

Chapter 4

Victim Impact

“You don’t have to try to immediately make sense of all of it because grief is a weird and winding path. It’s got rest stops and potholes, with different depths of rage and despair. The path might become smoother, and it might never come to an end. But the biggest thing is, you won’t be staying in one spot. You are going to move on.” ~Kathy Scobee Fulgham, Daughter of Mission Commander Francis Scobee, who died in the Challenger tragedy on Jan. 26, 1986

OBJECTIVES FOR THIS CHAPTER

- Learn about Rape Trauma Syndrome and PTSD
 - Learn about coping mechanisms and be able to help victims identify their own coping skills
 - Understand how the grief process relates to healing after a sexual assault
 - Understand the impact of victim blaming and self-blame on victims
 - Become familiar with Wounded Life Issues and be able to identify the major issues
-

The psychological and sociological literature of the last thirty years is filled with various theories that describe some of the effects of sexual violence on victims/survivors. Concepts include: the pioneering research defining *Rape Trauma Syndrome (RTS)* by Ann Burgess and Lynda Holmstrom; the grief process discussed by Elizabeth Kübler-Ross in *On Death and Dying*; *Post-Traumatic Stress Disorder (PTSD)* as defined in the *DSM-IVR* (Diagnostic and Statistical Manual of Mental Disorders of the American Psychological Association, Fourth Addition Revised), and *Complex Post Traumatic Stress Disorder* as articulated by Judith Herman, M.D.

Before we begin discussion of any of these theories, we must emphasize that a person who has been sexually assaulted is not sick, crazy, or mentally ill. **Rape is not a disease—it is a trauma.** One cannot be “cured” of the effects of sexual violence, but one’s mind and body can and does heal from them.

This process, which is referred to as **Rape Trauma Syndrome (RTS)**, is a natural reaction to sexual trauma. Stress reactions break down pre-existing healthy adjustments and patterns of behavior, and/or enable the individual to advance to a healthier level of adaptation. Successful or unsuccessful reactions to stress are dependent on many things, including personality development and social structure (Weiss and Payson). While professional help may be needed in ameliorating some symptoms, the power to heal and reorder a victim's life lies within the victim.

RAPE TRAUMA SYNDROME

Many sexual assault victims will experience RTS as they attempt to put their lives back together following an assault. Some victims find it useful and validating to have a name for what they are experiencing.

Very often following a rape, some people say things such as, "It's over now, you must get on with the rest of your life," or they do not understand why the victim is still suffering from the effects of the rape six months after the rape occurred. During a sexual assault every part of the victim: mind, body, and spirit are concentrated on surviving. Rape is as much an attack on "self" as it is an act of physical invasion. After the assault, the struggle to comprehend what has happened begins. It's meaning floods over the victim and they have to find the way to return to their life, body, and self.

RTS shares many of the symptoms of Post Traumatic Stress Disorder (PTSD). You will often hear PTSD discussed in relation to Vietnam veterans and the 9/11 attack on the World Trade Center. **PTSD results from witnessing or experiencing a life-threatening traumatic event to which the victim feels powerless to sustain.** Three key characteristics of PTSD are intrusion, avoidance and hyperarousal.

Intrusion: Persistent re-experiencing of the traumatic event through intrusive thoughts, nightmares, flashbacks, or body memories.

Avoidance: Persistent attempts to reduce exposure to things associated with the traumatic event including people, places, activities, smells, sounds and other personal stimuli. Avoidance can also include a numbing of the feelings and decreased responsiveness toward family members and friends not present prior to the trauma.

Hyperarousal: Increased physical symptoms of arousal, hyper-attention, and scanning for danger, with symptoms that can include difficulty falling or staying asleep, difficulty concentrating, constant watchfulness, and an exaggerated startle response.

Identified by Ann Wolbert Burgess and Lynda Lytle Holstrom, RTS is a cluster of emotional, physical and behavioral responses to the extreme stress experienced by the victim during and after a sexual assault as summarized below.¹ RTS is divided into two and sometimes three phases.

The *acute phase* begins immediately and can last from days to weeks after the assault. In general, the victim's initial response is shock and disbelief. A victim assaulted by an acquaintance may have a particularly difficult time overcoming shock and disbelief, which can result in questioning the trustworthiness of others in their life.

If the assault was particularly terrifying or brutal, the victim may completely block out any memory of the assault. During this phase, the victim experiences a complete disruption of life. They may experience a myriad of contrasting emotions, mood and behavioral swings (see the following chart), and/or sensory input that triggers flashbacks of the assault. Flashbacks can be as traumatic and life-like as the initial assault. Any response to sexual assault should be considered normal, appropriate and valid.

The *reorganization phase* is often described as two stages. In the early stage, sometimes called the "*recoil phase*," the victim appears to have begun resolving issues. This is sometimes called the "flight to health." In this phase, denial frequently masks the underlying problems as victims try to re-establish routines and achieve some semblance of control. Sometimes, in an effort to feel back in control, rape victims make dramatic changes in lifestyle, environment or physical appearance. None of the changes, however, brings about the security they seek. Nightmares, phobias, and acute phase symptoms often re-emerge.

This resurfacing of issues often forces the victim out of denial and into a "*working stage*." The victim may be more willing to seek help or counseling to resolve feelings and emotions associated with the rape. The victim is often overwhelmed as they struggle with feelings from the assault. Often, the victim is still experiencing flashbacks.

¹ Burgess, Ann and Lynda Holstrom. "Rape Trauma Syndrome." *American Journal of Psychiatry* 131:9 (1974): 981-986. Print.

Physical, Psychological & Behavioral Responses Common to RTS

Physical (initial)	Psychological	Behavioral
Shock (cold, faint, confusion/disorientation, trembling, nausea/vomiting)	Increased fear and anxiety	Crying more than usual, hyper alertness
Sexually transmitted infection/disease	Self-blame and guilt	Difficulty concentrating
Bleeding and/or infections from tears/cuts in the vagina or rectum	Helplessness, no longer feeling in control of her/his life	Restlessness and agitation, unable to relax, feeling listless and unmotivated
Physical injury (minor cuts, scrapes and bruises to severe trauma)	Humiliation and shame	Self-isolation or hyperactivity (to fill every minute of the day)
General body soreness/tenderness/aches	Lowering of self-esteem; feeling dirty	Not wanting to be alone
Throat irritations/soreness/infection from forced oral sex	Anger, humiliation	Stuttering or stammering more than usual; eating issues
Sleep disturbance (too much/too little)	Loneliness and alienation	Avoiding reminders of the rape
Effects of alcohol/date rape drugs used in assault	Losing hope for the future	Easily frightened or startled, disoriented
Physical (Delayed onset)	Emotional numbness	Hyper vigilance
Pregnancy/abortions (About 14,000 women annually have abortions following rape or incest)	Confusion, guilt, shame	Agitated, overwhelmed
Gynecological problems: irregular, heavy, painful periods, vaginal discharges and bladder infections	Loss of memory, fear of damage	Relationship problems with family, friends, partners (due to increased irritability, withdrawal, or dependence)
Gastro-intestinal problems: nausea/vomiting, stomach pain, diarrhea/constipation	Constantly thinking about rape (intrusive thoughts); feeling out of control	Fear of sex, loss of interest in sex or loss of sexual pleasure
Eating disturbances (too little/too much)	Having flashbacks of the rape	Abrupt changes in lifestyle, sometimes denial of the rape
Sleep disturbance (to little/too much)	Nightmares, insomnia, extended sleep	Self-medicating (alcohol or drugs)
Tension headaches	Depression, extreme stress	Increased washing/bathing
Somatic complaints (psychological distress that manifests as genuine physical pain)	Suicidal ideation/suicidal compulsions, hopelessness	Contradictory response to situations(laugh when sad/cry when happy)

There are also variations of the Rape Trauma Syndrome that include a *compounded reaction* and a *silent rape reaction*.

A ***compounded reaction*** includes symptoms of RTS as listed above and recurrences of prior problems, especially psychiatric illness. Symptoms may include depression, confusion, psychotic behavior, temporary dissociative states, psychosomatic disorders, suicidal behavior, and acting-out (alcoholism, drug abuse, and extreme change in sexual behavior).

A ***silent rape reaction*** refers to symptoms that may arise as a result of previous assaults previously undisclosed or addressed. In addition to RTS symptoms listed above, the victim may experience increased anxiety; blocking; stuttering; sudden onset of phobic reactions; fear; persistent loss of self-confidence and self-esteem; self-blame and paranoid feelings. Multiple victimizations sometimes lead victims to feel helplessness or culpability (blaming for somehow causing assaults.)

While crisis counseling is effective in helping victims heal from rape, additional help may be needed. RVAP staff will work with the victim to find a qualified therapist.

HEALING FROM THE ASSAULT

When someone is a victim of a sexual assault, it is common for them to experience symptoms of Rape Trauma Syndrome. Many victims may undergo a healing process that involves evaluating what part of their lives were affected or “wounded” by the assault. Therapist Jan Bowes Martinez calls these issues “Wounded Life Issues.” These issues include:

- Control
- Relationships
- Love
- Identity
- Trust
- Spirituality
- Sex/Sexuality
- Culpability

Study the Wounded Life Issues chart that appears later in this chapter. The victim is in the middle, or “me.” The statements are things you may hear a victim express.

Love: A victim may find difficulty in being able to love or be loved. You may hear the victim express things like:

- *Love is painful*

- *No one will ever love me*
- *I'm damaged goods, no will ever want to marry me*
- *People who love you, hurt you*

The advocate might use an empathy statement here such as:

- *Sounds like you feel isolated and alone because you feel betrayed by those you love.*

Perhaps an exploratory question would help you understand the caller's world better.

For example:

- *You said that you think no one will want to marry you. Can you tell me more about that?*

Let's examine two other wounded life issues in more detail.

Control: During the assault, the perpetrator takes control of the victim's life: safety, sense of self, perhaps virginity. Much of the victim's healing may involve learning how to regain a sense of control. Victims dealing with control issues may express things like:

- *I must control everything*
- *I can't control anything*
- *Someone else controls me*

The victim may react by trying to control things out of the victim's control, or give up things previously controlled. It may be helpful to assist the victim in breaking everything into smaller, more manageable pieces. You could use empathy statements such as:

- *It sounds like you're feeling overwhelmed right now*
- *It sounds like you are feeling out of control*

You may want to ask an exploratory question like:

- *When you say everything is awful, what do you mean by "everything?"*

Once the victim has named some things, you can assist in breaking issues into smaller pieces. For example, you might say "you have indicated that you are feeling overwhelmed by school and work right now. Let's focus on one of those first, and see if we can come up with some ideas that might make things seem more manageable."

Trust: With this violation (especially in acquaintance rapes), the victim probably got the message that it is not safe to trust. Not being able to trust people disconnects the victim from the world at a time when the victim may need support and help the most. Some victims feel guilty for not trusting people. You may hear victims dealing with this wounded life issue express the following:

- *No one is trustworthy*
- *I can't trust myself to make good choices*
- *If I can't trust ____, who can I trust?*

Empathy statements for this victim might be:

- *It sounds like you are feeling afraid because you do not know who you can trust.*
- *You are worried that this new relationship will go badly because it is hard to trust.*

An exploratory question might be:

- *When you say that you cannot make good choices, what choices have you made?*

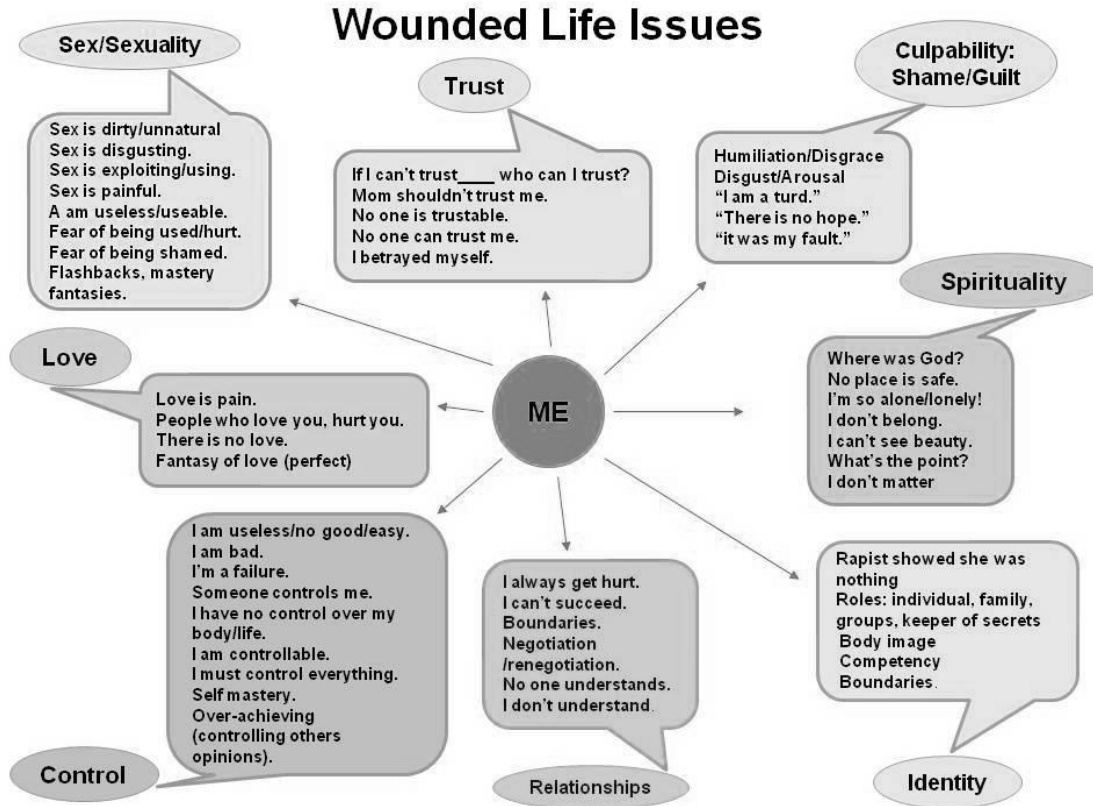
The victim may self-blame for what happened. You might want to offer a statement such as:

- *It sounds like you're saying that if you can figure out what you did wrong, you can make sense of what happened or keep it from happening again. It's important to remember that this was not your fault. The rapist is to blame, not you.*

Many people see trust as an “all or nothing” thing. Help the victim explore different levels of trust. The victim may be able to trust different people with different things. One person may be able to help the victim talk to the police but not be someone she/he would want to stay with her/him if she/he is feeling frightened. Most people, especially women, would benefit from encouragement to “trust their instincts.”

Now look at the Wounded Life Issues Chart and read the statements that victims make when dealing with other issues. Try to come up with an empathy statement and exploratory question for each issue.

Wounded Life Issues Chart



GRIEF

Rape is sometimes referred to as a "little death," an event in which an old self dies and must be replaced by a new one. Any type of life event that involves a loss may trigger a period of grief. It is helpful for advocates to understand the grief process when working with victims of rape.

Victims of sexual assault may experience many kinds of losses after the assault. These include loss of:

- Safety
- Trust
- Job
- Self-esteem
- Friends
- Educational opportunities
- Control
- Support from family and friends

When loss occurs, it is natural for there to be a time of mourning or grief. The victim needs time to grieve what has been lost, or what has changed in the victim's life because

of the assault. Elisabeth Kübler-Ross has suggested five stages during the course of dealing with loss.² Remember each victim's healing process is individual and unique. The stages listed here are to help you understand the grief process. It is not a linear or rigid process; in fact, it is a very fluid process. Victims may experience some or all of the stages.

Denial of death or loss, and isolation: The person in this stage refuses, or is unable to accept, that the loss has occurred. *Numbness* or lack of any feeling at all about the loss is common. The rape victim may psychologically bury the incident and try to return to a normal life. It is similar to the *acute* and *recoil* phases of the Rape Trauma Syndrome.

Anger: In this stage, the person may rage at the injustice of the event and lash out with blame in all possible directions. The anger may be directed outward at others or inward at self. The rape victim may express intense hatred and spend time contemplating revenge. For many victims, the expression of anger is frightening and unsafe. The rape victim may need validation that anger is a normal part of the grief process. It will also be helpful to identify the feeling and suggest ways to cope with the anger. Anger may also frighten people in the victim's support system. Prepare the victim for that possibility and suggest that the caller encourage significant others to call the Rape Crisis Line for support.

Bargaining: In this stage, the person "makes a deal." For example, the rape victim may decide that if the rapist is caught or convicted, their life will return to normal.

Depression: This is a common part of the grief process. Grief takes lots of energy that the victim may not have. Recognizing the reason for the depression and understanding the grieving person is more helpful than pushing the victim into a change of moods. Grief cannot be rushed. Help the victim think about coping skills that can assist in dealing with daily activities. Listen to the sadness, pain and hopelessness.

Integration: This stage is often called "acceptance" in the death and dying model but using the term "acceptance" in relation to sexual assault is not helpful. It will never be acceptable. "Acknowledgement" is a good replacement term.

In this stage, the victim is able to integrate the experience as a life event. The victim understands the impact the sexual assault had on their life, has reconnected and supplemented coping skills, and has built a different life. While most victims report that they will never be the same person they were before the assault, they reclaim their lives and dreams.

² Elisabeth Kübler-Ross. *On Death and Dying*. New York: Macmillan, 1969. Print.

It is important to know that **forgiveness is not a necessary part of everyone's healing process.** For some victims, forgiveness is a part of their values or beliefs. Forgiveness is generally a process or feeling, not an all or nothing decision. Forgiveness should always be in the control of the victim. For some victims, forgiveness offers hope that the healing work is done, or it can be a way to permit themselves to let go.

Experiencing a new loss may bring up feelings and emotions of previous losses. One grief process can temporarily tap the place that stores our memories and grief over past losses. A rape victim may be years past their assault and feeling very confident about their healing. The victim may then experience another type of loss (perhaps a death, divorce, loss of a job) and feels as though the rape is coming up again. This new loss does not undo all the healing work the victim has already done around the assault. It may be that the victim will grieve both losses for a while. Or it may mean the victim will do healing about the rape that has not been done. It is important to assure the victim that she/he is not starting the healing process from square one but rather is dealing with another piece.

COPING MECHANISMS

As victims begin to heal, each will rely on past coping mechanisms or develop new ones to assist in the healing process. **A coping mechanism is something that helps you deal with an experience and its effects.** It is important to realize and respect that the victim has coping skills. When a traumatic event occurs, it may temporarily separate the victim from those skills.

Following is a list of coping skills. Note that there are both healthy and not so healthy coping mechanisms. If a caller is using a "not so healthy" coping mechanism, it is important not to shame them for that response. Help the caller identify what need that coping mechanism is meeting, how the caller feels about the coping mechanism, and whether the caller would like to explore other coping skills to add to their repertoire.

- Journaling
- Numbing out
- Distracting yourself
- Drugs/alcohol
- Sleeping a lot or not sleeping
- Religion/spirituality
- Super achieving
- Social action
- Sex-not having sex or having a lot of sex
- Exercising-this may be healthy or excessive
- Music, dance, art
- Reading
- Talking about it-or not

Other Coping Mechanisms or Responses

Eating: Overeating may be a victim’s way to “stuff” their feelings. Often food is used as comfort. Overeating may be a way to numb the emotional pain. Gaining weight may make the victim feel unattractive and therefore, in their mind, less likely to be a target again.

Not eating or severely limiting what is taken into the body may be a way to feel in control. It could be a result of guilt or shame and a way to punish themselves. The victim may feel that it will change their appearance to make them less attractive and therefore less vulnerable. Or, the victim may feel sick to their stomach and unable to eat.

Flashbacks and body memories: A flashback is a sense of re-experiencing the traumatic event. It can involve sight, sound, smell, touch and/or taste. Some flashbacks are new memories. A body memory is similar to a flashback but includes a physical sensation in the body from the abuse. It may be the body’s way to give back memories in smaller pieces. Both are often terrifying and disorienting. It often helps to have someone experiencing a flashback or body memory “ground” them in the present. Ask them to describe their surroundings, look around the room, take some deep breaths, or perhaps try movement of arms and legs.

Dissociation: Dissociation is a way of mentally going away during the trauma. Some victims describe “watching the abuse from the ceiling.” This is a common defense technique for child sexual abuse victims. There are many levels of dissociation, from a relatively mild form to the type of dissociation associated with dissociative identity disorder. Victims that had to use this coping mechanism to deal with past abuse may be at higher risk for assault if they are unable to stay present in sexual situations. Part of their healing process often involves learning how to stay present in their bodies.

Triggers: Flashbacks, body memories, and dissociation can all be brought on by triggers. Triggers may include:

- anniversaries or special events
- beginning of a new season
- smells (these are strong)
- their child reaches the age they were when they were abused
- the offender dies

- seeing their offender

Repressing: When a trauma is too much for a person to face, they may cope by not remembering or repressing the memory. This is not forgetting; it is the mind's way of protecting the person from trauma. Sometimes all memory of the event is repressed, sometimes just part. Memories may come back in dreams or flashbacks. Many victims feel they cannot heal unless they can remember what happened but a victim does not necessarily have to remember all of what happened in order to heal.

Self-injury: Some victims cope with the pain of their victimization by using self-injurious behavior. They may use cutting, scratching or burning as well as other self-injurious behavior. This is not a suicide attempt. You can ask the victim, they will know the difference. Sometimes self-injurious behavior helps to distract from emotional pain. Some victims that feel numb to the pain use cutting or burning as a way to feel the pain or release the pain. For other victims it is a way to express anger at self or self-punishment. Do not shame the victim or try to take the coping mechanism away. Instead, ask the victim how the mechanism is helping her/him cope and explore her/his willingness to look at additional coping skills. Generally, as the victim heals, the need for self-injurious behavior will subside.

VICTIM BLAMING

What is victim blaming? The practice of victim blaming can be found in all sectors of our society. In casual conversation, smokers are blamed for contracting cancer, robbery victims are blamed for leaving their doors unlocked, and people born and raised in poverty are blamed for being poor. As a society, we tend to ignore the tobacco conglomerates that profit off of addiction to cigarettes and the criminals who make a deliberate choice to commit robbery, etc. In the United States, we are especially devoted to individualistic myths about personal power and responsibility.

Nowhere is the practice of victim blaming more powerful than in the arena of sexual assault. Universally, messages that go out to the rape victim reinforce the idea that what happened was the victim's fault, or that they could have, and should have, done something to prevent what happened. The strongest message is that something the victim did, or did not do, caused them to be assaulted. The messages come from everywhere:

- *Why didn't you call me for a ride? I would have come and gotten you!*
- *Why didn't you tell me it was happening? Why didn't you leave? I would have helped you.*
- *But you know I told you—you should always lock your doors...*

- *Try not to put yourself in a situation like that again...*

When blame is placed on a victim, then it is easier to rationalize why it will not happen to us (by not repeating what the victim “did” to cause the rape to happen).

SELF-BLAME

Almost all victims of sexual violence struggle with issues of self-blame that are reinforced by the messages received from outside. Self-blame can be one of the most difficult hurdles to overcome in healing. It is essential for those who are helping victims as supporters, friends or advocates, to counteract victim-blaming messages. Each victim needs to hear these messages:

- *It wasn't your fault.*
- *I believe you.*
- *It did not happen because of anything you did or didn't do. It happened because the offender made a choice to hurt you.*
- *You did exactly what you needed to do to get through it.*

Even if the victim does not agree with the message, it is important for supporters and advocates to continue to send it. It can make a big difference to hear from someone else that it was not the victim's fault.

Sometimes self-blame has a purpose in the healing process. One of the things that a victim loses when they are raped is a sense of control over their body and life. During an assault, the victim has no control over what happens to her/his body, or even over whether the victim is going to live or die. **Regaining some sense of control is an essential element of the healing process.**

Sometimes victims try to regain control by blaming themselves for what happened. Victims may feel some action or inaction on their part caused the assault and may believe they can control the possibility of being victimized again by avoiding that behavior. For example:

- *If it happened at a party, and I never go to another party, it won't happen again.*
- *If I don't date anymore, I won't get hurt again.*
- *If I have sex with lots of people, I will be in control of when, where and with whom I have sex.*
- *If I go on another date with the offender, it couldn't have been rape.*
- *If I take a self-defense class, I won't be vulnerable any more.*

Self-blame is a common way victims sometimes try to normalize what happened in order to feel safer. While this type of self-blame offers some temporary “control” for the victim, it will be most beneficial for the victim to begin to let go of this false control and the damaging self-blame messages that go along with it. The reality is that only rapists cause rape, and only rapists can keep it from happening.

Factors That Impact the Ability to Cope and Heal

We have spent time talking about the healing process after an assault. Now we will take time to examine factors that may affect a victim’s ability to cope and heal. One of the most critical factors in being able to heal is access to a good support system and a high level of empathy. The sooner a victim encounters support people that reinforce that the assault was not their fault, and offer assistance in a helpful manner, the sooner the healing process can begin. **As an RVAP volunteer, your informed and supportive responses to victims is an essential part of the victim’s healing process.** You are also likely to speak with family and friends of victims and helping them deal with their feelings and offer support to the victim will speed their healing.

Other factors that affect healing include:

- Relationship to the offender
- Degree of violence used
- Previous experience and ability to cope with stress
- Previous victimizations
- Prior psychological health and drug/alcohol abuse
- Social and cultural influences

INDIVIDUAL FACTORS THAT AFFECT THE RESPONSE TO RAPE³

Sexual assault is traumatic for all victims; however, individual factors can have an impact on the nature and extent of the trauma. These include gender, age, disability, race, culture, and refugee and immigration status. This section will look at information from studies of a range of factors and their potential impact on victims. It is important that you use this information as a general guide, not to stereotype how you expect victims to react. Part of being a good advocate is the ability to be flexible and to remember that each person will react to assault differently.

³ Ledray, Linda. (2004). Sexual Assault Advocate/Counselor Training. Office for Victims of Crime Training and Technical Assistance Center. VA. Module IV.

Providing Culturally Congruent Care

The way people react to and recover from sexual assault is largely determined by the culture(s) in which they have lived. “Culture” does not simply refer to ethnic origin or race; rather, it implies all of the groups and subgroups that surround and support individuals. Culture refers to the learned, shared and transmitted knowledge of values, beliefs, norms, and ways of life of a particular group. These guide an individual or group in its thinking, decisions, and actions (Leininger 1995). Subculture is closely related to culture and refers to a group that deviates in certain areas from the dominant culture in values, beliefs, norms, moral codes, and ways of living with some distinctive features of its own.

Advocates should identify the potential differences and similarities between their own culture(s) and the culture(s) of the people they serve. The following process is recommended:

- Analyze your own beliefs and values about your culture and your beliefs about other cultures.
- Get to know the cultures represented in your service area. If possible, listen to their experiences and beliefs surrounding rape, reporting, and recovery.
- Listen to how the victim perceives the ramifications of reporting or not reporting, telling others, etc.

Some examples of how culture affects victims are:

- Many women who have been raped by men of their own racial group face intense conflict by wanting to hold the assailant accountable yet not wanting to send another man of her race to jail. If victims perceive the legal system as racist and untrustworthy, they may fear sending an innocent man to jail for their assailant’s crime (White, 1994; Wilson, 1994). Advocates must be aware of and sensitive to such community dynamics.
- Be aware of culturally appropriate referral sources for follow-up care. Resources are listed in your call bag directories.
- Culture shapes the way we frame traumatic experiences and how we heal from them. For example, Southeast Asians influenced by Buddhism may believe in “determinism,” which results in the philosophical acceptance of difficult life situations as having a purpose beyond the control or understanding of mortals. Thus, they may reach for a larger lesson to be learned from the experience and not be so overwhelmed by feelings of guilt and shame, instead dealing with the painful situation by using tolerance, denial, or stoicism (Kanuha, 1997).
- Other cultures may have a specific ritual for healing post-traumatic stress, such as the Navajo Enemy Way ceremony. In this ritual, the family and tribe accept

responsibility for the impact of trauma on young returning warriors. A healing ceremony facilitates the processing of war trauma and reintegration into the peacetime community (Marsella, Friedman, Gerrity, & Scurfield, 1996).

Male Victims

Dynamics and Prevalence of Male Rape

Many men never consider that they could be raped; therefore, if it happens to them, it can be devastating and stigmatizing. Male rape victims are less likely to report than women because of the extreme embarrassment they typically experience and because they fear being misunderstood as homosexual. For this reason, community education and crisis intervention that serve to correct these misconceptions about male rape are critical.

PTSD in Male Victims

Male victims of sexual assault experience post-traumatic stress reactions that are similar to female victims. Fear is most commonly reported, followed by depression or thoughts of suicide, anger, somatic problems, sexual dysfunction, and disturbances in peer relationships (Coxell & King, 1996; Frazier, 1993; Koss & Harvey, 1991). In a study comparing male victims to female victims seen in the emergency department, Frazier (1993) found that males experience slightly more depression and hostility immediately after the assault than females.

Men need the same level of crisis intervention and follow-up care as women; however, males may be less likely than females to seek and receive support from family and friends. Like women, men need to be able to recount the sexual assault in a safe and supportive environment. The ability of male victims to seek support will vary according to the level of stigmatization they feel, the number of supportive relationships they have, the circumstances of the rape and the sensitivity they receive in the emergency department or rape crisis center. Men may experience difficulty recognizing and expressing emotions, other than those of anger and aggression, and may need particular help doing so in a healthy way.

Responding to Male Victims

Advocates serve male victims well by taking time to listen to their experiences, what they were feeling as it happened and their immediate concerns.

It is helpful to describe common reactions men have after being sexually assaulted and to stress that men are raped regardless of who they are, what they were doing or how they look. Men may worry that they appear too effeminate and that this caused the assault. Gay men may wonder if the offender assaulted them because of their sexual

orientation and, as a result, may struggle with self-blame. All men need to be reassured that their sexual orientation, appearance and sexual preference had nothing to do with their being raped. Men are susceptible to the same techniques by which rapists gain control over female victims (the use of weapons, entrapment, intimidation, threats, and coercion).

It may be important to help the victim decide whom he wants to tell. Some of his significant others may respond in a way that further damages his concept of self. Helping family and friends understand the dynamics of male rape is essential to the victim's recovery. The most important thing significant others can do for male victims is to believe them and try to understand what they are experiencing.

Same Gender Assaults

It is important for advocates to understand the dynamics involved in same gender assaults. The term "homosexual assault," which is often used in the literature, is not accurate in that the majority of the perpetrators and victims of same gender sexual assaults are not "homosexual."

The majority of same gender stranger assaults involve men, usually heterosexual men. When the victim is gay or perceived to be gay and the perpetrator attempts to humiliate or demean him, the assault may be part of a hate or bias crime involving power and control over the victim. Even when the assault was not a bias or hate crime, it often feels as though it was, and may result in increased anxiety, deep personal doubt, negative self- image, and depression (Miller, 1997).

The fact that a victim is gay or lesbian does not necessarily mean that they will have more trouble recovering from the rape than a heterosexual victim, although they might. People who are well integrated into the gay and lesbian community may be better equipped to deal with the sexual assault. Their strength may stem from their coming out process, an increased sense of community, and the consideration of hate crimes and how to heal from them.

People who are gay or lesbian and have not "come out" to their family, friends or employer may have an intense fear of reporting a sexual assault. They may fear that their cooperation with the prosecution may lead to a disclosure of their sexual orientation, which could endanger their child custody, "out" their partners if the investigation reveals their identity, result in the loss of their job and prompt negative reactions or rejection by family members, friends, or coworkers. Advocates play an essential role in helping victims weigh the pros and cons of reporting. Accurate information about what the person can expect in the reporting and prosecution process is invaluable.

Persons with Disabilities

For the purpose of clarity in this training, the term “disability” is used despite some discomfort with it. It is preferable to think that all people are “differently abled” and to concentrate on our similarities. However, differences in physical appearance and cognitive ability affect the way victims react and are treated during and after a sexual assault. Moreover, a sexual assault can severely exacerbate the physical aspects of a disability and the emotional aspects of coping with it. It is important to appreciate each individual’s uniqueness and strive to understand the victim’s view of any cognitive, emotional, or physical differences they may have. The goal is to concentrate on similarities among people rather than differences, and to recognize abilities as well as disabilities. This manual refers to “people with disabilities” rather than “disabled people.”

People with difficulty communicating or other cognitive disabilities are at especially high risk for sexual abuse and assault. They are more likely to be re-victimized by the same person, and more than half never seek assistance from legal or treatment services (Pease & Frantz, 1994). Sex offenders deter physical and verbal resistance by seductively offering attention, affection, rewards, and bribes in exchange for sexual contact, backing these by threatening loss of residential security, family disruption, humiliation, or physical or emotional harm if the victim tells anyone (Bowers Andrews & Veronen, 1993). Reporting often involves a loss of independence; if a person is enjoying a sense of independence in a group home or is living on their own, reporting an ongoing assault by a caretaker or someone who lives in their building poses the threat of being re-institutionalized or moved back home with their family (Berkman 1986).

Counseling Victims with Cognitive Disabilities

People with cognitive disabilities need post-assault counseling support as much and possibly more than victims without such disabilities. The following guidelines may help advocates/counselors when responding to sexual assault victims with cognitive disabilities. In the immediate post-assault period:

- Reassure the victim that she/he is not in any trouble and did not do anything wrong. Use kind words and gentle actions. Use simple instructions that are easy to remember.
- Offer time to process. A few days off from work or school may be appropriate so the victim can process what happened and do so with counselors and support people.
- Assist the victim in deciding whom to tell. Anticipatory guidance is helpful. The victim may think everybody knows. Tell the victim, “You may think people know about this, but they don’t. No one will know unless you tell them.”

- Ask the victim who they trust and who has helped them in the past when something bad happened. For example, “You say Ann has always been a help to you. You trust Ann. It’s okay to talk to Ann about what happened. But you might not want to tell the people at your bus stop.”
- Help significant others understand the importance of not blaming and of providing positive feedback. Tell them they will need to exaggerate their positive comments and avoid criticism. Victims will pay more attention to negative comments than to positive ones. Help significant others and caregivers understand that the immediate post-assault period is not the time for safety lectures.
- Follow-up supportive counseling is recommended as with all victims, and may need to include family, significant others and caretakers. Offer for the victim to call staff during business hours for counseling.

Ability to Consent

When responding to victims of sexual assault, issues often arise surrounding the victim’s ability to consent to sexual contact, investigative interviewing, counseling, and medical treatment. Some people lack the cognitive capacity to give consent and are considered more vulnerable to sexual abuse and assault. The concept of legal consent is fundamental to protection.

Persons with Physical Disabilities

People with physical disabilities may also be at greater risk for sexual assault, especially if they depend on others for personal care. When the offender is someone who is supposed to be in a helping relationship, concerns arise about a loss of services and independence. Victims are left with fear and anxiety over the potential of harm from people they trust. This can lead to overwhelming feelings of vulnerability, stigmatization, and depression. When people with physical disabilities are sexually assaulted, they often experience compounded feelings of isolation, powerlessness, low self-esteem, and a sense of being different (Neve, 1996).

People living with disabilities may need to talk through the role they believe their disability played in making them more vulnerable to the assault. The advocate should listen to the victim’s concerns and recollections of the experience. Victims benefit from reviewing how force, threats, and coercion are a part of rape. The advocate has a very important role to play in ensuring the victim’s needs are appropriately met.

Persons Who Are Deaf or Hard-of-Hearing

Much post-assault care involves an exchange of information (telling the story of the assault, discussing feelings, etc.), so people who are deaf and hard-of-hearing require sensitive, appropriate care. While deafness is not a disability in and of itself, individuals who are deaf and hard of hearing have limited number of services that provide sign language interpreters.

Individuals with Mental Illness

Four million people in the U.S. are diagnosed as severely mentally ill. Goodman, Dutton, & Harris (1997) report that women with mental illness have shown rates of childhood sexual abuse from 20 to 54 percent, and adult sexual assault from 21 to 38 percent. Homeless women with severe mental illness are believed to have much higher rates of abuse and assault.

Victims often feel powerless and have trust issues related to past treatment by the legal and medical systems. Advocates must be aware of the stigma of mental illness and take time to establish communication and a trusting relationship.

People with severe mental illness usually have psychological symptoms that are worse in the post-assault crisis period than in their day-to-day living. For instance, someone who was depressed and anxious before a rape may become severely depressed or anxious afterwards. Someone who was suspicious of others or paranoid will likely be much more so after a rape. The goal of initial post-assault interaction, then, is to establish a safe environment, treat the person with respect, listen with understanding and establish trust..

Older Victims

National statistics for victims of rape over age 50 vary from four to seven percent (Tyra, 1993). For victims 65 years of age or older, Department of Justice statistics show the 1990 reported rape rate to be 10 per 100,000 versus 41 per 100,000 in the general population (Tyra, 1993). The affects of assault on older victims are well documented. Victims over age 50 are more likely to suffer physical injuries (Muram, Miller, & Cutler, 1992; Ramin, Satin, Stone, & Wendel, 1992). Older victims perceive the physical, financial and psychosocial costs of rape as more severe (Bowers Andrews & Veronen, 1993). Listen to the victim's concerns and address them by identifying feelings, offering referrals, or enlisting help from staff.

Cross-Cultural Considerations, Refugees, and Immigrants

If a female victim comes from a culture that blames the victim for the rape, or does not consider her able to marry once raped, she may deny rape occurred. If married, the

victim may fear that her spouse will blame or reject her. Both male and female victims may admit to a physical assault, especially if there are injuries to explain; however, they may deny any sexual contact even when asked directly. This will be problematic to the SANE, the police and the prosecutor. Valuable evidence will have been lost, and the victim's credibility as a witness will be jeopardized. In order to assist the victim disclose during an in-person call, it is important that the advocate build a rapport with her/him.

Women from non-Western cultures may not seek treatment immediately following a rape, instead waiting until an injury, pregnancy, or sexually transmitted disease forces them to seek medical care. Because the consequences of rape within their cultural context are so grave, these women may be in extreme emotional crisis and may become suicidal. Understanding the meaning of rape in the victim's culture and knowing appropriate culturally sensitive referral sources is very helpful.

WHAT YOU NEED TO KNOW

- Be able to describe Rape Trauma Syndrome
- Be able to name several of the Wounded Life Issues
- Understand why sexual assault victims go through a grief process
- Be able to name the stages of the grief process
- Be able to identify victim blaming behavior and be prepared to interrupt it
- Know factors that influence a victim's ability to heal
- Be aware of cultural aspects which may affect impact and recovery

FOR FURTHER READING

Herman, Judith L. *Trauma and Recovery: The Aftermath of Violence—From Domestic Violence to Political Terror*. New York: Basic Books, 1997. Print.

Ledray, Linda. "Sexual Assault Advocate/Counselor Training." Office for Victims of Crime Training and Technical Assistance Center. Virginia, 2004. PDF.

Rafanello, Donna. *Can't Touch My Soul: A Guide for Lesbian Survivors of Child Sexual Abuse*. Boston: Alyson Publications, 2004. Print.

Robinson, Lori S. *I Will Survive: An African-American Guide to Healing From Sexual Assault*. New York: Seal Press, 2002. Print.

Sebold, Alice. *Lucky (A Memoir)*. New York: Back Bay, Little Brown & Company, 2002. Print.

RAPE VICTIM ADVOCACY PROGRAM

Warshaw, Robin. *I Never Called it Rape*. New York: Harper & Row Publishers, 1994.
Print.

OBJECTIVES FOR THIS CHAPTER.....45
RAPE TRAUMA SYNDROME46
HEALING FROM THE ASSAULT.....49
GRIEF.....52
COPING MECHANISMS54
VICTIM BLAMING56
SELF-BLAME57
INDIVIDUAL FACTORS THAT AFFECT THE RESPONSE TO RAPE.....58
WHAT YOU NEED TO KNOW65
FOR FURTHER READING.....65