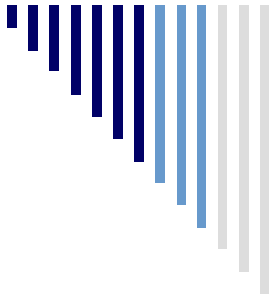
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- Common emotional reactions include: fear, shame, guilt, anger, embarrassment, revenge, helplessness
  - The survivor is often flooded with conflicting emotions—she may feel like she is “going crazy”
  - You can help a survivor in this phase by validating and normalizing her feelings
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# Phase II: Denial

- Numbing or reduced involvement with the environment
  - Frequently survivors alternate between the denial phase and the acute phase
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The survivor might attempt to forget the assault and explain that she is “over it”. This represents her desire to achieve mastery over the assault and is an expression of the desire to move forward with life.

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# Phase III: Reorganization

- This phase lasts the longest (months to years). The length of time depends on her past experiences, interaction with crisis, medical and legal professionals and her access to a support system
  - Psychological symptoms: nightmares, phobias, paranoia, compulsions
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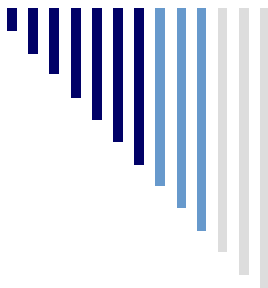


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# Phase III: Reorganization

- Physical symptoms: gynecological problems, backaches, migraines and eating disturbances
  - Sexual problems: avoidance or promiscuity
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# Post-Traumatic Stress Disorder (PTSD)



- In 1980, PTSD was added to the DSM-III as an anxiety disorder to capture a set of symptoms that trauma victims often experience
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# DSM-IV Diagnostic Criteria for PTSD

PTSD is precipitated by an event that falls outside the usual human experience and characterized by symptoms of re-experiencing, avoidance and numbing, and arousal that persist longer than 1 month following a trauma.

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# DSM-IV Diagnostic Criteria for PTSD

A. The person has been exposed to a traumatic event in which both of the following were present:

(1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others

(2) The person's response involved intense fear, helplessness, or horror

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# DSM-IV Diagnostic Criteria for PTSD

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

- (1) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions
  - (2) Recurrent dreams of the event
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# DSM-IV Diagnostic Criteria for PTSD

- Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations).
  - Dissociate or flashback episodes, including those that occur upon awakening or when intoxicated)
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# DSM-IV Diagnostic Criteria for PTSD

- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
  - Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
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# DSM-IV Diagnostic Criteria for PTSD

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

(1) Efforts to avoid thoughts, feelings, or conversations associated

(2) Efforts to avoid activities, places, or people that arouse recollections

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# DSM-IV Diagnostic Criteria for PTSD

- (3) Inability to recall an important aspect of the trauma
  - (4) Markedly diminished interest or participation in significant activities
  - (5) Feeling of detachment or estrangement from others
  - (6) Restricted range of affect (e.g. unable to have loving feelings)
  - (7) Sense of a foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span)
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# DSM-IV Diagnostic Criteria for PTSD

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- (1) Difficulty falling or staying asleep
  - (2) Irritability or outbursts of anger
  - (3) Difficulty concentrating
  - (4) Hypervigilance
  - (5) Exaggerated startle response
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# DSM-IV Diagnostic Criteria for PTSD

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

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# DSM-IV Diagnostic Criteria for PTSD

*Specify if:*

- Acute: if duration of symptoms is less than 3 months
- Chronic: if duration of symptoms is 3 months or more

*Specify if:*

- With Delayed Onset: if onset of symptoms is at least 6 months after the stressor

*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (pp. 427-429).  
Copyright 1994 American Psychiatric Association.*

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# Crisis Intervention with Sexual Assault Victims

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“an acute emotional upset arising from situational, developmental, or social sources and resulting in a temporary inability to cope by means of one’s usual problem-solving devices”

– Lee Ann Hoff

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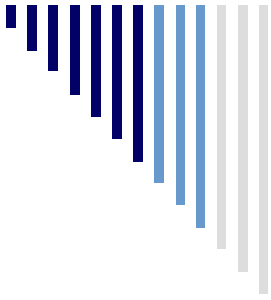
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# Crisis Intervention with Sexual Assault Victims

The goals of crisis intervention are closely linked to what is known about recovery from trauma. Experts have described the core experiences of psychological trauma are disempowerment and disconnection (Herman, Trauma and Recovery).

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- **Disempowerment**– refers to a decreased sense of personal control or power over one’s life and environment.
  
  - **Disconnection**– refers to a sense of difference or alienation from others.
  
  - Herman argues that the guiding principles behind all recovery efforts must therefore be re-empowerment and the establishment of new and meaningful relationships.
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# Goal 1: Re-empowerment

The first principle of recovery is the empowerment of the survivor. She must be the author and arbiter of her own recovery. Others may offer advice, support, assistance, affection, and care, but not cure.

Efforts toward empowerment can be categorized as techniques of validation and stabilization.

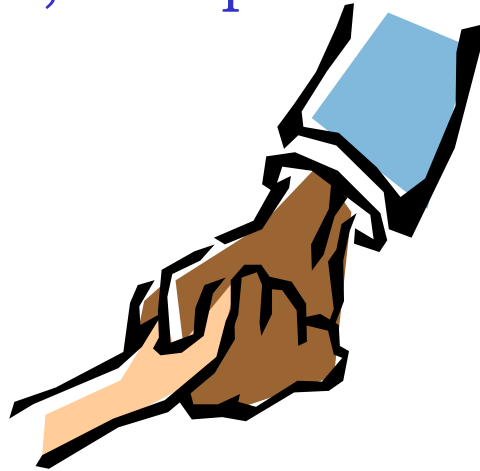


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# Validation

Validation occurs when the counselor shows concern for her well-being, communicates empathy for her experience and its effects, offers meaningful emotional support, and provides helpful information.



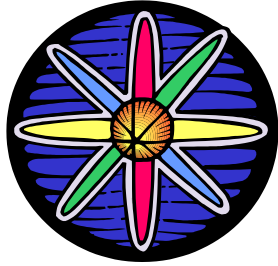
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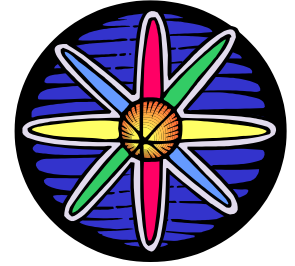
# Validation Techniques

Validation techniques are typically **listening skills** that communicate to the survivor that **she is believed** and that it is **safe** to talk about her experience with you. They reinforce the **resourcefulness** and **strengths of the survivor** and provide an opportunity for emotional expression.

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# Stabilization

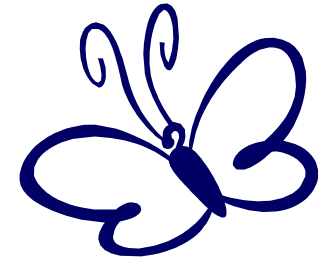


1. Establish the safety of the survivor in situations where she may be suicidal, in need of immediate medical care, or in immediate danger of further assault.
  2. Help the person manage her emotions so that she does not become overwhelmed and unable to function
  3. Stabilization means to decrease overwhelming emotional upset, to increase contact with the here and now, and to increase the survivor's sense of control.
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# Stabilization



- 1. Stabilization techniques are typically more active and involve strategies to assure immediate social support and additional coping resources.**
  - 2. They establish concrete action steps for the survivor. This is done within the context of a collaborative relationship.**
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# Goal 2: Reconnection

The second goal is to establish a relationship that can lessen a survivor's feelings of alienation and restoring the survivor's trust.

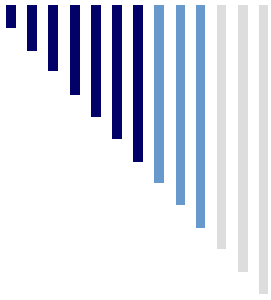


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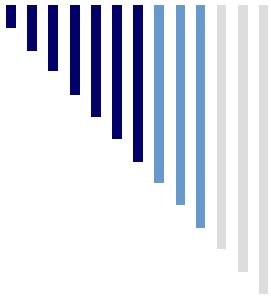


# Model of Crisis Intervention

- 1. Stabilizing the survivor and helping to restore her pre-crisis equilibrium**
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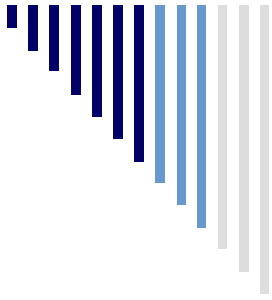


2. Challenging negative thinking (for example, rape myths, self-blame) that interferes with recovery and building thinking that is effective (for example, problem solving, self-esteem)



3. Helping to mobilize and locate potential environmental resources to aid recovery (for example, support groups) and limit the harm caused by non-supportive aspects of the environment (for example, societal blaming of the victim)

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A recent model by Gilliland and James introduces six steps:

1. Define the problem
2. Ensure client safety
3. Provide support
4. Examine alternatives (including referrals)
5. Make plans
6. Obtain a commitment





# Minimization and Denial

- In this stage the victim denies the seriousness of the situation and excuses the abuser: “He doesn’t know his own strength. He was out of control/drunk/high. It didn’t hurt that much.”
  - The abuser, who rarely gets beyond this stage, says: “I didn’t really hurt her much. She made me angry. I didn’t know what I was doing. I was out of control/drunk/high.”
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# Self-Blame

This is an inescapable feature of life with a batterer as well as being a recurring component in psychological reactions to trauma.

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# Seeking Help

- Law enforcement and social services agencies most often see victims seeking help at the third and fourth stages of the Progression of Abuse. A 1988 study by Dr. Gondolf indicated that help-seeking behavior increases when the positive aspects of a relationship decrease and the cost, in terms of abusiveness and injury, increases.
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# Ambivalence

- The victim is irresolute at this stage, trying one alternative after another. It is at this point that she will respond to the batterer's attempts to reconcile, or initiate attempts at reconciliation herself.
  - It is the victim's behavior during this stage which appears to cause the greatest frustration and anger in members of the helping professions.
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# Ambivalence

- Most often, these attempts at reconciliation do not work, but rather, end in further abuse. This Stage can last for years as the victim slowly gets the strength and support from each voyage to the “outer world” to overcome her psychological restraints so she can move on to the final stage.
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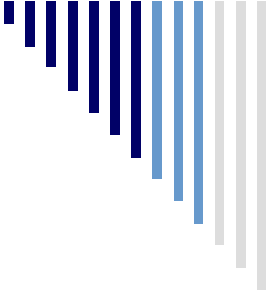
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# Living Without Violence

Although a survivor of domestic abuse especially with sexual violence may live without violence after leaving an abusive relationship, she may well suffer from long-term depression and Post Traumatic Stress Syndrome, along with a host of other stress reactions to the violence and trauma she has suffered.

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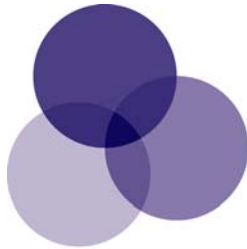


# Questions, Thoughts

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